

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please tell me any concerns, questions, problems you have about the way your child is behaving, developing/growth and/or learning:

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**DEVELOPMENTAL QUESTIONS AND OBSERVATIONS**

- YES  NO Was your baby premature (*less than 36 weeks*)? Birth Weight: \_\_\_\_\_ lbs \_\_\_\_\_ oz
- YES  NO Are you using low iron formula or cow's milk?
- YES  NO My baby cries when upset and seeks comfort.
- YES  NO My baby smiles and laughs.
- YES  NO My baby is sleeping well.
- YES  NO My baby can see and hear.
- YES  NO My baby likes to look at and be with me.
- YES  NO My baby reaches for objects and can hold them.
- YES  NO My baby rolls or tries to roll over from tummy to back.
- YES  NO My baby lets me know what it wants and needs.

**DEVELOPMENTAL MILESTONES**

**INFANT DEVELOPMENT**

- YES  NO Holds head upright in prone position
- YES  NO Laughs responsively
- YES  NO Follows past midline
- YES  NO No persistent fist clenching
- YES  NO Raises body on hands
- YES  NO Seeks eye contact with parent
- YES  NO Rolls over
- YES  NO Likes to cuddle
- YES  NO Wants you to play
- YES  NO Can calm down on his/her own
- YES  NO Lets you know when he/she does not like something
- YES  NO Babbling

Additional comments:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

**POST-PARTUM DEPRESSION SCREEN**

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Society tells us that having a baby should be a happy, exciting and joyous time. However, for 15-20% of new moms, that isn't the case. We care about you and how you are feeling! Please check the responses below that come closest to how you have felt in the **past 7 days** (*not just today*). Please do not skip any questions and be sure to answer the questions on your own and without the input of others.

**1. I have been able to laugh and see the funny side of things.**

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

**2. I have looked forward with enjoyment to things.**

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

**3. I have blamed myself unnecessarily when things went wrong.**

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, never

**4. I have been anxious or worried for no good reason**

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

**5. I have felt scared or panicky for no very good reason**

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

**6. Things have been getting on top of me.**

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped well
- No, I have been coping as well as ever

**7. I have been so unhappy that I have had difficulty sleeping**

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

**8. I have felt sad or miserable.**

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

**9. I have been so unhappy that I have been crying**

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

**10. The thought of harming myself has occurred to me.**

- Yes, quite often
- Sometimes
- Only occasionally
- Never

**ANEMIA RISK QUESTIONNAIRE**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. Has your child ever been diagnosed with iron deficiency anemia?

Yes  No

2. Do you ever have trouble getting food on the table?

Yes  No

3. If your child is under the age of 6 months, was your child born premature?

Yes  No

4. If your child is under the age of 6 months, did your child have a low birth weight?

Yes  No

5. Is your child on a strict vegetarian diet?

Yes  No

6. Does your child's diet include iron-rich foods like meat, eggs, beans or iron-fortified cereals?

Yes  No

7. If your child is under the age of 6 months, is your child drinking anything besides breastmilk or iron-fortified formula?

Yes  No