Well child

Pre-visit questionnaire

6 month valid 6m 0d – 8m 31d

General

1.	List any concerns you want to discuss today:			
2.	Does your baby ever appear cross-eyed?	No	Yes	

Nutrition

3.	Is your baby breastfeeding?	Yes	No	
4.	Is your baby getting formula?	Yes	No	
	a. Which formula?			
5.	Have you introduced baby foods, including common allergens like eggs, peanuts, tree nuts, soy, dairy, fish, or shellfish? (These should be given in a form that your baby will not choke on, like peanut butter or pureed shellfish.)	Yes	No	
6.	Does your baby eat foods containing iron? (Examples: turkey, prunes, beans, spinach, broccoli, whole grain, or more than 32 ounces per day of formula.)	Yes	No	
7.	Is your baby getting an infant multivitamin or vitamin D supplement? (If your baby is taking more than 32 ounces of formula per day, you do not need to give a supplement and can mark Yes.)	Yes	No	

Oral health

8.	Does your baby fall asleep with a bottle in the mouth?	No	Yes	
9.	Does your baby wake at night to eat?	No	Yes	Sometimes
10.	Are you using a soft toothbrush or cloth with fluoridated toothpaste (size of a grain of rice) to clean your baby's teeth and gums?	Yes	No	No teeth yet
11.	Does your water contain fluoride, or is your child on a fluoride supplement?	Yes	No	Not sure

Social Stressors

12.	Are you having any family stress?	No	Yes	

	Never	Sometimes	Often
13. Within the past 12 months have you worried that your food would run out before you got money to buy more?			

Developmental milestones

Adapted from SWYC, 6 months

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. *Please be sure to answer all the questions.*

		Not yet	Somewhat	Very much
14.	*Makes sounds like "ga," "ma," or "ba"*	☐	☐	☐
15.	*Looks when you call his or her name*	☐	☐	☐
16.	*Rolls over*	☐	☐	☐
17.	*Passes a toy from one hand to the other*	☐	☐	☐
18.	*Looks for you or another caregiver when upset*	☐	☐	☐
19.	*Holds two objects and bangs them together*	☐	☐	☐
20.	*Holds up arms to be picked up*	☐	☐	☐
21.	*Gets into a sitting position by him or herself*	☐	☐	☐
22.	*Picks up food and eats it*	☐	☐	☐
23.	*Pulls up to standing*	☐	☐	☐

Safety checklist *Check all that apply.*	True	I have questions
24. I always keep a hand on my baby when they are above the floor (like on a changing table).	☐	☐
25. My baby does not wear jewelry.	☐	☐
26. My baby rides in a rear-facing safety seat, in the back seat.	☐	☐
27. We have working smoke/carbon monoxide detectors at home.	☐	☐
28. We apply sunscreen if out in the sun for longer than 15-30 minutes.	☐	☐
29. The water heater is turned to below 120 degrees.	☐	☐

Safety checklist *Check all that apply.*	True	I have questions
30. We have barriers around space heaters/wood stoves (or don't have any).	☐	☐
31. Our household cleaners, chemicals, knives and medicines are locked up or otherwise out of reach.	☐	☐
32. We don't have a seated infant walker with wheels (or we do, but the baby has no access to stairs).	☐	☐

EPDS — Emotional changes with a new baby

Since you have a new baby in your family, we would like to know how you are feeling now. Please check the answer that comes closest to how you have felt *in the past 7 days*, not just how you feel today.

1. I have been able to laugh and see the funny side of things…
   - ☐ As much as I always could ☐ Not so much now ☐ Definitely not so much now ☐ Not at all
2. I have looked forward with enjoyment to things…
   - ☐ As much as I ever did ☐ Rather less than I used to ☐ Definitely less than I used to ☐ Hardly at all
3. I have blamed myself unnecessarily when things went wrong…
   - ☐ Yes, most of the time ☐ Yes, some of the time ☐ Not very often ☐ No, never
4. I have been anxious or worried for no good reason…
   - ☐ No, not at all ☐ Hardly ever ☐ Yes, sometimes ☐ Yes, very often
5. I have felt scared or panicky for no good reason…
   - ☐ Yes, quite a lot ☐ Yes, sometimes ☐ No, not much ☐ No, not at all
6. Things have been getting on top of me…
   - ☐ Yes, most of the time I haven't been able to cope at all ☐ Yes, sometimes I haven't been coping as well as usual ☐ No, most of the time I have coped quite well ☐ No, I have been coping as well as ever
7. I have been so unhappy that I have had difficulty sleeping…
   - ☐ Yes, most of the time ☐ Yes, sometimes ☐ Not very often ☐ No, not at all
8. I have felt sad or miserable…
   - ☐ Yes, most of the time ☐ Yes, quite often ☐ Not very often ☐ No, not at all
9. I have been so unhappy that I have been crying…
   - ☐ Yes, most of the time ☐ Yes, quite often ☐ Only occasionally ☐ No, never
10. The thought of harming myself has occurred to me…
    - ☐ Yes, quite often ☐ Sometimes ☐ Hardly ever ☐ Never

Edinburgh Postnatal Depression Screen ©1987 Royal College of Psychiatrists. Cox JL et al (1987) Detection of postnatal depression.
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