

4 MONTH VISIT

RISK ASSESSMENT

Anemia	Is your baby drinking anything other than breast milk or iron-fortified formula?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Hearing	Do you have concerns about how your baby hears?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Vision	Do you have concerns about how your baby sees?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure

ANTICIPATORY GUIDANCE

How are things going for you, your baby, and your family?

YOUR FAMILY'S HEALTH AND WELL-BEING

Living Situation					
Are you or is anyone else in your household exposed to harmful substances, such as lead? This may occur in a work environment such as construction, farming, or factory work.				<input type="radio"/> No	<input type="radio"/> Yes
Family Relationships and Support					
Do you have someone to turn to when problems arise?				<input type="radio"/> Yes	<input type="radio"/> No
Have you and your partner been able to find time alone?				<input type="radio"/> Yes	<input type="radio"/> No
If you have other children, are you able to spend time with each of them alone?			<input type="radio"/> NA	<input type="radio"/> Yes	<input type="radio"/> No
Have you returned to work or school or do you plan to do so?				<input type="radio"/> No	<input type="radio"/> Yes
If so, have you been able to find someone to care for your baby?				<input type="radio"/> Yes	<input type="radio"/> No
Do you get a daily report on your baby's activities from your caregiver? It may include feeding, elimination, sleep, and playtime.				<input type="radio"/> Yes	<input type="radio"/> No

CARING FOR YOUR BABY

Your Changing Baby					
Are you able to calm your baby when he is crying?				<input type="radio"/> Yes	<input type="radio"/> No
Are you ever afraid that you or other caregivers may hurt the baby?				<input type="radio"/> No	<input type="radio"/> Yes
Are you beginning to understand your baby's likes and dislikes?				<input type="radio"/> Yes	<input type="radio"/> No
Do you have a daily routine for feedings, naps, and bedtime?				<input type="radio"/> Yes	<input type="radio"/> No
Is a TV, computer, tablet, or smartphone on in the background when your baby is in the room?				<input type="radio"/> No	<input type="radio"/> Yes
Does your baby watch TV or play on a tablet or smartphone? If yes, how much time each day? _____ hours				<input type="radio"/> No	<input type="radio"/> Yes
Do you put your baby on her tummy for short periods of time when she is awake and with you?				<input type="radio"/> Yes	<input type="radio"/> No
Do you and your baby enjoy quiet activities, such as reading, singing, or taking walks outside?				<input type="radio"/> Yes	<input type="radio"/> No

HEALTHY TEETH

Taking Care of Your Teeth					
Do you regularly see a dentist and brush and floss your teeth?				<input type="radio"/> Yes	<input type="radio"/> No
Taking Care of Your Baby's Teeth					
Is your baby showing signs of teething, such as drooling?				<input type="radio"/> No	<input type="radio"/> Yes
Do you let your baby have a bottle in the crib?				<input type="radio"/> No	<input type="radio"/> Yes
Do you have any questions about how to clean your baby's gums or teeth?				<input type="radio"/> No	<input type="radio"/> Yes

FEEDING YOUR BABY

General Information					
Are you feeding your baby anything other than breast milk or formula?				<input type="radio"/> No	<input type="radio"/> Yes
Are you comfortable waiting until your baby is about 6 months old to begin introducing solid foods?				<input type="radio"/> Yes	<input type="radio"/> No
Can you tell when your baby is hungry?				<input type="radio"/> Yes	<input type="radio"/> No
Can you tell when your baby is full?				<input type="radio"/> Yes	<input type="radio"/> No

Please print.

4 MONTH VISIT

FEEDING YOUR BABY (CONTINUED)

If you are breastfeeding, answer these questions.		
Are you still giving your baby vitamin D drops?	<input type="radio"/> Yes	<input type="radio"/> No
Do you take any supplements, herbs, vitamins, or medications?	<input type="radio"/> No	<input type="radio"/> Yes
Do you have questions about pumping and storing your breast milk?	<input type="radio"/> No	<input type="radio"/> Yes
If you are formula feeding, or providing formula supplementation, answer these questions.		
Are you using iron-fortified formula?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have questions about using formula, such as how much it costs or how to prepare it?	<input type="radio"/> No	<input type="radio"/> Yes

SAFETY

Car and Home Safety		
Is your baby fastened securely in a rear-facing car safety seat in the back seat every time she rides in a vehicle?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any questions about what to do when your baby outgrows his current car safety seat?	<input type="radio"/> No	<input type="radio"/> Yes
Is your water heater set so the temperature at the faucet is at or below 120°F/49°C?	<input type="radio"/> Yes	<input type="radio"/> No
Do you ever drink or carry hot liquids (such as tea or coffee) when holding your baby?	<input type="radio"/> No	<input type="radio"/> Yes
Do you always keep one hand on your baby when changing diapers or clothing on a changing table, couch, or bed?	<input type="radio"/> Yes	<input type="radio"/> No
Safe Sleep		
Do you have any difficulty getting your baby to sleep on his back?	<input type="radio"/> No	<input type="radio"/> Yes
Have you moved your crib mattress to the lowest position to prevent falls?	<input type="radio"/> Yes	<input type="radio"/> No
Does your baby sleep in your room?	<input type="radio"/> Yes	<input type="radio"/> No

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

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