Staying Healthy Assessment (0-6 months)

Question #	Question Text	Yes	No	Skip
1	Do you breastfeed your baby?	☐	☐	☐
2	Are you concerned about your baby's weight?	☐	☐	☐
3	Does your baby watch any tv?	☐	☐	☐
4	Does your home have a working smoke detector?	☐	☐	☐
5	Have you turned your water temperature down to low-warm (less than 120 degrees?)	☐	☐	☐
6	Does your home have more than one floor, do you have safe guards on the windows and gates for the stairs?	☐	☐	☐
7	Does your home have cleaning supplies, medicines and matches locked away?	☐	☐	☐
8	Does your home have the phone number of Poison Control Center (800-222-1222) posted by your phone?	☐	☐	☐
9	Do you always put your baby to sleep on her/his back?	☐	☐	☐
10	Do you always stay with your baby when she/he is in the bathtub?	☐	☐	☐
11	Do you always place your baby in a rear facing car seat in the back seat?	☐	☐	☐
12	Is the car seat you use the right one for the age and size of your baby?	☐	☐	☐
13	Does your baby spend time in a home where a gun is kept?	☐	☐	☐
14	Do you give your baby a bottle with anything except formula, breast milk or water?	☐	☐	☐
15	Does your baby spend time with anyone who smokes?	☐	☐	☐

16	Do you have any other questions or concerns about your baby's health, development or behavior?	☐	☐	☐

If yes, please describe: ____

Is an interpreter needed today? Yes / No

Is the child in daycare? Yes / No