

Kiddie West Pediatric Center

4766 W. Broad Street
Columbus, OH 43228
614-851-7337

**Newborn Questionnaire
For Parents**

Patient Name	Date of Birth	Age
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GENERAL HEALTH AND NUTRITION

- 1. Has your baby been fussier than you expected?..... Y N
- 2. Can you tell when your baby needs to eat?..... Y N
- 3. Do you have any concerns about how your baby is eating? Y N
- 4. Can you tell when your baby needs to sleep? Y N
- 5. Do you have any concerns about your baby's vision?..... Y N
- 6. Do you have any concerns about your baby's hearing?..... Y N

SAFETY

- 7. Do you always use a rear facing car seat positioned in the back seat? Y N
- 8. Does your baby always sleep on his/her back?..... Y N
- 9. Do you know what to do if your baby is choking or stops breathing? Y N
(www.americanheart.org - search Infant CPR Anytime)
- 10. Is your hot water heater set below 120 degrees? Y N
- 11. Do you have pets in your home? Y N
- 12. Do you know about shaken baby syndrome? Y N
- 13. Does your baby spend time with anyone who smokes?..... Y N

SOCIAL

- 14. Is parenthood what you expected? Y N
- 15. Have you (mom) been feeling depressed? Y N
- 16. Are you getting enough rest? Y N
- 17. Do you have enough support for caring for your baby?..... Y N
- 18. If you have other children, are you concerned with how they are adjusting? Y N
- 19. If you are planning to return to work or school,
Have you made childcare arrangements? Y N

Please list below any questions or concerns that you would like to talk about today.

Parent / Guardian Signature and Date	Provider Signature and Date
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