

#### Your newborn's first two weeks of life!

It's time for their check-up. Your care team at Kaiser Permanente looks forward to seeing your baby for their well visit. At this visit, we will cover many important topics to support your baby's growth, development, wellness, and safety, and we'll give your baby any needed vaccines.

Please take a moment to complete the following questions so we can provide the best care for your baby.

<b>Today's Visit</b>	
Who is filling out this questionnaire? _____	
Who else lives with you and your baby? _____	
Please share any questions or concerns for today's visit: _____	
<b>Family Health</b>	
Does anyone in the home smoke, use e-cigarettes, or vape?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Other than your baby's birth, have there been any major changes in your family, like a move, job change, separation or divorce, or death in the family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
<b>For the next two questions, check the answer that's true for you:</b>	
Within the past 12 months, you worried whether food would run out before you got money to buy more.	<input type="checkbox"/> Never true <input type="checkbox"/> Sometimes true <input type="checkbox"/> Often true
Within the past 12 months, the food you bought ran out and you didn't have money to get more.	<input type="checkbox"/> Never true <input type="checkbox"/> Sometimes true <input type="checkbox"/> Often true
Have you applied for Washington State's Paid Family Leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Feeding</b>	
Are you feeding your baby anything other than breastmilk or formula?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Of the milk your baby drinks each day, how much is breastmilk?	<input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <input type="checkbox"/> None
Are you giving your baby Vitamin D drops?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are chest or breastfeeding, do you take medicines or herbal supplements? If <b>Yes</b> , what are you taking? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If your baby is taking formula, do you have questions about using formula, like how to prepare or store?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Would you like a referral to meet with our lactation team for help with breastfeeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Development</b>	
Is there any history of childhood hearing loss in your baby's extended family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you feel confident calming your baby or responding to their crying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your baby wake to look at you for a few minutes each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your baby getting 15-20 minutes of awake time on their tummy each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Safety</b>	
Does your baby use a rear-facing car seat in the back seat every time they ride in a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your baby sleep on their back in a crib or bassinet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know that a temperature of 100.4 or higher, poor feeding, and vomiting are reasons to contact your care team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is everyone in your home current on their flu, tetanus, and COVID vaccines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer

NOT TO BE FILED IN THE MEDICAL RECORD