2 Month Pre-Visit Questionnaire

Instructions: *Please answer the questions below about your child by circling or putting an X on the correct choice. These questions help us assess the health, development, and safety of your child.*

General Health

1	Do you have concerns about your baby?	NO	YES
2	Does your baby cry for longer than 30 minutes at a time?	NO	YES

Feeding/Nutrition

3	Is your baby breastfeeding?	YES	NO
	a. How many times a day does your baby breastfeed?		
	b. If your baby is getting breast milk, are you giving bottles of pumped milk?	YES	NO
4	Is your baby taking (drinking) formula?	YES	NO
	a. How many times a day does your baby drink formula?		
	b. Which formula are you feeding your baby?		
5	Are you feeding your baby anything other than breastmilk or formula?	NO	YES
6	Is your baby getting an infant multivitamin or a vitamin D supplement?	YES	NO

Elimination

7	Does your baby have any problems with bowel movements (going poop)?	NO	YES
8	What color are your baby's poops?		
9	Is your baby urinating (peeing) well?	YES	NO

Sleep

10	Do you have any questions or concerns about your baby's sleep habits?	NO	YES

Social Stressors

11 If there are other children in the house, are they adjusting well to your newborn?	YES	NO	N/A
12 Are you having any family stress?	NO	YES	
13 Within the past 12 months have you worried that your food would run out before you got money to buy more?	NO	YES	SOMETIMES
14 Within the past 12 months did you run out of food and you didn't have money to get more?	NO	YES	SOMETIMES
15 Do you feel you receive the support you need?	YES	NO	
16 Do you ever feel angry or frustrated with your baby?	NO	YES	

Development

17 Does your baby smile at the sound of a parent's voice?	YES	NO
18 Does your baby make cooing noises?	YES	NO
19 Does your baby watch a parent walk across the room?	YES	NO
20 Can your baby briefly hold an object when you put it in your baby's hand?	YES	NO
21 Does your baby lift his/her head and chest when lying on tummy?	YES	NO

Safety

22 Is your baby swaddled when sleeping?	NO	YES
23 Does your baby sleep on his/her back?	YES	NO
24 Where does your baby sleep?	Crib/Bassinet	Parents' bed
25 Do you always keep a hand on your baby when placed above the floor? (like on a changing table)	YES	NO
26 Does your baby wear any jewelry (including necklaces)?	NO	YES
27 Does your baby ride in a rear-facing safety seat, in the back seat?	YES	NO
28 Does anyone smoke or vape around your baby?	NO	YES
29 Do you have working smoke and carbon monoxide detectors in your home?	YES	NO

Postnatal Depression

Instructions: *Please check the box to the left of the answer that comes closest to how you have felt* ***in the past seven (7) days****, not just how you feel today:*

1 I have been able to laugh and see the funny side of things:

☐As much as I always could ☐Not quite so much now ☐Definitely not so much now ☐Not at all

2 I have looked forward with enjoyment to things:

☐As much as I ever did ☐Rather less than I used to ☐Definitely less than I used to ☐Hardly at all

3 I have blamed myself unnecessarily when things went wrong:

☐Yes, most of the time ☐Yes, some of the time ☐Not very often ☐No, never

4 I have been anxious or worried for no good reason:

☐No, not at all ☐Hardly ever ☐Yes, sometimes ☐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 to 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 ☐No, not very much ☐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