

American Academy of Pediatrics



BRIGHT FUTURES PREVISIT QUESTIONNAIRE

9 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. **Child Development 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"/> Use basic gestures, such as holding her arms out to be picked up or waving "bye-bye." | <input type="checkbox"/> Look around when you say things such as "Where's your bottle?" and "Where's your blanket?" | <input type="checkbox"/> Crawl on hands and knees. |
| <input type="checkbox"/> Look for dropped objects. | <input type="checkbox"/> Copy sounds that you make. | <input type="checkbox"/> Pick up food and eat it. |
| <input type="checkbox"/> Play games such as peekaboo and pat-a-cake. | <input type="checkbox"/> Sit well without support. | <input type="checkbox"/> Pick up small objects with 3 fingers and a thumb. |
| <input type="checkbox"/> Turn consistently when his name is called. | <input type="checkbox"/> Pull herself to a standing position. | <input type="checkbox"/> Let go of objects on purpose. |
| <input type="checkbox"/> Say, "Dada" or "Mama." | <input type="checkbox"/> Move easily between sitting and lying. | <input type="checkbox"/> Bang objects together. |

9 MONTH VISIT

RISK ASSESSMENT

Hearing	Do you have concerns about how your baby hears?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Lead	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
Oral health	Does your baby's primary water source contain fluoride?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
Vision	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

Do you always feel safe in your home?	<input type="radio"/> Yes	<input type="radio"/> No
Has your partner, or another significant person in your life, ever hit, kicked, or shoved you, or physically hurt you or the baby?	<input type="radio"/> No	<input type="radio"/> Yes
Have you developed routines or other ways to take care of yourself?	<input type="radio"/> Yes	<input type="radio"/> No

CARING FOR YOUR BABY

Do you have a regular bedtime routine for your baby?	<input type="radio"/> Yes	<input type="radio"/> No
Does she wake up during the night?	<input type="radio"/> No	<input type="radio"/> Yes
Is your baby learning new things?	<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
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		
Have you made a family media use plan to help you balance media use with other family activities?	<input type="radio"/> Yes	<input type="radio"/> No

DISCIPLINE

Do you and your partner agree on how to handle your baby's behavior?	<input type="radio"/> Yes	<input type="radio"/> No
Do you limit the use of "No" to only the most important issues?	<input type="radio"/> Yes	<input type="radio"/> No
If you have other children, do you let them help with the baby as much as they can?	<input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No

FEEDING YOUR BABY

Does your baby feed herself?	<input type="radio"/> Yes	<input type="radio"/> No
Does your baby drink from a cup?	<input type="radio"/> Yes	<input type="radio"/> No
Do you let your baby decide what and how much to eat?	<input type="radio"/> Yes	<input type="radio"/> No
Do you give your baby foods with different textures (such as pureed, blended, mashed, chopped, or lumps)?	<input type="radio"/> Yes	<input type="radio"/> No
If you are breastfeeding, are you planning on continuing?	<input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No

SAFETY

Car and Home Safety		
Is your baby fastened securely in a rear-facing car safety seat in the back seat every time he rides in a vehicle?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any habits or reminders that prevent you from ever leaving your baby in the car?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep your baby away from the stove, fireplaces, and space heaters?	<input type="radio"/> Yes	<input type="radio"/> No

9 MONTH VISIT

SAFETY (CONTINUED)

Car and Home Safety (continued)		
Do you keep cleaners 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 she is in the bathtub?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep furniture away from windows and use operable window guards on second-floor and higher windows? (Operable means that, in case of an emergency, an adult can open the window.)	<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
Gun Safety		
Does anyone in your home or the homes where your baby spends time have a gun?	<input type="radio"/> No	<input type="radio"/> Yes
If yes, is the gun unloaded and locked up?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, is the ammunition stored and locked up separately from the gun?	<input type="radio"/> Yes	<input type="radio"/> No

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



Well Child | 9 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 ₂ :	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.)

Current Medications: ☐ None

Allergies: ☐ No known drug allergies

Nutrition:

☐ Breast milk: Feedings per 24 hours: _____

☐ Formula: Feedings per 24 hours: _____ Ounces per feeding: _____

Type/brand: _____ Source of water: _____

Solids:

Elimination: ☐ Regular soft stools

Sleep: ☐ Normal pattern ☐ Safe sleep surface

Behavior: ☐ No concerns

Physical Activity:

Playtime (60 min/d): ☐ Yes ☐ No: _____

Screen time: ☐ No ☐ Yes: _____

DEVELOPMENT

☒ = Normal development ☐ See Previsit Questionnaire.

Caregiver concerns about development: ☐ None ☐ Yes: _____

☐ SOCIAL LANGUAGE AND SELF-HELP

- Uses basic gestures (eg, holds arms out to be picked up, waves "bye-bye")
- Looks for dropped objects
- Picks up food with fingers and eats it
- Turns when name called

☐ VERBAL LANGUAGE

- Says "Dada" or "Mama" nonspecifically

☐ GROSS MOTOR

- Sits well without support
- Pulls to stand
- Transitions between sitting and lying
- Balances on hands and knees
- Crawls

☐ FINE MOTOR

- Picks up small object with 3 fingers and thumb
- Releases objects intentionally
- Bangs objects together

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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.**

☐ **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. **Normal hip abduction.**

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

☐ 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**

- Intimate partner violence
- Family relationships and support

☐ **DISCIPLINE**

- Parent expectation of infant's behavior

☐ **NUTRITION AND FEEDING**

- Self-feeding
- Mealtime routines
- Transition to solid foods
- Cup drinking
- Plans for weaning

☐ **INFANT BEHAVIOR AND DEVELOPMENT**

- Changing sleep patterns
- Developmental mobility and cognitive development
- Interactive learning and communication
- Media

☐ **SAFETY**

- Car safety seats
- Heatstroke prevention
- Firearm safety
- Safe home environment: burns, poisoning, drowning, and falls

PLAN

Immunizations: ☐ Vaccine Administration Record reviewed Administered today: _____ ☐ Up-to-date for age
Universal Screening:
☐ Developmental screening: Screening tool used: _____ Result: ☐ Passed in all areas ☐ Failed in following areas:

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

Comments/results: _____

Follow-up:
☐ Routine follow-up at 12 months ☐ Next visit: _____ ☐ Referral to: _____

PRINT NAME.

SIGNATURE

Provider 1

Provider 2

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BRIGHT FUTURES HANDOUT ► PARENT

9 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 feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help.
- Keep in touch with friends and family.
- Invite friends over or join a parent group.
- Take time for yourself and with your partner.

✓ YOUR CHANGING AND DEVELOPING BABY

- Keep daily routines for your baby.
- Let your baby explore inside and outside the home. Be with her to keep her safe and feeling secure.
- Be realistic about her abilities at this age.
- Recognize that your baby is eager to interact with other people but will also be anxious when separated from you. Crying when you leave is normal. Stay calm.
- Support your baby's learning by giving her baby balls, toys that roll, blocks, and containers to play with.
- Help your baby when she needs it.
- Talk, sing, and read daily.
- Don't allow your baby to watch TV or use computers, tablets, or smartphones.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

✓ DISCIPLINE

- Tell your baby in a nice way what to do ("Time to eat"), rather than what not to do.
- Be consistent.
- Use distraction at this age. Sometimes you can change what your baby is doing by offering something else such as a favorite toy.
- Do things the way you want your baby to do them—you are your baby's role model.
- Use "No!" only when your baby is going to get hurt or hurt others.

✓ FEEDING YOUR BABY

- Be patient with your baby as he learns to eat without help.
- Know that messy eating is normal.
- Emphasize healthy foods for your baby. Give him 3 meals and 2 to 3 snacks each day.
- Start giving more table foods. No foods need to be withheld except for raw honey and large chunks that can cause choking.
- Vary the thickness and lumpiness of your baby's food.
- Don't give your baby soft drinks, tea, coffee, and flavored drinks.
- Avoid feeding your baby too much. Let him decide when he is full and wants to stop eating.
- Keep trying new foods. Babies may say no to a food 10 to 15 times before they try it.
- Help your baby learn to use a cup.
- Continue to breastfeed as long as you can and your baby wishes. Talk with us if you have concerns about weaning.
- Continue to offer breast milk or iron-fortified formula until 1 year of age. Don't switch to cow's milk until then.

Helpful Resources: National Domestic Violence Hotline: 800-799-7233 | Family Media Use Plan: www.healthychildren.org/MediaUsePlan
Poison Help Line: 800-222-1222 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

9 MONTH VISIT—PARENT



SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Have your baby's car safety seat rear facing until she reaches the highest weight or height allowed by the car safety seat's manufacturer. In most cases, this will be well past the second birthday.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Never leave your baby alone in the car. Start habits that prevent you from ever forgetting your baby in the car, such as putting your cell phone in the back seat.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.
- Place gates at the top and bottom of stairs.
- Don't leave heavy or hot things on tablecloths that your baby could pull over.
- Put barriers around space heaters and keep electrical cords out of your baby's reach.
- Never leave your baby alone in or near water, even in a bath seat or ring. Be within arm's reach at all times.
- Keep poisons, medications, and cleaning supplies locked up and out of your baby's sight and reach.
- Put the Poison Help line number into all phones, including cell phones. Call if you are worried your baby has swallowed something harmful.
- Install operable window guards on windows at the second story and higher. Operable means that, in an emergency, an adult can open the window.
- Keep furniture away from windows.
- Keep your baby in a high chair or playpen when in the kitchen.

WHAT TO EXPECT AT YOUR CHILD'S 12 MONTH VISIT

We will talk about

- Caring for your child, your family, and yourself
- Creating daily routines
- Feeding your child
- Caring for your child's teeth
- Keeping your child safe at home, outside, and in the car

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