

Health Information Update (4 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, how many ounces of formula does your baby drink? _____ Ounces every _____ hours

What is the name of formula? _____

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? _____

How many naps/day does your child take? _____ How long are the naps? _____ hours/nap

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 - 4 Month	Yes	Sometimes	Not Yet
Communication			
1. Does your baby chuckle softly?			
2. After you have been out of sight, does your baby smile or get excited when he sees you?			
3. Does your baby stop crying when she hears a voice other than yours?			
4. Does your baby make high-pitched squeals?			
5. Does your baby laugh?			
6. Does your baby make sounds when looking at toys or people?			
Gross Motor			
1. While your baby is on his back, does he move his head from side to side?			
2. 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?			
3. When your baby is on his tummy, does he hold his head up so that his chin is about 3 inches from the floor for at least 15 seconds.			
4. When your baby is on her tummy, does she hold her head straight up, looking around? (She can rest on her arms while doing this.)			
5. When you hold him in a sitting position, does your baby hold his head steady?			
6. While your baby is on her back, does your baby bring her hands together over her chest, touching her fingers?			
Fine Motor			
1. Does your baby hold his hands open or partly open (rather than in fists, as they were when he was a newborn)?			
2. When you put a toy in her hand, does your baby wave it about, at least briefly?			
3. Does your baby grab or scratch at his clothes?			
4. When you put a toy in her hand, does your baby hold onto it for about 1 minute while looking at it, waving it about, or trying to chew it?			
5. Does your baby grab or scratch his fingers on a surface in front of him, either while being held in a sitting position or when he is on his tummy?			
6. When you hold your baby in a sitting position, does she reach for a toy on a table close by, even though her hand may not touch it?			
Problem Solving			
1. 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?			
2. 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?			
3. When you hold your baby in a sitting position, does he look at a toy (about the size of a cup or rattle) that you place on the table or floor in front of him?			
4. When you put a toy in her hand, does your baby look at it?			
5. When you put a toy in his hand, does your baby put the toy in his mouth?			
6. When you dangle a toy above your baby while she is lying on her back, does your baby wave her arms toward the toy?			

Personal-Social			
1. Does your baby watch his hands?			
2. When your baby has her hands together, does she play with her fingers?			
3. When your baby sees the breast or bottle, does he seem to know he is about to be fed?			
4. Does your baby help hold the bottle with both hands at once, or when nursing, does she hold the breast with her free hand?			
5. Before you smile or talk to your baby, does he smile when he sees you nearby?			
6. When in front of a large mirror, does your baby smile or coo at herself?			