

2 Month Health Maintenance Questionnaire

Who accompanied child today?
(name and relationship to child) _____

Who does child live with? _____

Any major health problems? _____

Concerns about the above health problems? _____

New or recent health concerns? _____

Please list current medications: _____

Any allergies? _____

Is your child attending out of the home childcare?	Yes	No
Are there any smokers at home or daycare?	Yes	No

Nutrition:

Any problems with feedings?	None	spitting up	difficulty with feeds	other
Vitamin D Supplement (if only breastfeeding)			Yes	No

Any concerns with stooling or urination? _____

Breastfeeding:

How long do feedings last? _____

How many hours between feedings during the day? _____

How many hours between feedings during the night? _____

If you do not understand any of these questions, please ask your nurse.

Bottle Feeding:

Type of formula used? _____

How many ounces per feeding? _____

How many hours between feedings in the day? _____

How many hours between feedings in the night? _____

Any juices or solids started? _____

Sleep pattern:

Where does your child sleep (circle) crib/bassinet car seat parent’s bed other

Sleep Position (circle) back side prone (stomach) other

Feeding at time of sleep yes no sometimes

Bottle in Bed yes no sometimes

Over night feedings yes no sometimes

Awakenings per night _____

Number of naps: _____

Length of naps: _____

Car Safety (circle) Rear facing infant seat Rear facing car seat FWD facing seat/harness

Does your baby:

Lift his/her head to 45 degrees when on tummy? Yes No

Lift his/her head to 90 degrees when on tummy? Yes No

Sit Head Steady (Hold head up to look around steadily) Yes No

Coo or vocalize (ooh/aaah)? Yes No

Laugh Yes No

Squeal Yes No

Follow you with his/her eyes, at least to the midline? Yes No

Responsive Smile? Yes No

Spontaneous Smile? Yes No

Acknowledges Hand (has discovered hands)? Yes No

Grasp items such as a rattle or finger? Yes No

Respond to noise? Yes No

Recognize/respond to faces, especially parents? Yes No

If you do not understand any of these questions, please ask your nurse.