

0-11 Month Health Survey (2 SIDES)

Child's
Name _____

Allergies? _____

Meds? _____

Daycare:

Is your child in daycare?

- No
 Yes _____

Family:

Have there been any significant change in your family life this year? (i.e. move, divorce, illness, etc)

- No
 Yes _____

Safety:

(CT Law requires an infant rear-face until 2 years AND 30 lbs)

Is your child in a rear facing carseat?

- Yes
 No

In your home do you have:

Anyone who smokes?
(inside or out, any caregiver)

- Yes
 No

Smoke detectors

- Yes
 No

Carbon Monoxide detectors

(remember to bring to vacation homes!)

- Yes
 No

Was your home built prior to 1978?

(possibility of lead paint)

- Yes
 No

Are there any guns in your home?

- No
 YES- safely stored via:

Is there a pool at your home?

- No
 Yes; there is a: Fence Safety cover

Do you own any animals/pets?

- No
 Yes, _____

Sleep:

Any concerns? _____

Your infant sleeps in a?

- Bassinet
 Crib
 Parent(s)' bed

Whose room?

- Own
 Sibling
 Parent(s')

In what position does your child sleep?

(Reminder: All infants should be placed on their backs to sleep, although if they can roll onto their fronts on their own a they should be unswaddled and allowed to roll)

- Back
 Side
 Stomach
 Other

On a typical day, how many naps?

- Catnaps all day
 2
 3
 4

***PLEASE COMPLETE THE SECOND SIDE →**

Does your child use a pacifier?

- Yes
- No
- Only for sleep

Bowel Movements:

Any concerns? _____

How many BMs on a typical day? _____

Are they usually:

- Hard
- Soft/pasty
- Loose

Nutrition:

(reminder NO HONEY UNTIL 1 YEAR OF AGE)

For feeding, your infant uses (can pick several):

- Breast
- Bottle
- Straw cup
- Sippy cup
- Open cup

For milk, your infant drinks:

- Breast only
- Breast + formula
- Formula only
- Whole milk

If breastfeeding, how many times per day: _____

If breastfeeding, have you had significant breast surgery (i.e. a reduction)?

- Yes
- No

If you use formula, what brand? _____

Ounces of formula a day? _____

If eating solids, how many servings on a typical day?

Fruit (serving = 1 tbsp) _____

Vegetable (serving = 1 tbsp) _____

Dairy (serving = ¼ cup) _____

Bread/cereal/rice/pasta (serv = ¼ cup, ½ slice) _____

Fish/Egg/Red Meat or Poultry (serv = ½ tbsp) _____

Is your child being brought up:

- Vegan OR
- Vegetarian?

Vitamins :

(vitamin D should be continued in nursing infants until taking at least 24 ounces of formula per day)

- D-drops
- D-visol
- Polyvisol
- Polyvisol with iron
- Poly-vi-flor
- None

After 6 Months of age, fluoride source:

(after 6 months of age brush any teeth with a rice sized amount of toothpaste twice a day- we like Toms of Maine)

- City water (home or daycare)
- Bottled fluoridated (nursery) water
- Fluoride Vitamin
- None