**Well child**

Pre-visit questionnaire

# 2 month

valid 1m 0d – 3m 31d

## General

1. List any concerns you want to discuss today:

## Feeding/nutrition

| | | | |
|---|---|---|---|
| 2. | Do you have concerns about your baby's feedings? | No | Yes |
| 3. | Is your baby breastfeeding? | Yes | No |
| 4. | Is your baby getting formula? | Yes | No |
| | a. Which formula? | | |
| 5. | Are you feeding your baby anything other than breastmilk or formula? | No | Yes |
| 6. | Is your baby getting an infant multivitamin or vitamin D supplement? | Yes | No |

## Social stressors

| | | | | |
|---|---|---|---|---|
| 7. | Are you having any family stress? | No | Yes | |
| 8. | Within the past 12 months have you worried that your food would run out before you got money to buy more? | Never | Sometimes | Often |

## Developmental milestones

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. *Please be sure to answer all the questions.*

*Adapted from SWYC, 2 months*

| | | Not yet | Somewhat | Very much |
|---|---|---|---|---|
| 9. | *Makes sounds that let you know he or she is happy or upset* | ☐ | ☐ | ☐ |
| 10. | *Seems happy to see you* | ☐ | ☐ | ☐ |
| 11. | *Follows a moving toy with his or her eyes* | ☐ | ☐ | ☐ |

| | | Not yet | Somewhat | Very much |
|---|---|---|---|---|
| **12.** | *Turns head to find the person who is talking* | ☐ | ☐ | ☐ |
| **13.** | *Holds head steady when being pulled up to a sitting position* | ☐ | ☐ | ☐ |
| **14.** | *Brings hands together* | ☐ | ☐ | ☐ |
| **15.** | *Laughs* | ☐ | ☐ | ☐ |
| **16.** | *Keeps head steady when held in a sitting position* | ☐ | ☐ | ☐ |
| **17.** | *Makes sounds like "ga," "ma," or "ba"* | ☐ | ☐ | ☐ |
| **18.** | *Looks when you call his or her name* | ☐ | ☐ | ☐ |

## Safety checklist

***Check all that apply.***

| | | True | I have questions |
|---|---|---|---|
| **19.** | My baby sleeps on their back, in a bedside bassinet or crib. | ☐ | ☐ |
| **20.** | I always keep a hand on my baby when they are above the floor (like on a changing table). | ☐ | ☐ |
| **21.** | My baby does not wear jewelry. | ☐ | ☐ |
| **22.** | My baby rides in a rear-facing safety seat, in the back seat. | ☐ | ☐ |
| **23.** | No one smokes or vapes around my baby. | ☐ | ☐ |
| **24.** | We have working smoke/carbon monoxide detectors at home. | ☐ | ☐ |
| **25.** | I could check a rectal temperature if I needed to, and know a fever is 100.4 or higher. | ☐ | ☐ |

## EPDS — Emotional changes with a new baby

Since you have a new baby in your family, we would like to know how you are feeling now. Please check the answer that comes closest to how you have felt *in the past 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 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 on top of 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 ☐ Not very often ☐ 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

Edinburgh Postnatal Depression Screen ©1987 Royal College of Psychiatrists. Cox JL et al (1987) Detection of postnatal depression. British Journal of Psychiatry, 150, 782–786.

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