

4 month valid 4m 0d – 5m 31d**General**

- List any concerns you want to discuss today:

Nutrition

- | | | |
|---|-----|-----|
| 2. Do you have concerns about your baby's feedings? | No | Yes |
| 3. Is your baby breastfeeding? | 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. Does your baby fall asleep with a bottle in the mouth? | No | Yes |

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 |

Developmental milestones

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.*

Adapted from SWYC, 4 months

- | | Not yet | Somewhat | Very much |
|--|--------------------------|--------------------------|--------------------------|
| 10. Holds head steady when being pulled up to a sitting position | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Brings hands together | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Laughs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

		Not yet	Somewhat	Very much
13.	<i>Keeps head steady when held in a sitting position</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<i>Makes sounds like "ga," "ma," or "ba"</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<i>Looks when you call his or her name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<i>Rolls over</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	<i>Passes a toy from one hand to the other</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<i>Looks for you or another caregiver when upset</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<i>Holds two objects and bangs them together</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety checklist	<i>Check all that apply.</i>	True	I have questions
20. My baby sleeps on their back, in a bedside bassinet or crib.		<input type="checkbox"/>	<input type="checkbox"/>
21. I always keep a hand on my baby when they are above the floor (like on a changing table).		<input type="checkbox"/>	<input type="checkbox"/>
22. My baby does not wear jewelry.		<input type="checkbox"/>	<input type="checkbox"/>
23. My baby rides in a rear-facing safety seat, in the back seat.		<input type="checkbox"/>	<input type="checkbox"/>
24. No one smokes or vapes around my baby.		<input type="checkbox"/>	<input type="checkbox"/>
25. We have working smoke/carbon monoxide detectors at home.		<input type="checkbox"/>	<input type="checkbox"/>

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...	<input type="checkbox"/> As much as I always could	<input type="checkbox"/> Not so much now	<input type="checkbox"/> Definitely not so much now	<input type="checkbox"/> Not at all
2. I have looked forward with enjoyment to things...	<input type="checkbox"/> As much as I ever did	<input type="checkbox"/> Rather less than I used to	<input type="checkbox"/> Definitely less than I used to	<input type="checkbox"/> Hardly at all
3. I have blamed myself unnecessarily when things went wrong...	<input type="checkbox"/> Yes, most of the time	<input type="checkbox"/> Yes, some of the time	<input type="checkbox"/> Not very often	<input type="checkbox"/> No, never
4. I have been anxious or worried for no good reason...	<input type="checkbox"/> No, not at all	<input type="checkbox"/> Hardly ever	<input type="checkbox"/> Yes, sometimes	<input type="checkbox"/> 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
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Edinburgh Postnatal Depression Screen ©1987 Royal College of Psychiatrists. Cox JL et al (1987) [Detection of postnatal depression](#). British Journal of Psychiatry, 150, 782–786.

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