Well child

Pre-visit questionnaire

2 weeks – 1 month

General Health

1. List any concerns you want to discuss today:

Nutrition

2.	Is your baby breastfeeding?	Yes	No
3.	Is your baby getting breastmilk by bottle?	Yes	No
4.	Is your baby getting formula?	Yes	No
	a. Which formula?		
5.	Are you feeding your baby anything other than breastmilk or formula?	No	Yes
6.	Is your baby getting an infant multivitamin or vitamin D supplement?	Yes	No
7.	What color are your baby's poops?		

Social stressors

8.	Are you having any family stress?	No		Yes
9.	Within the past 12 months have you worried that your food would run out before you got money to buy more?	Never	Sometimes	Often
10.	Do you feel you receive the support you need?	Yes		No

Safety checklist

Check all that apply.

		True	I have questions
11.	I always feel safe in my home.	☐	☐
12.	My baby sleeps on their back, in a bedside bassinet or crib.	☐	☐
13.	I always keep a hand on my baby when they are above the floor (like on a changing table).	☐	☐
14.	My baby does not wear jewelry.	☐	☐
15.	My baby rides in a rear-facing safety seat, in the back seat.	☐	☐
16.	No one smokes or vapes around my baby.	☐	☐

Safety checklist

Check all that apply.

	True	I have questions
17. We have working smoke/carbon monoxide detectors at home.	☐	☐
18. I could check a rectal temperature if I needed to, and know a fever is 100.4 or higher.	☐	☐
19. My baby gets tummy time while awake.	☐	☐

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