Bright Futures Parent Supplemental Questionnaire
2 to 5 Day (First Week) Visit

For us to provide you and your baby with the best possible health care, we would like to know how things are going.
Please circle Yes or No for each question. Thank you.

How You Are Feeling: Parental Well-being

Are you happy with your relationships with your partner, family, and friends?	Yes	No
Are you able to pay for housing?	Yes	No
Do you have enough to eat?	Yes	No
Do you sleep when your baby sleeps?	Yes	No
Does your partner help take care of your baby?	Yes	No
Do other family members and friends help you take care of your baby?	Yes	No
Do you feel that you are getting used to your new baby?	Yes	No
Are you happy with your baby?	Yes	No

Getting Used to Your Baby: Newborn Transition

Does your baby sleep on his back?	Yes	No
Does your baby sleep in a crib?	Yes	No
Does your baby sleep in your room?	Yes	No

Feeding Your Baby: Nutritional Adequecy

Does your baby eat well?	Yes	No
Are you worried about your child's weight?	No	Yes
Do you have pain from breastfeeding?	No	Yes
Are you able to burp your baby?	Yes	No
Can you tell when your baby is hungry?	Yes	No
Can you tell when your baby is full?	Yes	No
Is your baby having at least 6–8 wet diapers each day?	Yes	No

Safety		
Is your baby's car safety seat rear-facing in the back seat of the car?	Yes	No
Are your home and car smoke free?	Yes	No
Does anyone smoke around your child?	No	Yes
If you smoke, would you like information on how to stop?	Yes	No
Is your hot water temperature at or below 120°F at the faucet?	Yes	No

Baby Care: Newborn Care		
Do you know how to take your baby's temperature rectally?	Yes	No
Do you have a list of emergency numbers?	Yes	No

Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

The recommendations in this publication 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 document included as part of *Bright Futures Tool and Resource Kit.* Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

Bright Futures Medical Screening Questionnaire Newborn, 2 to 5 Day (First Week), and 2 Month Visits

Please answer the following question about your child's health by circling Y, N, or Unsure.

Do you have concerns about how your child sees?	Y	N	Unsure

The recommendations in this publication 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 document included as part of *Bright Futures Tool and Resource Kit.* Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.