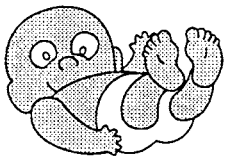
Name:
ID#:

HOW AM I DOING?
YOUR BABY BIRTH TO 12 MONTHS
RISK ASSESSMENT

If you have any questions or concerns about yourself or your baby, please share these with your baby's health care provider. We want to assist you with your needs anyway possible.



YES	NO	
☐	☐	1. Does your baby have or has your baby had contact with a person with confirmed or suspected infectious tuberculosis? (Family member or associate in jail or prison)
☐	☐	2. Has your baby had an x-ray or examination that may suggest tuberculosis?
☐	☐	3. Has your baby emigrated from a foreign country where there is a history of tuberculosis? (Asia, Middle East, Africa, Latin America)
☐	☐	4. Has your baby traveled to a foreign country or had contact with a native person from a country where there is a history of tuberculosis?
☐	☐	5. Does your baby have HIV/AIDS?
☐	☐	6. Has your baby or does your baby live in a group home, foster care, or orphanage.
☐	☐	7. Are you concerned that someone will harm you or your baby, or that you may harm someone?
☐	☐	8. Has your partner or someone important to you ever emotionally, physically, or sexually abused you or your baby?

FOLLOWING QUESTIONS TO BE ASKED AFTER BABY IS 6 MONTHS OLD

☐	☐	9. Does your baby live in or visit a house with peeling or chipping paint built before 1950? (Daycare, preschool, baby-sitter, or relative, etc.)
☐	☐	10. Does your baby live in or visit a house built before 1978 with recent, ongoing, or planned renovations or remodeling?
☐	☐	11. Does your baby have a brother or sister, housemate, or playmate being followed or treated for lead poisoning (blood level at or above 20ug/dl)?
☐	☐	12. Does your baby live with an adult whose job or hobby involves exposure to lead? (Lead batteries, firing range, chemicals & chemical preparations, bridge, tunnel, elevated highway construction, etc.)
☐	☐	13. Does your baby live near an active lead smelter, battery recycling plant, or other industry likely to release lead? Does your baby live near a heavily traveled major highway where soil and dust may be contaminated with lead?
☐	☐	14. Have you seen your baby eating paint chips or dirt or chew on any painted surfaces?
☐	☐	15. Do you or the infant's parents do migrant farm work?
☐	☐	16. Does your baby receive any home or folk remedies that may contain lead?

17. What type of water does your child drink daily? **(Circle all that apply for your child):**
City Well Cistern Bottled Water

18. Does your baby do or attempt to **(circle those that apply under age of your child)**:

1MO.	2 MO.	4 MO.	6 MO.	9 MO.
Have Equal Movements of arms and legs	Smile	Opens & holds own hand	Reaches for toy	Plays Peek-a-boo
Make throaty noises	Eyes follow you	Follow object from side to side with eyes	Transfer object from hand to hand	Bangs & Throws objects
Respond to Sound	Coos & Babbles	Laughs aloud & squeals	Turns toward voice	Says Mama & Dada
Lift head	Holds head up 45°	Sits with head steady	Rolls over, sits with support	Sits on own without support
Look at your face				

YES **NO**

☐ ☐ 19. Are you concerned with your baby's weight or eating habits?

☐ ☐ 20. Do you Breastfeed your baby? If so, how many times in 24 hours? _____ times.

☐ ☐ 21. Do you feed your baby formula? If so, in 24 hours does your baby drink: **(circle one that applies)**

Less than 16 ounces (less than two 8oz. Bottles)

More than 32 ounces (more than four 8 oz. Bottles)

Name of formula _____.

22. Does your baby eat or drink on a daily basis: **(circle all that apply)**

Cereal by 6 months	Vegetables by 7 months	Fruits by 8 months
Juices by 9 months	Meats by 10 months	Bread/Crackers
Desserts	Milk (whole, skim, 1%, 2%, low fat, evaporated)	

☐ ☐ 23. Does your infant follow a special diet or is on a prescribed medication?

QUESTIONS OR CONCERNS TO DISCUSS WITH YOUR HEALTH CARE PROVIDER:

_____

_____

_____

ENTIRE FORM HAS BEEN REVIEWED AND UPDATED WITH PATIENT ON FOLLOWING DATES: (SIGNATURE AND DATE REQUIRED)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reference: Maternal and Child Health Bureau, *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents*, National Center for Education in Maternal and Child Health, 1994, Arlington, VA.