# Bright Futures Previsit Questionnaire
# 9 Month 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 answer all of the questions. Thank you.

## What would you like to talk about today?

**Do you have any concerns, questions, or problems that you would like to discuss today?**

**We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.**

| | |
|---|---|
| **Your Baby and Family** | ☐ Having time alone for yourself ☐ Having time alone with your partner ☐ Feeling safe in your home<br>☐ Your family's ideas about how your baby should act ☐ Your baby's behavior |
| **Your Changing and Developing Baby** | ☐ How your baby is learning ☐ Games and toys that help your baby learn ☐ Your baby's nighttime routine<br>☐ Waking up at night ☐ Crying with new people |
| **Feeding Your Baby** | ☐ Baby feeding himself ☐ Adding solid and table food ☐ Increasing the thickness of foods ☐ Using a cup<br>☐ Continuing breastfeeding and formula-feeding ☐ Your baby's weight |
| **Safety** | ☐ Keeping your home safe with an active baby ☐ Car safety seats ☐ Preventing burns, falls, and poisoning<br>☐ Gun safety ☐ Water and bathtub safety |

## Questions About Your Baby

**Have any of your baby's relatives developed new medical problems since your last visit? If yes, please describe:** ☐ Yes ☐ No ☐ Unsure

| | | | | |
|---|---|---|---|---|
| **Hearing** | Do you have concerns about how your child hears? | ☐ Yes | ☐ No | ☐ Unsure |
| **Vision** | Do you have concerns about how your child sees? | ☐ Yes | ☐ No | ☐ Unsure |
| | Do your child's eyes appear unusual or seem to cross, drift, or be lazy? | ☐ Yes | ☐ No | ☐ Unsure |
| | Do your child's eyelids droop or does one eyelid tend to close? | ☐ Yes | ☐ No | ☐ Unsure |
| | Have your child's eyes ever been injured? | ☐ Yes | ☐ No | ☐ Unsure |
| **Oral Health** | Are cavities a problem for you or anyone else in your family? | ☐ Yes | ☐ No | ☐ Unsure |
| | Does your child sleep with a bottle? | ☐ Yes | ☐ No | ☐ Unsure |
| | Does your child continuously breastfeed through the night? | ☐ Yes | ☐ No | ☐ Unsure |
| **Lead** | Does your child have a sibling or playmate who has or had lead poisoning? | ☐ Yes | ☐ No | ☐ Unsure |
| | Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled? | ☐ Yes | ☐ No | ☐ Unsure |
| | Does your child live in or regularly visit a house or child care facility built before 1950? | ☐ Yes | ☐ No | ☐ Unsure |

**Does your child have any special health care needs?** ☐ No ☐ Yes, describe:

**Have there been any major changes in your family lately?** ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

**Does your child live with anyone who uses tobacco or spend time in any place where people smoke?** ☐ No ☐ Yes

## Your Growing and Developing Baby

**Do you have specific concerns about your baby's learning, development, or behavior?** ☐ No ☐ Yes, describe:

_____

_____

_____

_____

**Check off each of the tasks that your baby is able to do.**

- ☐ Looks for something that has been dropped
- ☐ Pulls to stand
- ☐ Is afraid of new people
- ☐ Goes to you to play and be comforted
- ☐ Points things out
- ☐ Sits well
- ☐ Can repeat sounds
- ☐ Looks at books
- ☐ Crawls
- ☐ Plays peekaboo

| ACCOMPANIED BY/INFORMANT | PREFERRED LANGUAGE | DATE/TIME | Name |
|---|---|---|---|
| | | | |

| DRUG ALLERGIES | CURRENT MEDICATIONS | ID NUMBER |
|---|---|---|
| | | |

| WEIGHT (%) | LENGTH (%) | WEIGHT FOR LENGTH (%) | HEAD CIRC (%) | TEMPERATURE | BIRTH DATE | AGE |
|---|---|---|---|---|---|---|
| See growth chart. | | | | | | ☐ M ☐ F |

## History

☐ Previsit Questionnaire reviewed ☐ Child has special health care needs

Concerns and questions ☐ None ☐ Addressed (see other side)

Follow-up on previous concerns ☐ None ☐ Addressed (see other side)

Interval history ☐ None ☐ Addressed (see other side)

☐ Medication Record reviewed and updated

## Social/Family History

See Initial History Questionnaire. ☐ No interval change

**Family situation**

Parents working outside home: ☐ Mother ☐ Father

Child care: ☐ Yes ☐ No Type

Changes since last visit

## Review of Systems

See Initial History Questionnaire and Problem List.

☐ No interval change

Changes since last visit

Nutrition: ☐ Breast milk Minutes per feeding
Hours between feeding Feedings per 24 hours
☐ Formula Ounces per feeding
Source of water Vitamins/Fluoride

Elimination: ☐ NL

Sleep: ☐ NL

Behavior: ☐ NL

Activity (playtime, no TV): ☐ NL

### Development

☐ **Structured developmental screen** ☐ **NL** **Tool**

**Developmental Surveillance** (if not reviewed in Previsit Questionnaire)

☐ PHYSICAL DEVELOPMENT
- Sits well
- Crawls
- Pulls to feet with support

☐ COGNITIVE
- Peekaboo
- Object permanence
- Looks at books

☐ COMMUNICATIVE
- Imitates sounds
- Points out objects

☐ SOCIAL-EMOTIONAL
- Stranger anxiety
- Seeks parent for comfort

## Physical Examination

☑=NL

**Bright Futures Priority**
- ☐ **HEAD (positional skull deformities)**
- ☐ **EYES (ocular mobility, eye alignment, red reflex)**
- ☐ **HEART**
  - ☐ **FEMORAL PULSES**
- ☐ **MUSCULOSKELETAL (torticollis)**
  - ☐ **HIPS**
- ☐ **NEUROLOGIC (tone, strength, symmetry of movements, parachute reflex)**

**Additional Systems**
- ☐ GENERAL APPEARANCE
- ☐ EARS/APPEARS TO HEAR
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ TEETH
- ☐ LUNGS
- ☐ ABDOMEN
- ☐ GENITALIA
  - ☐ Male/Testes down
  - ☐ Female
- ☐ BACK
- ☐ SKIN
- ☐ EXTREMITIES

Abnormal findings and comments

## Assessment

☐ Well child

## Anticipatory Guidance

☐ Discussed and/or handout given

☐ FAMILY ADAPTATIONS
- Limit word "no"
- Age-appropriate discipline
- Domestic violence
- Time for self/partner

☐ INFANT INDEPENDENCE
- Consistent routines
- Separation anxiety
- Learning and developing
- No TV

☐ FEEDING ROUTINE
- Self-feeding
- Solid foods
- Safe foods
- Using a cup
- Breastfeeding (vitamin D, iron supplement)
- Iron-fortified formula
- No bottle in bed
- Brush teeth

☐ SAFETY
- Car safety seat
- Poisons
- Water/Drowning
- Falls/Window guards
- Burns
- Guns

## Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results

☐ Referral to

**Follow-up/Next visit**

☐ See other side

| Print Name | Signature |
|---|---|
| PROVIDER 1 | |
| PROVIDER 2 | |

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

**This American Academy of Pediatrics Visit Documentation Form is consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 3rd Edition.**

# Bright Futures Parent Handout
# 9 Month Visit

**Here are some suggestions from Bright Futures experts that may be of value to your family.**

FAMILY ADAPTATIONS

## Your Baby and Family

- Tell your baby in a nice way what to do ("Time to eat"), rather than what not to do.
- Be consistent.
- At this age, sometimes you can change what your baby is doing by offering something else like a favorite toy.
- Do things the way you want your baby to do them—you are your baby's role model.
- Make your home and yard safe so that you do not have to say "No!" often.
- *Use "No!" only when your baby is going to get hurt or hurt others.*
- Take time for yourself and with your partner.
- Keep in touch with friends and family.
- Invite friends over or join a parent group.
- If you feel alone, we can help with resources.
- Use only mature, trustworthy babysitters.
- If you feel unsafe in your home or have been hurt by someone, let us know; we can help.

FEEDING ROUTINE

## Feeding Your Baby

- Be patient with your baby as he learns to eat without help.
- Being messy is normal.
- Give 3 meals and 2–3 snacks each day.
- Vary the thickness and lumpiness of your baby's food.
- Start giving more table foods.
- Give only healthful foods.
- Do not give your baby soft drinks, tea, coffee, and flavored drinks.
- Avoid forcing the baby to eat.
- Babies may say no to a food 10–12 times before they will try it.
- Help your baby to use a cup.

FEEDING ROUTINE

- Continue to breastfeed or bottle-feed until 1 year; do not change to cow's milk.
- No foods need to be withheld except for raw honey and chunks that could cause choking.

INFANT INDEPENDENCE

## Your Changing and Developing Baby

- Keep daily routines for your baby.
- Make the hour before bedtime loving and calm.
- Check on, but do not pick up, the baby if she wakes at night.
- Watch over your baby as she explores inside and outside the home.
- Crying when you leave is normal; stay calm.
- Give the baby balls, toys that roll, blocks, and containers to play with.
- Avoid the use of TV, videos, and computers.
- Show and tell your baby in simple words what you want her to do.
- Avoid scaring or yelling at your baby.
- Help your baby when she needs it.
- Talk, sing, and read daily.

SAFETY

## Safety

- Use a rear-facing car safety seat in the back seat in all vehicles.
- Have your child's car safety seat rear-facing until your baby is 2 years of age *or* until she reaches the highest weight or height allowed by the car safety seat's manufacturer.
- Never put your baby in the front seat of a vehicle with a passenger air bag.
- Always wear your own seat belt and do not drive after using alcohol or drugs.
- Empty buckets, pools, and tubs right after you use them.

SAFETY

- Place gates on stairs; do not use a baby walker.
- Do not leave heavy or hot things on tablecloths that your baby could pull over.
- Put barriers around space heaters, and keep electrical cords out of your baby's reach.
- Never leave your baby alone in or near water, even in a bath seat or ring. Be within arm's reach at all times.
- Keep poisons, medications, and cleaning supplies locked up and out of your baby's sight and reach.
- Call Poison Help (1-800-222-1222) if you are worried your child has eaten something harmful.
- Install openable window guards on second-story and higher windows and keep furniture away from windows.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.
- Keep your baby in a high chair or playpen when in the kitchen.

## What to Expect at Your Child's 12 Month Visit

### We will talk about

- Setting rules and limits for your child
- Creating a calming bedtime routine
- Feeding your child
- Supervising your child
- Caring for your child's teeth

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Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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

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