

Bright Futures Previsit Questionnaire 9 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.

o you nave an	ly concerns, que	stions, or problems that you would like to discuss today?						
le are interest	ed in answering	your questions. Please check off the boxes for the topics you would like to discuss t	ho most toda	nv.				
our Baby and		☐ Having time alone for yourself ☐ Having time alone with your partner ☐ Feeling safe in your home ☐ Your family's ideas about how your baby should act ☐ Your baby's behavior						
Your Changing and Developing Baby		☐ How your baby is learning ☐ Games and toys that help your baby learn ☐ Your baby's nighttime routine ☐ Waking up at night ☐ Crying with new people						
Feeding Your Baby		□ Baby feeding himself □ Adding solid and table food □ Increasing the thickness of foods □ Using a cup □ Continuing breastfeeding and formula-feeding □ Your baby's weight						
Safety		☐ Keeping your home safe with an active baby ☐ Car safety seats ☐ Preventing burns, falls, and poisoning ☐ Gun safety ☐ Water and bathtub safety						
		Questions About Your Baby						
ave any of you	ur baby's relative	es developed new medical problems since your last visit? If yes, please describe:	☐ Yes	☐ No	☐ Unsure			
l =								
earing	Do you have	concerns about how your child hears?	☐ Yes	□ No	☐ Unsure			
ision	Do you have	concerns about how your child sees?	☐ Yes	□ No	☐ Unsure			
	Do your child	's eyes appear unusual or seem to cross, drift, or be lazy?	☐ Yes	☐ No	☐ Unsure			
31011	Do your child	's eyelids droop or does one eyelid tend to close?	☐ Yes	☐ No	☐ Unsure			
	Have your chi	ild's eyes ever been injured?	☐ Yes	□ No	No Unsure			
	Are cavities a	problem for you or anyone else in your family?	☐ Yes	☐ No	☐ Unsure			
ral Health		ild sleep with a bottle?	☐ Yes	☐ No	☐ Unsure			
		ild continuously breastfeed through the night?	☐ Yes	☐ No	☐ Unsure			
Lead		ild have a sibling or playmate who has or had lead poisoning?	☐ Yes	□ No	☐ Unsure			
	or has recent	ild live in or regularly visit a house or child care facility built before 1978 that is being ly been (within the past 6 months) renovated or remodeled?	☐ Yes	□ No	☐ Unsure			
		ild live in or regularly visit a house or child care facility built before 1950?	☐ Yes	☐ No	☐ Unsure			
es your child	have any specia	al health care needs?						
•	, , , ,	2 100, 40001150.						
ave there beer	n any major chai	nges in your family lately? 🗆 Move 🗅 Job change 🗅 Separation 🗅 Divorce 🗅 De	ath in the fam	ily 🗖 An	y other chan			
				,	, 5.1411			

Your Growing and Developing Baby							
Do you have specific concerns about your baby's learning, development, or behavior?	□ No	☐ Yes, describe:					
Check off each of the tasks that your baby is able to do.							
 Looks for something that has been dropped 							
☐ Pulls to stand							
☐ Is afraid of new people							
□ Goes to you to play and be comforted							
☐ Points things out							
☐ Sits well							
☐ Can repeat sounds							
☐ Looks at books							
□ Crawls							
☐ Plays peekaboo							



American Academy of Pediatrics



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