

American Academy of Pediatrics



# BRIGHT FUTURES PREVISIT QUESTIONNAIRE

## 6 MONTH VISIT

To provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all the questions. **Maternal Depression screening and Oral Health Risk Assessment are also part of this visit.** 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? ☐ No ☐ Yes, describe:

### TELL US ABOUT YOUR BABY AND FAMILY.

What excites or delights you most about your baby?

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

Have there been major changes lately in your baby's or family's life? ☐ No ☐ Yes, describe:

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

Does your baby live with anyone who smokes or spend time in places where people smoke or use e-cigarettes? ☐ No ☐ Yes ☐ Unsure

### YOUR GROWING AND DEVELOPING BABY

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

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Pat or smile at his reflection. | <input type="checkbox"/> Roll over from his back to his tummy.     | <input type="checkbox"/> Pass a toy from one hand to another. |
| <input type="checkbox"/> Look when you call her name.    | <input type="checkbox"/> Sit briefly without support.              | <input type="checkbox"/> Rake small objects with 4 fingers.   |
| <input type="checkbox"/> Babble.                         | <input type="checkbox"/> Make sounds such as "ga," "ma," and "ba." | <input type="checkbox"/> Bang small objects on a surface.     |

## 6 MONTH VISIT

### RISK ASSESSMENT

<b>Hearing</b>	Do you have concerns about how your baby hears?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
<b>Lead</b>	Does your baby live in or visit a home or child care facility with an identified lead hazard or a home built before 1960 that is in poor repair or that was renovated in the past 6 months?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
<b>Oral health</b>	Does your baby's primary water source contain fluoride?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
<b>Tuberculosis</b>	Was your baby or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Has your baby had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Is your baby infected with HIV?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
<b>Vision</b>	Do you have concerns about how your baby sees?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your baby's eyes appear unusual or seem to cross?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your baby's eyelids droop or does one eyelid tend to close?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Have your baby's eyes ever been injured?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure

### ANTICIPATORY GUIDANCE

How are things going for you, your baby, and your family?

#### YOUR FAMILY'S HEALTH AND WELL-BEING

<b>Living Situation and Food Security</b>		
Is permanent housing a worry for you?	<input type="radio"/> No	<input type="radio"/> Yes
Do you have the things you need to take care of the baby, such as a crib, a car safety seat, and diapers?	<input type="radio"/> Yes	<input type="radio"/> No
Does your home have enough heat, hot water, electricity, and working appliances?	<input type="radio"/> Yes	<input type="radio"/> No
Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more?	<input type="radio"/> No	<input type="radio"/> Yes
Within the past 12 months, did the food you bought not last, and you did not have money to get more?	<input type="radio"/> No	<input type="radio"/> Yes
<b>Alcohol and Drugs</b>		
Does anyone in your household drink beer, wine, or liquor?	<input type="radio"/> No	<input type="radio"/> Yes
Do you or other family members use marijuana, cocaine, pain pills, narcotics, or other controlled substances?	<input type="radio"/> No	<input type="radio"/> Yes
<b>Family Relationships and Support</b>		
Do you have people you can go to when you need help with your family?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have child care or a reliable person to care for your baby?	<input type="radio"/> Yes	<input type="radio"/> No

#### CARING FOR YOUR BABY

<b>Your Baby's Development</b>		
Is your baby learning new things?	<input type="radio"/> Yes	<input type="radio"/> No
Is your baby adapting to new situations, people, and places?	<input type="radio"/> Yes	<input type="radio"/> No
Does your baby have ways to tell you what he wants and needs?	<input type="radio"/> Yes	<input type="radio"/> No
Does your baby respond when you look at books together?	<input type="radio"/> Yes	<input type="radio"/> No
Is a TV, computer, tablet, or smartphone on in the background while your baby is in the room?	<input type="radio"/> No	<input type="radio"/> Yes
Does your baby watch TV or play on a tablet or smartphone?	<input type="radio"/> No	<input type="radio"/> Yes
If yes, how much time each day? _____ hours		
Does your baby have a regular daily schedule for feeding, napping, playing, and sleeping?	<input type="radio"/> Yes	<input type="radio"/> No
Is your baby learning to go to sleep by himself?	<input type="radio"/> Yes	<input type="radio"/> No
Can your baby calm herself?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have ways to help your baby calm himself if he cannot do it himself?	<input type="radio"/> Yes	<input type="radio"/> No

## 6 MONTH VISIT

### HEALTHY TEETH

Do you give your baby a bottle in her crib?	<input type="radio"/> No	<input type="radio"/> Yes
---	--------------------------	---------------------------

### FEEDING YOUR BABY

<b>General Information</b>		
What are you feeding your baby? Check all that apply: <input type="checkbox"/> Breast milk <input type="checkbox"/> Formula <input type="checkbox"/> Both		
Are you feeding your baby any drinks or foods besides breast milk or formula? Check all that apply: <input type="checkbox"/> Water <input type="checkbox"/> Juice <input type="checkbox"/> Cereal <input type="checkbox"/> Meats <input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables <input type="checkbox"/> Other foods		
Does your baby let you know when he likes or dislikes new foods that you have introduced?	<input type="radio"/> Yes	<input type="radio"/> No
Do you wash vegetables and fruits before serving them to your baby and family?	<input type="radio"/> Yes	<input type="radio"/> No
<b>If you are breastfeeding, answer these questions.</b>		
Are you planning on continuing?	<input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No
Do you have questions about pumping and storing your breast milk?	<input type="radio"/> No	<input type="radio"/> Yes
Are you still giving your baby vitamin D drops and iron drops?	<input type="radio"/> Yes	<input type="radio"/> No
<b>If you are formula feeding, or providing formula supplementation, answer these questions.</b>		
Are you using iron-fortified formula?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any questions or concerns about the formula, such as how much it costs or how to prepare it?	<input type="radio"/> No	<input type="radio"/> Yes

### SAFETY

<b>General Information</b>		
Is your baby fastened securely in a rear-facing car safety seat in the back seat every time she rides in a vehicle?	<input type="radio"/> Yes	<input type="radio"/> No
Are you having any problems with your car safety seat?	<input type="radio"/> No	<input type="radio"/> Yes
Is your water heater set so the temperature at the faucet is at or below 120°F/49°C?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have barriers around space heaters, woodstoves, and kerosene heaters?	<input type="radio"/> Yes	<input type="radio"/> No
Do you put a hat on your baby and apply sunscreen on her when you go outside?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep household cleaners, chemicals, and medicines locked up and out of your baby's sight and reach?	<input type="radio"/> Yes	<input type="radio"/> No
Do you always stay within arm's reach of your baby when he is in the bath?	<input type="radio"/> Yes	<input type="radio"/> No
Do you always keep one hand on your baby when changing diapers or clothing on a changing table, couch, or bed?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have a gate at the top and bottom of all stairs in your home?	<input type="radio"/> Yes	<input type="radio"/> No
<b>Safe Sleep</b>		
Do you continue to place your baby onto her back for sleep?	<input type="radio"/> Yes	<input type="radio"/> No
Does your baby sleep in a crib?	<input type="radio"/> Yes	<input type="radio"/> No

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this questionnaire should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original questionnaire included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this questionnaire and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.

# Well Child | 6 Month Visit

Accompanied By:		Preferred Language:		Date/Time:	Name:		
Weight (%):	Length (%):	Weight-for-length (%):		HC (%):	ID Number:		
Vitals (if indicated):	Temp:	HR:	Resp Rate:	SpO <sub>2</sub> :	Birth Date:	Age:	Sex: M F

## HISTORY

**Concerns and Questions:** ☐ None

**Interval History:** ☐ None

**Medical History:** ☐ Infant has special health care needs.

Areas reviewed and updated as needed

☐ Past Medical History (See Initial History Questionnaire.)

☐ Surgical History (See Initial History Questionnaire.)

☐ Problem List (See Problem List.)

**Medications:** ☐ None

☐ Reviewed and updated (See Medication Record.)

**Allergies:** ☐ No known drug allergies

### Nutrition:

☐ Breast milk: Feedings per 24 hours: \_\_\_\_\_

Problems with breastfeeding: \_\_\_\_\_

Vitamin D supplements: \_\_\_\_\_ ☐ None

☐ Formula: Type/brand: \_\_\_\_\_ Source of water: \_\_\_\_\_

Feedings per 24 hours: \_\_\_\_\_ Ounces per feeding: \_\_\_\_\_

Problems with bottle-feeding: \_\_\_\_\_

**Solids:** ☐ Not yet started

Giving: \_\_\_\_\_

**Elimination:** ☐ Regular soft stools

**Sleep:** ☐ Normal pattern ☐ On back ☐ Safe sleep surface

**Behavior:** ☐ No concerns

**Activity** (tummy time): ☐ No concerns

## DEVELOPMENT

☒ = Normal development ☐ See Previsit Questionnaire.

Caregiver concerns about development: ☐ None ☐ Yes: \_\_\_\_\_

### ☐ SOCIAL LANGUAGE AND SELF-HELP

- Pats or smiles at reflection
- Begins to turn when name called

### ☐ VERBAL LANGUAGE

- Babbles
- ☐ GROSS MOTOR
- Rolls over supine to prone
- Sits briefly without support

### ☐ FINE MOTOR

- Reaches for object and transfers
- Rakes small object with 4 fingers
- Bangs small object on surface

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The recommendations in this form do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original form included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition. The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this form and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.

## SOCIAL AND FAMILY HISTORY

Areas reviewed and updated as needed (See Initial History Questionnaire.): ☐ Social History ☐ Family History

Changes since last visit: \_\_\_\_\_

Smoking household: ☐ No ☐ Yes: \_\_\_\_\_

Parental support and work-family balance: \_\_\_\_\_

Observation of parent-infant interaction: \_\_\_\_\_

Parents working outside home: ☐ One parent ☐ Both parents Child care: ☐ Parent(s) ☐ Family ☐ In-home ☐ Center ☐ Other: \_\_\_\_\_

## REVIEW OF SYSTEMS

☐ A 10-point review of systems was performed and results were negative except for any positive results listed below.

**Bold** = Focus area for this Bright Futures Visit

Constitutional: \_\_\_\_\_ **Respiratory:** \_\_\_\_\_ **Skin:** \_\_\_\_\_

**Eyes:** \_\_\_\_\_ **Gastrointestinal:** \_\_\_\_\_ Neurological: \_\_\_\_\_

**Head, Ears, Nose, and Throat:** \_\_\_\_\_ **Genitourinary:** \_\_\_\_\_ Other: \_\_\_\_\_

Cardiovascular: \_\_\_\_\_ Musculoskeletal: \_\_\_\_\_ Other: \_\_\_\_\_

## PHYSICAL EXAMINATION

☒ = System examined **Bold** = Focus area for this Bright Futures Visit

Normal examination findings in text. Cross out abnormalities. Describe other findings in the area provided.

☐ **General:** Alert, active infant. **Normal interval growth in height, weight, and head circumference. Normal weight-for-length for age.**

☐ **Head:** Normocephalic and atraumatic. **No positional skull deformities.** Anterior fontanelle open and flat. \_\_\_\_\_

☐ **Eyes:** **Fixes and follows. Extraocular eye movements intact. Red reflex present bilaterally. No opacification.**

Normal funduscopic examination findings. \_\_\_\_\_

☐ Ears, nose, and throat: Tympanic membranes with visible light reflex bilaterally. No oral lesions.

☐ Neck: Supple, with full range of motion without adenopathy. \_\_\_\_\_

☐ **Heart:** Regular rate and rhythm. **No murmur. Symmetrical femoral pulses.** \_\_\_\_\_

☐ Respiratory: Breath sounds clear bilaterally. Comfortable work of breathing. \_\_\_\_\_

☐ Abdomen: Soft, with no palpable masses. \_\_\_\_\_

☐ Genitourinary: \_\_\_\_\_

☐ Normal female external genitalia. \_\_\_\_\_

☐ Normal male external genitalia, with testes palpable in scrotum bilaterally. \_\_\_\_\_

☐ **Musculoskeletal:** Spine straight. **No leg length discrepancy, thigh folds symmetrical, and normal hip abduction.**

☐ **Neurological:** **Moves all extremities symmetrically. Normal strength and tone.**

☐ **Skin:** Warm and well perfused. **No lesions, birthmarks, or bruising.** \_\_\_\_\_

Other comments: \_\_\_\_\_

## ASSESSMENT

☐ Well child ☐ Normal interval growth (See growth chart.) ☐ Age-appropriate development

## ANTICIPATORY GUIDANCE

☒ Discussed and/or handout given☐ **SOCIAL DETERMINANTS OF HEALTH**

- Living situation and food security
- Tobacco, alcohol, and drug use
- Parental depression
- Family relationships and support
- Child care

☐ **ORAL HEALTH**

- Fluoride
- Oral hygiene/soft toothbrush
- Avoidance of bottle in bed

☐ **NUTRITION AND FEEDING**

- General guidance on feeding
- Solid foods
- Pesticides in vegetables and fruits
- Fluids and juice
- Breast or formula-feeding guidance

☐ **INFANT BEHAVIOR AND DEVELOPMENT**

- Parents as teachers
- Communication and early literacy
- Media
- Emerging infant independence
- Putting self to sleep
- Self-calming

☐ **SAFETY**

- Car safety seats
- Safe sleep
- Safe home environment: burns, sun exposure, choking, poisoning, drowning, and falls

## PLAN

**Immunizations:** ☐ Vaccine Administration Record reviewed Administered today: \_\_\_\_\_ ☐ Up-to-date for age
**Universal Screening:**
☐ Maternal depression: Screening tool used: \_\_\_\_\_ Result: ☐ Neg ☐ Pos: \_\_\_\_\_

☐ Oral health risk assessment Fluoride varnish applied: ☐ Yes ☐ No: \_\_\_\_\_
**Selective Screening** (based on risk assessment) (See Previsit Questionnaire.):
☐ BP ☐ Tuberculosis ☐ Hearing ☐ Oral fluoride supplementation ☐ Lead ☐ Vision

Comments/results:

**Follow-up:**
☐ Routine follow-up at 9 months ☐ Next visit: \_\_\_\_\_ ☐ Referral to: \_\_\_\_\_

## PRINT NAME.

## SIGNATURE

Provider 1

Provider 2

Consistent with *Bright Futures:  
Guidelines for Health Supervision of  
Infants, Children, and Adolescents,  
4th Edition*

# BRIGHT FUTURES HANDOUT ► PARENT

## 6 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.

### ✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Choose a mature, trained, and responsible babysitter or caregiver.
- Ask us questions about child care programs.
- Talk with us or call for help if you feel sad or very tired for more than a few days.
- Spend time with family and friends.

### ✓ YOUR BABY'S DEVELOPMENT

- Place your baby so she is sitting up and can look around.
- Talk with your baby by copying the sounds she makes.
- Look at and read books together.
- Play games such as peekaboo, patty-cake, and so big.
- Don't have a TV on in the background or use a TV or other digital media to calm your baby.
- If your baby is fussy, give her safe toys to hold and put into her mouth. Make sure she is getting regular naps and playtimes.

### ✓ FEEDING YOUR BABY

- Know that your baby's growth will slow down.
- Be proud of yourself if you are still breastfeeding. Continue as long as you and your baby want.
- Use an iron-fortified formula if you are formula feeding.
- Begin to feed your baby solid food when he is ready.
- Look for signs your baby is ready for solids. He will
  - Open his mouth for the spoon.
  - Sit with support.
  - Show good head and neck control.
  - Be interested in foods you eat.

#### Starting New Foods

- Introduce one new food at a time.
- Use foods with good sources of iron and zinc, such as
  - Iron- and zinc-fortified cereal
  - Pureed red meat, such as beef or lamb
- Introduce fruits and vegetables after your baby eats iron- and zinc-fortified cereal or pureed meat well.
- Offer solid food 2 to 3 times per day; let him decide how much to eat.
- Avoid raw honey or large chunks of food that could cause choking.
- Consider introducing all other foods, including eggs and peanut butter, because research shows they may actually prevent individual food allergies.
- To prevent choking, give your baby only very soft, small bites of finger foods.
- Wash fruits and vegetables before serving.
- Introduce your baby to a cup with water, breast milk, or formula.
- Avoid feeding your baby too much; follow baby's signs of fullness, such as
  - Leaning back
  - Turning away
- Don't force your baby to eat or finish foods.
  - It may take 10 to 15 times of offering your baby a type of food to try before he likes it.

**Helpful Resources:** Smoking Quit Line: 800-784-8669 | Poison Help Line: 800-222-1222

Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236



## 6 MONTH VISIT—PARENT

### ✓ HEALTHY TEETH

- Ask us about the need for fluoride.
- Clean gums and teeth (as soon as you see the first tooth) 2 times per day with a soft cloth or soft toothbrush and a small smear of fluoride toothpaste (no more than a grain of rice).
- Don't give your baby a bottle in the crib. Never prop the bottle.
- Don't use foods or juices that your baby sucks out of a pouch.
- Don't share spoons or clean the pacifier in your mouth.

## WHAT TO EXPECT AT YOUR BABY'S 9 MONTH VISIT

### We will talk about

- Caring for your baby, your family, and yourself
- Teaching and playing with your baby
- Disciplining your baby
- Introducing new foods and establishing a routine
- Keeping your baby safe at home and in the car

### ✓ SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- If your baby has reached the maximum height/weight allowed with your rear-facing-only car seat, you can use an approved convertible or 3-in-1 seat in the rear-facing position.
- Put your baby to sleep on her back.
- Choose crib with slats no more than 2 $\frac{3}{8}$  inches apart.
  - Lower the crib mattress all the way.
- Don't use a drop-side crib.
- Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and toys in the crib.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Do a home safety check (stair gates, barriers around space heaters, and covered electrical outlets).
- Don't leave your baby alone in the tub, near water, or in high places such as changing tables, beds, and sofas.
- Keep poisons, medicines, and cleaning supplies locked and out of your baby's sight and reach.
- Put the Poison Help line number into all phones, including cell phones. Call us if you are worried your baby has swallowed something harmful.
- Keep your baby in a high chair or playpen while you are in the kitchen.
- Do not use a baby walker.
- Keep small objects, cords, and latex balloons away from your baby.
- Keep your baby out of the sun. When you do go out, put a hat on your baby and apply sunscreen with SPF of 15 or higher on her exposed skin.

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this handout and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.