

# Health Information Update (6 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? \_\_\_\_\_

When did you start solid foods? \_\_\_\_\_ How many times/day? \_\_\_\_\_

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

Do you have a bedtime routine for your baby?  Yes  No

Bedtime \_\_\_\_\_ pm Wake time \_\_\_\_\_ am

How many times does your child wake at night? \_\_\_\_\_

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

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

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

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

How many hours of screen time does your baby watch? \_\_\_\_\_

How many times per day do you brush your baby's teeth? \_\_\_\_\_

What is your water source?  City  Community well  Personal well  Bottled water

Do you drink the tap water?  Yes  No

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 - 6 Month	Yes	Sometimes	Not Yet
<b>Communication</b>			
1. Does your baby make high-pitched squeals?			
2. When playing with sounds, does your baby make grunting, growling, or other deep-toned sounds?			
3. If you call your baby when you are out of sight, does she look in the direction of your voice?			
4. When a loud noise occurs, does your baby turn to see where the sound came from?			
5. Does your baby make sounds like "da", "ga", "ka", and "ba"?			
6. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?			
<b>Gross Motor</b>			
1. While your baby is on his back, does your baby lift his legs high enough to see his feet?			
2. When your baby is on her tummy, does she straighten both arms and push her whole chest off the bed or floor?			
3. Does your baby roll from his back to his tummy, getting both arms out from under him?			
4. When you put your baby on the floor, does she lean on her hands while sitting? (If she already sits up straight without leaning on her hands, mark "yes" for this item.)			
5. If you hold both hands just to balance your baby, does he support his own weight while standing?			
6. Does your baby get into a crawling position by getting up on her hands and knees?			
<b>Fine Motor</b>			
1. Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute?			
2. Does your baby reach for or grasp a toy using both hands at once?			
3. Does your baby reach for a crumb or Cheerio and touch it with his finger or hand? (If he already picks up a small object the size of a pea, mark "yes" for this item.)			
4. Does your baby pick up a small toy, holding it in the center of her hand with her fingers around it?			
5. Does your baby try to pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion, even if he isn't able to pick it up? (If he already picks up the crumb or Cheerio, mark "yes" for this item.)			
6. Does your baby pick up a small toy with only one hand?			
<b>Problem Solving</b>			
1. When a toy is in front of your baby, does she reach for it with both hands?			
2. When your baby is on his back, does he turn his head to look for a toy when he drops it? (If he already picks it up, mark "yes" for this item.)			
3. When your baby is on her back, does she try to get a toy she has dropped if she can see it?			
4. Does your baby pick up a toy and put it in his mouth?			
5. Does your baby pass a toy back and forth from one hand to the other?			
6. Does your baby play by banging a toy up and down on the floor or table?			
<b>Personal-Social</b>			

1. When in front of a large mirror, does your baby smile or coo at herself?			
2. Does your baby act differently toward strangers than he does with you and other familiar people? (Reactions to strangers may include staring, frowning, withdrawing, or crying.)			
3. While lying on her back, does your baby play by grabbing her foot?			
4. When in front of a large mirror, does your baby reach out to pat the mirror?			
5. While your baby is on his back, does he put his foot in his mouth?			
6. Does your baby try to get a toy that is out of reach? (She may roll, pivot on her tummy, or crawl to get it.)			