

## NEWBORN

### Parent/Guardian Questionnaire

#### ■ PREGNANCY, LABOR AND DELIVERY

Were there any problems during your pregnancy?

.....  
.....

How long was your labor? .....

What type of delivery did you have—vaginal or C-section?

.....

Were there any problems during the delivery?

.....

Did your baby go into the NICU? .....

Did the infant receive the hepatitis B vaccine at birth?

.....

#### ■ FEEDING

My baby is breast-feeding/bottle feeding/formula feeding.

.....

My baby breast-feeds for ..... minutes on each side every ..... hours.

My baby takes ..... ounces of ..... formula every ..... hours.

Is your child fussy or irritable after feeding? .....

Does your child spit up a lot after feeding? .....

How many diapers per day for urine ..... stools .....

#### ■ SLEEPING

My baby sleeps back/side. ....

Where does your baby sleep? .....

#### ■ DEVELOPMENT

You may have noticed that your baby:

- Looks at your face
- Lifts head up
- Hears your voice
- Grasps your finger

Have you noticed any yellow color to your baby's skin?

.....

■ EDUCATION/ANTICIPATORY GUIDANCE

- Car seat (rear facing)
- Feeding patterns
- Family adjustment
- Bathing
- Umbilical cord care
- Sleeping (You should ace this one at the very least!)
- Circumcision care (if applicable)
- Fever
- Crib safety

Follow up at one month unless otherwise noted.

# 1 MONTH

## Parent/Guardian Questionnaire

Do you have any questions or concerns?.....

### ■ DIET

My baby is breast-feeding/bottle feeding/formula feeding.  
.....

My baby breast-feeds for ..... minutes on each side every .....  
hours.

My baby takes ..... ounces of ..... formula every ..... hours.

Is your child fussy or irritable after feeding? .....

Does your child spit up a lot after feeding? .....

How many diapers per day for urine ..... stools .....

Does your baby get constipated? .....

### ■ DEVELOPMENT

You may have noticed that your baby:

- Turns to your voice
- Lifts head while on tummy

- Coos
- Smiles

■ **SLEEP**

Where does your baby sleep? .....

How many hours straight does your baby sleep at night? .....

How many hours in total does your baby sleep at night?.....

■ **EDUCATION/ANTICIPATORY GUIDANCE**

- Fever/illnesses
- Immunization reactions
- Car seat (rear facing)
- Feeding patterns
- Sleep position
- Tummy time
- Rolling over
- Crib safety
- Circumcision care (if applicable)

Follow up at two months unless otherwise noted.

## 2 MONTHS

### Parent/Guardian Questionnaire

Do you have any questions or concerns?.....

#### ■ DIET

My baby is breast-feeding/bottle feeding/formula feeding.  
.....

My baby breast-feeds for ..... minutes on each side every .....  
hours.

My baby takes ..... ounces of ..... formula every ..... hours.

Is your child fussy or irritable after feeding? .....

Does your child spit up a lot after feeding? .....

How many diapers per day for urine ..... stools .....

Does your baby get constipated? .....

#### ■ DEVELOPMENT

You may have noticed that your baby:

- Smiles
- Lifts head while on tummy

- Follows objects to the middle
- Brings hand to mouth
- Coos

■ **SLEEP**

Where does your baby sleep? .....

Does your baby sleep on her back or on her side?

.....

How many hours straight does your baby sleep at night? .....

How many hours in total does your baby sleep at night?.....

■ **EDUCATION/ANTICIPATORY GUIDANCE**

- Fever/illnesses
- Immunization reactions
- Car seat (rear facing)
- Feeding patterns
- Sleep position
- Tummy time
- Rolling over

Follow up at three months unless otherwise noted.

## 3 MONTHS

### Parent/Guardian Questionnaire

Do you have any questions or concerns?.....

#### ■ DIET

My baby is breast-feeding/bottle feeding/formula feeding.  
.....

My baby breast-feeds for ..... minutes on each side every .....  
hours.

My baby takes ..... ounces of ..... formula every ..... hours.

Is your child fussy or irritable after feeding? .....

Does your child spit up a lot after feeding? .....

How many diapers per day for urine ..... stools .....

Does your baby get constipated? .....

#### ■ DEVELOPMENT

You may have noticed your baby:

Starting to focus across the room when on tummy



- Smiles
- Follows objects past the middle
- Coos
- Reaches for and/or grasps objects
- Lifts head while on tummy
- Brings hand to mouth

■ **SLEEP**

Does your baby sleep on her back or on her side?

.....

How many hours straight does your baby sleep at night? .....

How many hours in total does your baby sleep at night?.....

■ **EDUCATION/ANTICIPATORY GUIDANCE**

- Fever/illnesses
- Immunization reactions
- Car seat (rear facing)
- No bottle propping
- Sleep position
- Tummy time
- Rolling over
- Playpen safety
- Introducing cereals

Follow up at four months unless otherwise noted.

## 4 MONTHS

### Parent/Guardian Questionnaire

Do you have any questions or concerns?.....

#### ■ DIET

My baby is breast-feeding/bottle feeding/formula feeding.  
.....

My baby breast-feeds for ..... minutes on each side every .....  
hours.

My baby takes ..... ounces of ..... formula every ..... hours.

Has your baby started eating cereals? .....

Does your baby get constipated? .....

#### ■ DEVELOPMENT

You may have noticed your baby:

- Transfers objects from one hand to the other
- Rolls over
- Plays with a rattle
- Looks for dropped objects
- Has elbows out and head up while on tummy
- Laughs, gurgles, squeals

■ SLEEP

How many hours does your child sleep at night?

.....

Is your baby sleeping through the night? .....

■ EDUCATION/ANTICIPATORY GUIDANCE

- Fever/illnesses
- Introducing cereals
- Car seat (rear facing)
- Introducing fruits/juices
- Sleep position
- Teething
- Rolling over
- Playpen safety
- Immunization reactions

Follow up at five months unless otherwise noted.

## 5 MONTHS

### Parent/Guardian Questionnaire

Do you have any questions or concerns?.....

#### ■ DIET

My baby is breast-feeding/bottle feeding/formula feeding.  
.....

My baby breast-feeds for ..... minutes on each side every .....  
hours.

My baby takes ..... ounces of ..... formula every ..... hours.

Has your baby started eating cereals? .....

Has your child had any reactions to foods? .....

Does your baby get constipated? .....

#### ■ DEVELOPMENT

You may have noticed your baby:

- Transfers objects from one hand to the other
- Rolls over
- Plays with a rattle
- Looks for dropped objects

- Has elbows out and head up while on tummy
- Bears weight

■ **SLEEP**

How many hours does your child sleep at night? .....

Is your baby sleeping through the night? .....

■ **EDUCATION/ANTICIPATORY GUIDANCE**

- Fever/illnesses
- Introducing cereals
- Car seat (rear facing)
- Introducing fruits/juices
- Sleep position
- Teething
- Rolling over
- Playpen safety
- Immunization reactions

Follow up at six months unless otherwise noted.

## 6 MONTHS

### Parent/Guardian Questionnaire

Do you have any questions or concerns?.....

#### ■ DIET

My baby is breast-feeding/bottle feeding/formula feeding.  
.....

My baby breast-feeds for ..... minutes on each side every .....  
hours.

My baby takes ..... ounces of ..... formula every ..... hours.

List some fruits and vegetables your child has eaten.  
.....

Has your child had any reactions to foods? .....

Does your child get constipated? .....

#### ■ DEVELOPMENT

You may have noticed that your child:

- Takes and holds two objects
- Bears weight

- Passes objects from hand to hand
- Rakes small objects
- “Raspberries”
- Sits with support
- Rolls over
- Babbles and laughs
- Sits without support
- Has arms outstretched and head up when on belly

■ **SLEEP**

Do you have trouble getting your child to sleep?

.....

■ **EDUCATION/ANTICIPATORY GUIDANCE**

- Fever/illnesses
- Immunization reactions
- Car seat (rear facing)
- Bedtime routine
- Sippy cup
- Introducing proteins
- Childproofing
- Introducing vegetables
- Separation anxiety
- Advice against walkers

Follow up at nine months unless otherwise noted.

## 9 MONTHS

### Parent/Guardian Questionnaire

Do you have any questions or concerns?.....

#### ■ DIET

My baby is breast-feeding/bottle feeding/formula feeding.  
.....

My baby breast-feeds for ..... minutes on each side every ..... hours.

My baby takes ..... ounces of ..... formula every ..... hours.

List some foods your child likes to eat. ....

Has your child had any reactions to foods? .....

Does your child get constipated?.....

#### ■ DEVELOPMENT

You may have noticed that your child:

- Crawls
- Pulls to a standing position
- Stands holding on
- Cruises along furniture



- Reaches for toys
- Bangs things together
- Uses a pincer grasp
- Babbles and laughs
- Indicates wants by vocalizing
- Waves bye-bye
- Finger feeds
- Gives high-fives/patty-cake motion
- Makes good eye contact
- Imitates speech, jabbbers: “mama,” “dada,” “baba”

■ **SLEEP**

Where does your baby sleep? .....

Does your baby sleep on her back or side? .....

Is your baby sleeping through the night? .....

■ **EDUCATION/ANTICIPATORY GUIDANCE**

- Fever/illnesses
- Immunization reactions
- Car seat (rear facing)
- Feeding patterns
- Sleep position
- Tummy time
- Rolling over

Follow up at one year unless otherwise noted.

# 1 YEAR

## Parent/Guardian Questionnaire

Do you have any questions or concerns?.....

### ■ DIET

How much does your child drink? .....

How much juice does your child drink? .....

Is your child using a sippy cup? .....

List some foods your child likes to eat. ....

Has your child had any reactions to foods? .....

Does your child get constipated? .....

### ■ DEVELOPMENT

You may have noticed that your child:

- Pulls to a standing position
- Cruises along furniture
- Stands holding on
- Clasps hands
- Walks with hands held

- Walks alone
- Uses a neat pincer grasp
- Can speak a few words
- Says “mama” and “dada”
- Follows simple commands
- Indicates wants by pointing
- Responds to name
- Waves bye-bye
- Makes good eye contact
- Gives high-fives/patty-cake motion
- Shows affection

List some words your child says. ....

■ **SLEEP**

Where does your baby sleep? .....

Does your baby sleep on her back or side? .....

Is your baby sleeping through the night? .....

■ **EDUCATION/ANTICIPATORY GUIDANCE**

- Fever/illnesses
- Teething/dental health
- Car seat (forward facing)
- Food safety
- Immunization reactions

- Weaning from bottle
- Childproofing
- Normal decreased appetite

Follow up at fifteen months unless otherwise noted.

## 15 MONTHS

### Parent/Guardian Questionnaire

Do you have any questions or concerns?.....

#### ■ DIET

How much milk does your child drink? .....

How much juice does your child drink? .....

Is your child drinking from a bottle? When? .....

Is your child using a sippy cup? .....

List some foods your child likes to eat. ....

Has your child had any reactions to foods? .....

Does your child get constipated? .....

#### ■ DEVELOPMENT

You may have noticed that your child:

- Crawls up stairs
- Imitates housework
- Tries to feed self with spoon
- Speaks three to five words

- Walks with hands held
- Walks alone
- Plays alongside other kids
- Responds to name
- Scribbles
- Makes good eye contact
- Waves bye-bye
- Shows affection
- Gives high-fives/patty-cake motion

List some words your child says. ....

■ **EDUCATION/ANTICIPATORY GUIDANCE**

- Fever/illnesses
- Teething/dental health
- Car seat (forward facing)
- Food safety
- Immunization reactions
- Bedtime routine
- Childproofing
- Weaning from bottle

Follow up at eighteen months unless otherwise noted.

## 18 MONTHS

### Parent/Guardian Questionnaire

Do you have any questions or concerns?.....

#### ■ DIET

How much milk does your child drink? .....

How much juice does your child drink? .....

Is your child drinking from a bottle? When? .....

Is your child using a sippy cup? .....

List some foods your child likes to eat. ....

Has your child had any reactions to foods? .....

Does your child get constipated? .....

#### ■ DEVELOPMENT

You may have noticed that your child:

- Is aware of bowel movements
- Scribbles
- Feeds self with spoon/fork

- Speaks four to ten words
- Follows two- to three-step commands
- Takes off shoes
- Plays alongside other kids
- Walks alone
- Holds glass without spilling
- Throws a ball overhand
- Waves bye-bye
- Shows affection
- Kicks a ball
- Combines words

List some words your child says. ....

■ **EDUCATION/ANTICIPATORY GUIDANCE**

- Fever/illnesses
- Teething/dental health
- Car seat (forward facing)
- Potty training
- Bedtime routine
- Childproofing
- Immunization reactions

Follow up at two years unless otherwise noted.



## 2 YEARS

### Parent/Guardian Questionnaire

Do you have any questions or concerns?.....

#### ■ DIET

How much milk does your child drink? .....

How much juice does your child drink? .....

List some foods your child likes to eat. ....

Has your child had any reactions to foods? .....

Does your child get constipated? .....

#### ■ DEVELOPMENT

You may have noticed that your child:

- Is aware of bowel movements
- Feeds self
- Goes up and down stairs
- Opens doors
- Helps with getting undressed
- Draws
- Combines two or more words
- Names one color
- Interacts well with other kids

- Throws a ball overhand
- Kicks a ball
- Jumps

List some words your child says. ....

Have you started potty training? .....

■ **EDUCATION/ANTICIPATORY GUIDANCE**

- Fever/illnesses
- Teething/dental health
- Car seat (forward facing)
- Potty training
- Bedtime routine
- Childproofing
- Nutrition and dietary habits
- Physical activity/exercise

Follow up at three years unless otherwise noted.