# 9 Month Parent Questionnaire

Scan this code for age specific health information

**Date:**

**Do you have any concerns about your baby's:**

No | Yes eating? No | Yes sleeping? No | Yes vision? No | Yes hearing?

No | Yes Has your baby had any reactions to any foods?
Check foods tried: ❒ Cereal ❒ Fruits ❒ Vegetables ❒ Meat ❒ Table food

**Do you have any concerns about:**

No | Yes recent changes or stress (job change, move, divorce, illness)?

No | Yes use of alcohol or drugs by anyone caring for your baby?

No | Yes baby's injury since last visit? ☐ No injuries

No | Yes conflict or violence that your baby is exposed to?

No | Yes balancing the roles of parent and partner?

**Do you:**

Yes | No always use a car seat?
(5-point harness, rear-facing, in the backseat)

Yes | No have the poison control phone number available?
(1-800-222-1222)

Yes | No know infant CPR and first aid?
(www.cpr.heart.org and search CPR Anytime)

Yes | No If you own a gun, is it locked, with bullets stored separately? ❒ No gun in home

Yes | No put sunscreen on your baby?

Yes | No have any changes to your family's medical history since last visit? If yes, please explain:

**Social Determinants of Health**

Within the past 12 months, you worried that your food would run out before you got money to buy more. ☐ Often true ☐ Sometimes true ☐ Never true

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more. ☐ Often true ☐ Sometimes true ☐ Never true

In the past 12 months, has lack of transportation kept you from medical appointments, meetings, working or from getting things needed for daily living? (check all that apply)

☐ Yes, it has kept me from medical appointments or getting medication

☐ Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need

☐ No

Would you like information regarding these concerns? (check all that apply)

☐ Yes, have someone contact me ☐ Yes, I would like written information ☐ No

**Please write down any questions or concerns that you would like to talk about today:**

Name: _____

Birthdate: _____

_____Provider initials