



# BRIGHT FUTURES PREVISIT QUESTIONNAIRE

## 4 MONTH VISIT

To provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all the questions. **Maternal Depression screening is also part of this visit.** 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?  No  Yes, describe:

### TELL US ABOUT YOUR BABY AND FAMILY.

What excites or delights you most about your baby?

Does your baby have special health care needs?  No  Yes, describe:

Have there been major changes lately in your baby's or family's life?  No  Yes, describe:

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

Does your baby live with anyone who smokes or spend time in places where people smoke or use e-cigarettes?  No  Yes  Unsure

### YOUR GROWING AND DEVELOPING BABY

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

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Laugh out loud.                                     | <input type="checkbox"/> Turn toward voices.  | <input type="checkbox"/> Roll over from his tummy to his back. |
| <input type="checkbox"/> Look for you or another caregiver when he is upset. | <input type="checkbox"/> Make extended cooing sounds.                                       | <input type="checkbox"/> Keep her hands open, not in a fist.   |
|  | <input type="checkbox"/> Support herself on her elbows and wrists when she is on her tummy. | <input type="checkbox"/> Play with his fingers.                |
|  |   | <input type="checkbox"/> Grasp objects.                        |

## 4 MONTH VISIT

### RISK ASSESSMENT

<b>Anemia</b>	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
<b>Hearing</b>	Do you have concerns about how your baby hears?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
<b>Vision</b>	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

<b>Living Situation</b>					
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
<b>Family Relationships and Support</b>					
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

<b>Your Changing Baby</b>					
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

<b>Taking Care of Your Teeth</b>					
Do you regularly see a dentist and brush and floss your teeth?				<input type="radio"/> Yes	<input type="radio"/> No
<b>Taking Care of Your Baby's Teeth</b>					
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

<b>General Information</b>					
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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The information contained in this questionnaire should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original questionnaire included as part of the *Bright Futures Tool and Resource Kit, 2nd Edition*.

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PATIENT

Last Name	First Name	MI	Date of Birth
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PARENT/GUARDIAN

Last Name	First Name	MI
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**Patient Eligibility Screening Record**

**Vaccines for Children Program**

Provider: Southern Pediatric Clinic

A record must be kept in the healthcare provider’s office that reflects the status of all children 18 years of age or younger, who receive immunizations with vaccines supplied by state programs. The record may be completed by the parent, guardian or individual of record, or by the healthcare provider. The same record may be used for all subsequent visits as long as the child’s eligibility status has not changed. **While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine(s).**

NOTE: IF you do not have health insurance or if your insurance carrier does not cover vaccines, you can receive a vaccine provided by the Vaccines for Children Program. A fee of \$21.93 per shot will be charged at the time of service. Only children 18 years and younger are eligible for this program.

<b>Check only ONE (1) box. My child...</b>		
(A) is enrolled in Medicaid (PeachState, WellCare, AmeriGroup, CareSource or SSI Medicaid).	<input type="radio"/>	OR
(B) is American Indian or Alaskan Native.	<input type="radio"/>	OR
(C) does not have health insurance.	<input type="radio"/>	OR
(D) has health insurance that does not pay for vaccines.	<input type="radio"/>	OR
(E) is enrolled in PeachCare (PeachCare will be listed as Managed Care Provider).	<input type="radio"/>	OR
(F) has health insurance that pays for vaccines.	<input type="radio"/>	

Parent/Guardian Name (print)

Signature

Date



## Patient Health Questionnaire-2

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things.

- 0** = Not at all
- 1** = Several days
- 2** = More than half the days
- 3** = Nearly every day

Feeling down, depressed, or hopeless.

- 0** = Not at all
- 1** = Several days
- 2** = More than half the days
- 3** = Nearly every day

Total point score: \_\_\_\_\_

Information from Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care.* 2003;41:1284–1292

Source:

Thibault JM, Steiner RW. Efficient identification of adults with depression and dementia. *Am Fam Physician.* 2004;70:1101–1110



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# Rotavirus Vaccine:

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

Rotavirus vaccine can prevent rotavirus disease.

Rotavirus causes diarrhea, mostly in babies and young children. The diarrhea can be severe, and lead to dehydration. Vomiting and fever are also common in babies with rotavirus.

### 2 Rotavirus vaccine

Rotavirus vaccine is administered by putting drops in the child's mouth. Babies should get 2 or 3 doses of rotavirus vaccine, depending on the brand of vaccine used.

- The first dose must be administered before 15 weeks of age.
- The last dose must be administered by 8 months of age.

Almost all babies who get rotavirus vaccine will be protected from severe rotavirus diarrhea.

Another virus called porcine circovirus (or parts of it) can be found in rotavirus vaccine. This virus does not infect people, and there is no known safety risk. For more information, see <http://wayback.archive-it.org/7993/20170406124518/https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm212140.htm>.

Rotavirus vaccine may be given at the same time as other vaccines.

### 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of rotavirus vaccine**, or has any severe, life-threatening allergies.
- Has a **weakened immune system**.

- Has **severe combined immunodeficiency (SCID)**.
- Has had a type of bowel blockage called **intussusception**.

In some cases, your child's health care provider may decide to postpone rotavirus vaccination to a future visit.

Infants with minor illnesses, such as a cold, may be vaccinated. Infants who are moderately or severely ill should usually wait until they recover before getting rotavirus vaccine.

Your child's health care provider can give you more information.

### 4 Risks of a vaccine reaction

- Irritability or mild, temporary diarrhea or vomiting can happen after rotavirus vaccine.

Intussusception is a type of bowel blockage that is treated in a hospital and could require surgery. It happens naturally in some infants every year in the United States, and usually there is no known reason for it. There is also a small risk of intussusception from rotavirus vaccination, usually within a week after the first or second vaccine dose. This additional risk is estimated to range from about 1 in 20,000 US infants to 1 in 100,000 US infants who get rotavirus vaccine. Your health care provider can give you more information.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.



**5****What if there is a serious problem?**

For intussusception, look for signs of stomach pain along with severe crying. Early on, these episodes could last just a few minutes and come and go several times in an hour. Babies might pull their legs up to their chest. Your baby might also vomit several times or have blood in the stool, or could appear weak or very irritable. These signs would usually happen during the first week after the first or second dose of rotavirus vaccine, but look for them any time after vaccination. If you think your baby has intussusception, contact a health care provider right away. If you can't reach your health care provider, take your baby to a hospital. Tell them when your baby got rotavirus vaccine.

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

**6****The National Vaccine Injury Compensation Program**

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

**7****How can I learn more?**

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)



# Your Child's First Vaccines: What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

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The vaccines included on this statement are likely to be given at the same time during infancy and early childhood. There are separate Vaccine Information Statements for other vaccines that are also routinely recommended for young children (measles, mumps, rubella, varicella, rotavirus, influenza, and hepatitis A).

## Your child is getting these vaccines today:

DTaP       Hib       Hepatitis B       Polio       PCV13

(Provider: Check appropriate boxes.)

## 1 Why get vaccinated?

Vaccines can prevent disease. Most vaccine-preventable diseases are much less common than they used to be, but some of these diseases still occur in the United States. **When fewer babies get vaccinated, more babies get sick.**

### Diphtheria, tetanus, and pertussis

- Diphtheria (D) can lead to difficulty breathing, heart failure, paralysis, or death.
- Tetanus (T) causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- Pertussis (aP), also known as “whooping cough,” can cause uncontrollable, violent coughing which makes it hard to breathe, eat, or drink. Pertussis can be extremely serious in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

### Hib (*Haemophilus influenzae* type b) disease

*Haemophilus influenzae* type b can cause many different kinds of infections. These infections usually affect children under 5 years old. Hib bacteria can cause mild illness, such as ear infections or bronchitis, or they can cause severe illness, such as infections of the bloodstream. Severe Hib infection requires treatment in a hospital and can sometimes be deadly.

### Hepatitis B

Hepatitis B is a liver disease. Acute hepatitis B infection is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach. Chronic hepatitis B infection is a long-term illness that is very serious and can lead to liver damage (cirrhosis), liver cancer, and death.

### Polio

Polio is caused by a poliovirus. Most people infected with a poliovirus have no symptoms, but some people experience sore throat, fever, tiredness, nausea, headache, or stomach pain. A smaller group of people will develop more serious symptoms that affect the brain and spinal cord. In the most severe cases, polio can cause weakness and paralysis (when a person can't move parts of the body) which can lead to permanent disability and, in rare cases, death.

### Pneumococcal disease

Pneumococcal disease is any illness caused by pneumococcal bacteria. These bacteria can cause pneumonia (infection of the lungs), ear infections, sinus infections, meningitis (infection of the tissue covering the brain and spinal cord), and bacteremia (bloodstream infection). Most pneumococcal infections are mild, but some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be deadly.





## 2

### **DTaP, Hib, hepatitis B, polio, and pneumococcal conjugate vaccines**

Infants and children usually need:

- 5 doses of **diphtheria, tetanus, and acellular pertussis vaccine (DTaP)**
- 3 or 4 doses of **Hib vaccine**
- 3 doses of **hepatitis B vaccine**
- 4 doses of **polio vaccine**
- 4 doses of **pneumococcal conjugate vaccine (PCV13)**

Some children might need fewer or more than the usual number of doses of some vaccines to be fully protected because of their age at vaccination or other circumstances.

**Older children, adolescents, and adults** with certain health conditions or other risk factors might also be recommended to receive 1 or more doses of some of these vaccines.

These vaccines may be given as stand-alone vaccines, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

## 3

### **Talk with your health care provider**

Tell your vaccine provider if the child getting the vaccine:

#### **For all vaccines:**

- Has had an **allergic reaction after a previous dose of the vaccine**, or has any **severe, life-threatening allergies**.

#### **For DTaP:**

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**.
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**.
- Has **seizures or another nervous system problem**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**.

#### **For PCV13:**

- Has had an **allergic reaction after a previous dose of PCV13, to an earlier pneumococcal conjugate vaccine known as PCV7, or to any vaccine containing diphtheria toxoid** (for example, DTaP).

In some cases, your child's health care provider may decide to postpone vaccination to a future visit.

Children with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before being vaccinated.

Your child's health care provider can give you more information.

## 4

### **Risks of a vaccine reaction**

#### **For DTaP vaccine:**

- Soreness or swelling where the shot was given, fever, fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, the vaccine is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.
- Very rarely, long-term seizures, coma, lowered consciousness, or permanent brain damage may happen after DTaP vaccination.

#### **For Hib vaccine:**

- Redness, warmth, and swelling where the shot was given, and fever can happen after Hib vaccine.

#### **For hepatitis B vaccine:**

- Soreness where the shot is given or fever can happen after hepatitis B vaccine.

#### **For polio vaccine:**

- A sore spot with redness, swelling, or pain where the shot is given can happen after polio vaccine.

## For PCV13:

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness, feeling tired, headache, and chills can happen after PCV13.
- Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

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