



NEWBORN - 4 MONTH SCREEN

Date of visit _____ Completed by: Mom Dad Grandparent Other

Child's Name _____ Age at Visit: Newborn 2 months 4 months

For office/staff use only	Was this discussed?	CAR SAFETY
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly		Q1. How often does your child ride in an infant or convertible seat when in a car? <input type="radio"/> a. Never <input type="radio"/> c. Sometimes <input type="radio"/> b. Rarely <input type="radio"/> d. Always
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly		Q2. In what seat and direction does your child usually ride when in a car? <input type="radio"/> a. Front seat - facing forward <input type="radio"/> c. Back seat - facing forward <input type="radio"/> b. Front seat - facing backward <input type="radio"/> d. Back seat - facing backward
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly		Q3. Has your car seat ever been installed—or checked—by a healthcare or law enforcement professional? <input type="radio"/> a. Yes <input type="radio"/> b. No <input type="radio"/> c. Not sure
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly		Q4. Are there any situations in which you would consider briefly leaving your infant alone in the car? <i>For example, to run into a store to pay for gas or into a friend's house to deliver something.</i> <input type="radio"/> a. Yes <input type="radio"/> b. No
		SLEEP SAFETY
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly		How often does your infant sleep in the following ways? Q5. LOCATION—In a shared space (e.g., with an adult on a bed or couch) <input type="radio"/> a. Never <input type="radio"/> c. Sometimes <input type="radio"/> b. Rarely <input type="radio"/> d. Always
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly		Q6. POSITION—On back <input type="radio"/> a. Never <input type="radio"/> c. Sometimes <input type="radio"/> b. Rarely <input type="radio"/> d. Always
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly		Q7. OTHER—With crib bumpers <input type="radio"/> a. Never <input type="radio"/> c. Sometimes <input type="radio"/> b. Rarely <input type="radio"/> d. Always
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly		Q8. OTHER—With pillows or blankets (not including swaddling or sleep sacks) <input type="radio"/> a. Never <input type="radio"/> c. Sometimes <input type="radio"/> b. Rarely <input type="radio"/> d. Always
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly		Q9. OTHER—With objects (e.g., toys, stuffed animals.) <input type="radio"/> a. Never <input type="radio"/> c. Sometimes <input type="radio"/> b. Rarely <input type="radio"/> d. Always



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Was this discussed?	WATER SAFETY
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q10. Are there any situations in which you would consider leaving your child alone in a tub with or without an infant tub seat? For example to answer the phone or grab something you need. <input type="radio"/> a. Yes <input type="radio"/> b. No
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q11. Are there any situations in which you would consider leaving your child alone in a kiddie pool with or without some type of flotation device? <input type="radio"/> a. Yes <input type="radio"/> b. No
Was this discussed?	FIRE/BURN SAFETY
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q12. Is there at least one working smoke alarm on every floor of your home? <input type="radio"/> a. Yes <input type="radio"/> b. No <input type="radio"/> c. Not sure
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q13. Have the batteries in all smoke alarms been changed in last 6 months? <input type="radio"/> a. Yes <input type="radio"/> b. No <input type="radio"/> c. Not sure
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q14. Is the hot water heater in your house adjusted to less than 120 degrees? <input type="radio"/> a. Yes <input type="radio"/> b. No <input type="radio"/> c. Not sure
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q15. Do you have a working fire extinguisher in your home? <input type="radio"/> a. Yes <input type="radio"/> b. No <input type="radio"/> c. Not sure
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q16. Do you ever hold your child while drinking hot liquids? (e.g., while standing, sitting, or walking) <input type="radio"/> a. Yes <input type="radio"/> b. No <input type="radio"/> c. Not sure
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q17. Do you have a working carbon monoxide detector in your home? <input type="radio"/> a. Yes <input type="radio"/> b. No <input type="radio"/> c. Not sure <input type="radio"/> d. Does not apply; my home only has electric
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q18. Does anyone smoke tobacco at home? <input type="radio"/> a. Yes <input type="radio"/> b. No
Was this discussed?	FALL PREVENTION
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q19. Are there any situations in which you would consider leaving your child alone on a changing table, couch, bed, or similar surface? For example to answer the phone or grab something you need. <input type="radio"/> a. Yes <input type="radio"/> b. No



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Was this discussed?	FAMILY INTERACTIONS
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q20. Does anyone younger than 12 ever watch your baby alone for long periods of time? (e.g., a few hours or more) <input type="radio"/> a. Yes <input type="radio"/> b. No
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q21. Do you currently feel afraid of your spouse/partner/significant other? <input type="radio"/> a. Yes <input type="radio"/> b. No
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	<p>All parents and caregivers have moments of high frustration when caring for children. In those moments, whether your child is being cared for by you or another caregiver, how likely is each of the following reactions?</p> Q22. Verbal expressions of anger including yelling at the baby <input type="radio"/> a. Not at all likely <input type="radio"/> c. Somewhat likely <input type="radio"/> b. Only slightly likely <input type="radio"/> d. Very likely
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q23. Physical expressions of anger including spanking, squeezing, or shaking. <input type="radio"/> a. Not at all likely <input type="radio"/> c. Somewhat likely <input type="radio"/> b. Only slightly likely <input type="radio"/> d. Very likely
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q24. In the past year, have you had a problem with drugs or alcohol? <input type="radio"/> a. Yes <input type="radio"/> b. No
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q25. In the past year, have you felt the need to cut back on drinking or drug use? <input type="radio"/> a. Yes <input type="radio"/> b. No
Was this discussed?	MATERNAL DEPRESSION QUESTIONS
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q26. In the past month, have you often felt down, depressed, or hopeless? <input type="radio"/> a. Yes <input type="radio"/> b. No
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A – Answered Correctly	Q27. In the past month, have you felt very little interest or pleasure in things you used to enjoy? <input type="radio"/> a. Yes <input type="radio"/> b. No

