Bright Futures Previsit Questionnaire
6 Month Visit

For us to provide you and your baby with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

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We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

How Your Family Is Doing	☐ Being a good parent and partner ☐ Where to go when you need help ☐ Finding good child care ☐ Finding and joining playgroups
Your Baby's Development	☐ How your baby learns ☐ How your baby can calm down alone ☐ How to keep your baby safe while sleeping ☐ Bedtime routines ☐ Your baby falling asleep on his own ☐ Your child's weight
Feeding Your Baby	☐ Starting solid food ☐ How to add new foods ☐ How much food your baby should eat ☐ Drinking from a cup ☐ Staying on breast milk or formula ☐ Food allergies
Healthy Teeth	☐ Brushing your baby's teeth ☐ Need for fluoride supplements
Safety	☐ Keeping your home safe with a crawling baby ☐ Car safety seats ☐ Preventing burns, falls, choking, and poisoning ☐ Bathtub and water safety

Questions About Your Baby

Have any of your baby's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

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Hearing	Do you have concerns about how your child hears?	☐ Yes	☐ No	☐ Unsure
Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
Lead	Does your child have a sibling or playmate who has or had lead poisoning?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?	☐ Yes	☐ No	☐ Unsure
	Does your child live in or regularly visit a house or child care facility built before 1950?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Is your child infected with HIV?	☐ Yes	☐ No	☐ Unsure
Oral Health	Are cavities a problem for you or anyone else in your family?	☐ Yes	☐ No	☐ Unsure
	Does your child sleep with a bottle?	☐ Yes	☐ No	☐ Unsure
	Does your child continuously breastfeed through the night?	☐ Yes	☐ No	☐ Unsure

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

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Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

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Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
2. Feeling down, depressed, or hopeless ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Baby

Do you have specific concerns about your baby's learning, development, or behavior? ☐ No ☐ Yes, describe:

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Check off each of the tasks that your baby is able to do.

- ☐ Rolls over
- ☐ Sits briefly, leans forward
- ☐ Likes to play with you
- ☐ Babbles and tries to "talk" to you
- ☐ Likes to look around
- ☐ Begins name recognition
- ☐ Smiles at people he knows
- ☐ Puts things in her mouth