

# Health Information Update (2 Months Old)

## INTAKE

How often does your baby breastfeed? Every \_\_\_\_\_ hours

If you give pumped milk, how many ounces per feeding? \_\_\_\_\_ Ounces every \_\_\_\_\_ hours

If formula fed, what is the name of formula? \_\_\_\_\_

How many ounces of formula does your baby drink? \_\_\_\_\_ Ounces every \_\_\_\_\_ hours

Does your baby eat or drink anything other than breast milk or formula?  Yes  No

Does your baby take a vitamin?  Yes  No

Does mom take a vitamin?  Yes  No

## OUTPUT

How many stools does your baby have per day? \_\_\_\_\_ What is the consistency? \_\_\_\_\_

## SLEEP

How does your baby sleep?  On back  On side  On stomach

What does your baby sleep in?  Crib  Bassinette  Parent bed/co-sleeper  Swing/chair

Where does your baby sleep?  Parent's room  Own room  Room with sibling

What is the longest amount of time your baby sleeps in the night on average? \_\_\_\_\_

What do you usually do when your baby wakes up during the night? \_\_\_\_\_

Do you put your baby to bed while they are still awake?  Yes  No

Does your baby fall asleep feeding?  Yes  No

Do you keep a bottle in the crib with your baby?  Yes  No

What else is in the baby's sleeping area other than the crib/bassinette and mattress? \_\_\_\_\_

## SAFETY

Does your child ride in an infant car seat?  Yes  No

In the car seat, does your baby face:  Forward  Backward

## CHILDCARE/SCHOOL

Who is with your baby most of the time?  Mom  Dad  Babysitter  Family member

If your baby is in daycare, what type?  Large commercial  Small In-home

## BEHAVIOR/DEVELOPMENT

Describe your child's temperament (happy, fussy, calm, etc.) \_\_\_\_\_

## OTHER

List any medications your child takes: \_\_\_\_\_

Do you need any medication refills? \_\_\_\_\_

Concerns? \_\_\_\_\_

# POST-PARTUM DEPRESSION QUESTIONNAIRE

Please circle the answer that comes closest to how you have felt **IN THE PAST WEEK**, and not just how you are feeling today.

All ten items must be completed. Ignore the point value listed.

1. In the past week I have been able to laugh and see the funny side of things
  - a. As much as I always could (0 points)
  - b. Not quite so much now (1 point)
  - c. Definitely not so much now (2 points)
  - d. Not at all (3 points)
2. In the past week I have looked forward with enjoyment to things
  - a. As much as I ever did (0 points)
  - b. Somewhat less than I used to (1 point)
  - c. Definitely less than I used to (2 points)
  - d. Hardly at all (3 points)
3. In the past week I have blamed myself unnecessarily when things went wrong
  - a. Yes, most of the time (3 points)
  - b. Yes, some of the time (2 points)
  - c. Not very often (1 point)
  - d. No, never (0 points)
4. In the past week I have been anxious or worried for no good reason
  - a. No, not at all (0 points)
  - b. Hardly ever (1 point)
  - c. Yes, sometimes (2 points)
  - d. Yes, very often (3 points)
5. In the last week I have felt scared or panicky for no good reason
  - a. Yes, quite a lot (3 points)
  - b. Yes, sometimes (2 points)
  - c. No, not much (1 point)
  - d. No, not at all (0 points)
6. In the past week things have been getting the best of me
  - a. Yes, most of the time I haven't been able to cope at all (3 points)
  - b. Yes, sometimes I haven't been coping as well as usual (2 points)
  - c. No, most of the time I have coped quite well (1 point)
  - d. No, I have been coping as well as ever (0 points)
7. In the past week I have been so unhappy that I have difficulty sleeping
  - a. Yes, most of the time (3 points)
  - b. Yes, sometimes (2 points)
  - c. Not very often (1 point)
  - d. No, not at all (0 points)
8. In the past week I have felt sad or miserable
  - a. Yes, most of the time (3 points)
  - b. Yes, quite often (2 points)
  - c. Not very often (1 point)
  - d. No, not at all (0 points)
9. In the past week I have been so unhappy that I have been crying
  - a. Yes, most of the time (3 points)
  - b. Yes, quite often (2 points)
  - c. Only occasionally (1 point)
  - d. No, never (0 points)
10. In the past week the thought of harming myself has occurred to me
  - a. Yes, quite often (3 points)
  - b. Sometimes (2 points)
  - c. Hardly ever (1 point)

d. Not at all (0 points)

Ages and Stages - 2 Month	Yes	Sometimes	Not Yet
<b>Communication</b>			
1. Does your baby sometimes make throaty or gurgling sounds?			
2. Does your baby make cooing sounds such as "ooo", "gah", and "aah"?			
3. When you speak to your baby, does she make sounds back to you?			
4. Does your baby smile when you talk to him?			
5. Does you baby chuckle softly?			
6. After you have been our of sight, does you baby smile or get excited when she sees you?			
<b>Gross Motor</b>			
1. When your baby is on his back, does he wave his arms and legs, wiggle, and squirm?			
2. When your baby is on her tummy, does she turn her head to the side?			
3. When your baby is on his tummy, does he hold his head up longer than a few seconds?			
4. When your baby is on her back, does she kick her legs?			
5. While your baby is on his back, does he move his head from side to side?			
6. After holding her head up while on her tummy, does your baby lay her head back down on the floor, rather than let it drop or fall forward?			
<b>Fine Motor</b>			
1. Is your baby's hand usually tightly closed when he is awake? (If your baby used to do this but no longer does, mark "yes".)			
2. Does your baby grasp your finger if you touch the palm of her hand?			
3. When you put a toy in his hand, does your baby hold it in his hand briefly?			
4. Does your baby touch her face with her hands?			
5. Does your baby hold his hands open or partly open when he is awake (rather than in fists, as they were when he was a newborn)?			
6. Does your baby grab or scratch at her clothes?			
<b>Problem Solving</b>			
1. Does your baby look at objects that are 8-10 inches away?			
2. When you move around, does your baby follow you with his eyes?			
3. When you move a toy slowly from side to side in front of your baby's face (about 10 inches away), does your baby follow the toy with her eyes, sometimes turning her head?			
4. When you move a small toy up and down slowly in front of your baby's face (about 10 inches away), does your baby follow the toy with his eyes?			
5. When you hold your baby in a sitting position, does she look at a toy (about the size of a cup or rattle) that you place on the table or floor in front of her?			
6. When you dangle a toy above your baby while is lying on his back, does he wave his arms toward the toy?			
<b>Personal-Social</b>			
1. Does your baby sometimes try to suck, even when she's not feeding?			
2. Does your baby cry when he is hungry, wet, tired, or wants to be held?			
3. Does your baby smile at you?			
4. When you smile at your baby, does she smile back?			

5. Does your baby watch his hands?			
6. When your baby sees the breast or bottle, does she seem to know she is about to be fed?			