

# 1 - 4 Weeks Questions



Patient Name:	DOB:	Date:
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**Any questions or concerns today? Please circle all that apply.**

- |   |   |   |
|---|---|---|
| Eating  | Y | N |
| Elimination (voiding/stooling)  | Y | N |
| Sleeping  | Y | N |
| Developmental   | Y | N |
| Hearing/Vision  | Y | N |
| Skin  | Y | N |
| Vaccines  | Y | N |
| Other   | Y | N |
| <b>Has your baby been fussy?</b>  | Y | N |
| <b>Can you tell when your baby needs to eat?</b>                          | Y | N |
| <b>Can you tell when your baby needs to sleep?</b>                        | Y | N |
| <b>Do you know what shaken baby syndrome is?</b>                          | Y | N |
| <b>Do you have pets?</b>  | Y | N |
| Cat   | Y | N |
| Dog   | Y | N |
| Other   | Y | N |
| <b>Does your baby have any exposure to smoke?</b>                         | Y | N |
| <b>Do you have a rear facing car seat?</b>                                | Y | N |
| <b>Are you returning to work/school?</b>                                  | Y | N |
| <b>Do you have working smoke detectors and carbon monoxide detectors?</b> | Y | N |
| <b>Do you have any guns in the home?</b>                                  | Y | N |
| Are the guns unloaded?  | Y | N |
| Are the guns locked?  | Y | N |
| Is ammunition stored separately?  | Y | N |

**SEE REVERSE FOR ADDITIONAL QUESTIONS**

# 1 - 4 Weeks Questions



Patient Name:

DOB:

Date:

Food Insecurity & Transportation Questions (mark your answer):

- Within the past 12 months, you worried that your food would run out before you got money to buy more.
  - Often true
  - Sometimes true
  - Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
  - Often true
  - Sometimes true
  - Never true
- In the past 12 months, has lack of transportation kept you from medical appointments, meetings, working or from getting things needed for daily living (mark all that apply)?
  - Yes, it has kept me from medical appointments or getting medications
  - Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need
  - No

# Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

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As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time      This would mean: "I have felt happy most of the time" during the past week.
- No, not very often      Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- |   |   |
|---|---|
| 1. I have been able to laugh and see the funny side of things | *6. Things have been getting on top of me   |
| <input type="checkbox"/> As much as I always could            | <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all |
| <input type="checkbox"/> Not quite so much now                | <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual    |
| <input type="checkbox"/> Definitely not so much now           | <input type="checkbox"/> No, most of the time I have coped quite well             |
| <input type="checkbox"/> Not at all                           | <input type="checkbox"/> No, I have been coping as well as ever                   |
| 2. I have looked forward with enjoyment to things             | *7. I have been so unhappy that I have had difficulty sleeping                    |
| <input type="checkbox"/> As much as I ever did                | <input type="checkbox"/> Yes, most of the time                                    |
| <input type="checkbox"/> Rather less than I used to           | <input type="checkbox"/> Yes, sometimes   |
| <input type="checkbox"/> Definitely less than I used to       | <input type="checkbox"/> Not very often   |
| <input type="checkbox"/> Hardly at all                        | <input type="checkbox"/> No, not at all   |
| *3. I have blamed myself unnecessarily when things went wrong | *8. I have felt sad or miserable  |
| <input type="checkbox"/> Yes, most of the time                | <input type="checkbox"/> Yes, most of the time                                    |
| <input type="checkbox"/> Yes, some of the time                | <input type="checkbox"/> Yes, quite often   |
| <input type="checkbox"/> Not very often                       | <input type="checkbox"/> Not very often   |
| <input type="checkbox"/> No, never                            | <input type="checkbox"/> No, not at all   |
| 4. I have been anxious or worried for no good reason          | *9. I have been so unhappy that I have been crying                                |
| <input type="checkbox"/> No, not at all                       | <input type="checkbox"/> Yes, most of the time                                    |
| <input type="checkbox"/> Hardly ever                          | <input type="checkbox"/> Yes, quite often   |
| <input type="checkbox"/> Yes, sometimes                       | <input type="checkbox"/> Only occasionally  |
| <input type="checkbox"/> Yes, very often                      | <input type="checkbox"/> No, never  |
| *5. I have felt scared or panicky for no very good reason     | *10. The thought of harming myself has occurred to me                             |
| <input type="checkbox"/> Yes, quite a lot                     | <input type="checkbox"/> Yes, quite often   |
| <input type="checkbox"/> Yes, sometimes                       | <input type="checkbox"/> Sometimes  |
| <input type="checkbox"/> No, not much                         | <input type="checkbox"/> Hardly ever  |
| <input type="checkbox"/> No, not at all                       | <input type="checkbox"/> Never  |

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

<sup>2</sup>Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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# BRIGHT FUTURES HANDOUT ► PARENT

## 1 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.
- Ask us for help if you have been hurt by your partner or another important person in your life. Hotlines and community agencies can also provide confidential help.
- Tobacco-free spaces keep children healthy. Don't smoke or use e-cigarettes. Keep your home and car smoke-free.
- Don't use alcohol or drugs.
- Check your home for mold and radon. Avoid using pesticides.

### ✓ HOW YOU ARE FEELING

- Take care of yourself so you have the energy to care for your baby. Remember to go for your post-birth checkup.
- If you feel sad or very tired for more than a few days, let us know or call someone you trust for help.
- Find time for yourself and your partner.

### ✓ FEEDING YOUR BABY

- Feed your baby only breast milk or iron-fortified formula until she is about 6 months old.
- Avoid feeding your baby solid foods, juice, and water until she is about 6 months old.
- Feed your baby when she is hungry. Look for her to
  - Put her hand to her mouth.
  - Suck or root.
  - Fuss.
- Stop feeding when you see your baby is full. You can tell when she
  - Turns away
  - Closes her mouth
  - Relaxes her arms and hands
- Know that your baby is getting enough to eat if she has more than 5 wet diapers and at least 3 soft stools each day and is gaining weight appropriately.
- Burp your baby during natural feeding breaks.
- Hold your baby so you can look at each other when you feed her.
- Always hold the bottle. Never prop it.

#### If Breastfeeding

- Feed your baby on demand generally every 1 to 3 hours during the day and every 3 hours at night.
- Give your baby vitamin D drops (400 IU a day).
- Continue to take your prenatal vitamin with iron.
- Eat a healthy diet.

#### If Formula Feeding

- Always prepare, heat, and store formula safely. If you need help, ask us.
- Feed your baby 24 to 27 oz of formula a day. If your baby is still hungry, you can feed her more.

### ✓ CARING FOR YOUR BABY

- Hold and cuddle your baby often.
- Enjoy playtime with your baby. Put him on his tummy for a few minutes at a time when he is awake.
- Never leave him alone on his tummy or use tummy time for sleep.
- When your baby is crying, comfort him by talking to, patting, stroking, and rocking him. Consider offering him a pacifier.
- *Never hit or shake your baby.*
- Take his temperature rectally, not by ear or skin. A fever is a rectal temperature of 100.4°F/38.0°C or higher. Call our office if you have any questions or concerns.
- Wash your hands often.

**Helpful Resources:** National Domestic Violence Hotline: 800-799-7233 | Smoking Quit Line: 800-784-8669  
Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236

# 1 MONTH VISIT—PARENT



## 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.
- Make sure your baby always stays in her car safety seat during travel. If she becomes fussy or needs to feed, stop the vehicle and take her out of her seat.
- 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.
- Always put your baby to sleep on her back in her own crib, not in your bed.
  - Your baby should sleep in your room until she is at least 6 months old.
  - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
  - 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.
- Keep hanging cords or strings away from your baby. Don't let your baby wear necklaces or bracelets.
- Always keep a hand on your baby when changing diapers or clothing on a changing table, couch, or bed.
- Learn infant CPR. Know emergency numbers. Prepare for disasters or other unexpected events by having an emergency plan.

## WHAT TO EXPECT AT YOUR BABY'S 2 MONTH VISIT

### We will talk about

- Taking care of your baby, your family, and yourself
- Getting back to work or school and finding child care
- Getting to know your baby
- Feeding your baby
- Keeping your baby safe at home and in the car

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

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