

CHILD'S NAME (LAST, FIRST,MI) \_\_\_\_\_  
 CHILD'S BIRTHDAY \_\_\_\_\_ PHONE # \_\_\_\_\_  
 EMAIL (PERSONAL) \_\_\_\_\_

Place Patient  
Sticker Here

**6 MONTH SCREENING QUESTIONNAIRE**

<b>Family Member Deployment</b>	
~Is a household family member currently deployed or on extended duty outside of the immediate area?	( ) yes ( ) no
~Would you like information on additional family resources that may be available during this time?	( ) yes ( ) no
<b>Domestic Violence Screening</b>	
~Is the patient or caregiver now in a situation where they are being verbally or physically hurt, threatened, or made to feel afraid?	( ) yes ( ) no
~Has the patient or the caregiver ever been forced/pressured to engage in any sexual activity or touched in a way that made them feel uncomfortable?	( ) yes ( ) no
~Has the patient or the caregiver ever been hit, kicked, slapped, pushed, or shoved by a partner or someone important to them?	( ) yes ( ) no
<b>Hearing Screening</b>	
~Do you have any concerns about your child's hearing?	( ) yes ( ) no
<b>Vision Screening</b>	
~Do you have any concerns about your child's vision?	( ) yes ( ) no
<b>Dental screening</b>	
~Do you have fluoride in your water or does your baby take a supplement?	( ) yes ( ) no
~Do you have concerns about your child's oral health?	( ) yes ( ) no
~Does your child take a bottle of juice or milk to bed?	( ) yes ( ) no
~Does your child get his/her teeth brushed at least once per day with fluoride toothpaste?	( ) yes ( ) no
<b>Lead Screening</b>	
~Does your child live in a high lead risk ZIP code?	( ) yes ( ) no ( ) don't know
~What is your zip code?	_____
~Does your child, family member (sibling, cousin) or a playmate have lead poisoning?	( ) yes ( ) no ( ) don't know
~Does your child reside in or visit a house or childcare facility built before 1978?	( ) yes ( ) no ( ) don't know
~Does your child reside in or visit a house or childcare facility built before 1978 which has peeling/chipping paint or has been renovated or remodeled within the last 6 months?	( ) yes ( ) no ( ) don't know
~Does your child live in or regularly visit Mexico?	( ) yes ( ) no ( ) don't know
~Does your child eat Mexican candy?	( ) yes ( ) no ( ) don't know
~Is your family eligible for WIC or qualify for state programs such as HeadStart?	( ) yes ( ) no ( ) don't know

**Family History:** Please circle if applicable and write who is affected in your family in relation to this child.  
 For those with "No" check marks- please check if NOT applicable.

<b>Family History:</b> Place Check Mark if applicable	<b>Whom in relation to child?</b> <i>I.E. Child's maternal Grandma, Child's paternal Grandpa? Child's brother? Child's sister?</i>	<b>Family History:</b> Place Check Mark if applicable	<b>Whom in relation to child?</b> <i>I.E. Child's maternal Grandma, Child's paternal Grandpa? Child's brother? Child's sister?</i>
Asthma		Childhood hearing loss	
ADHD		Anxiety/Depression	
<b>Auto Immune Disease?</b> <i>(Please list: For Example: JRA, Type 1 Diabetes, Lupus, Hashimoto's, etc)</i>		<b>Other mental health condition?</b> <i>(Please specify)</i>	
Autism		Diabetes	
<b>Cancer</b> <i>Please specify type and age at onset if known.</i>		<b>Death before the age of 50?</b> <i>Please list cause of death (including mental health related)</i>	
Congenital Heart Disease		Genetic Condition	
Congenital Hearing Loss		Heart attack or Heart Disease	
Eczema		Stroke	
Hypertension (High Blood Pressure)		Hyperlipidemia (High Cholesterol)	
Kidney Disease		Other:	

**EFMP:** \_\_\_\_\_ Date: \_\_\_\_\_  
 If your child is enrolled to EFMP, when is it due to expire? \_\_\_\_\_

**Surgical History:** Please list any surgeries, hospitalizations, and approximate dates (NICU, PICU, tonsillectomy, etc)

<b>Surgery/Hospitalization:</b>	<b>Date:</b>

**If applicable: please list if your child has been diagnosed with any chronic medical conditions (e.g.: asthma, ADHD, autism) and list any specialists or therapists your child sees (e.g.: ENT, speech)**

<b>Chronic Medical Conditions?</b>	<b>Specialist: (please also list diagnosis if known) i.e. Speech therapy for autism</b>	<b>How often? (weekly, yearly, etc)</b>	<b>New referral needed?</b>

**Do you have questions or concerns for your provider today?**



# SWYC:<sup>TM</sup> 6 months

6 months, 0 days to 8 months, 31 days  
V1.08, 9/1/19

Child's Name:

Birth Date:

Today's Date:

## DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Makes sounds like "ga," "ma," or "ba" . . . . .	0	1	2
Looks when you call his or her name . . . . .	0	1	2
Rolls over . . . . .	0	1	2
Passes a toy from one hand to the other . . . . .	0	1	2
Looks for you or another caregiver when upset . . . . .	0	1	2
Holds two objects and bangs them together . . . . .	0	1	2
Holds up arms to be picked up . . . . .	0	1	2
Gets into a sitting position by him or herself . . . . .	0	1	2
Picks up food and eats it . . . . .	0	1	2
Pulls up to standing . . . . .	0	1	2

## BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people? . . . . .	0	1	2
Does your child have a hard time in new places? . . . . .	0	1	2
Does your child have a hard time with change? . . . . .	0	1	2
Does your child mind being held by other people? . . . . .	0	1	2
Does your child cry a lot? . . . . .	0	1	2
Does your child have a hard time calming down? . . . . .	0	1	2
Is your child fussy or irritable? . . . . .	0	1	2
Is it hard to comfort your child? . . . . .	0	1	2
Is it hard to keep your child on a schedule or routine? . . . . .	0	1	2
Is it hard to put your child to sleep? . . . . .	0	1	2
Is it hard to get enough sleep because of your child? . . . . .	0	1	2
Does your child have trouble staying asleep? . . . . .	0	1	2

## PARENT'S CONCERNS

	Not at all	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Are you worried or concerned that in the next 2 months you may not have stable housing that you rent or stay in as part of a household? Y N			
ii. In the past year, has the utility company shut off your service for not paying your bills? Y N			
iii. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things you needed for daily living? Y N			

## FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No						
1 Does anyone who lives with your child smoke tobacco?	<input type="radio"/> Y	<input type="radio"/> N						
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/> Y	<input type="radio"/> N						
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/> Y	<input type="radio"/> N						
4 Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/> Y	<input type="radio"/> N						
	Never true	Sometimes true	Often true					
5 Within the past 12 months, we worried whether our food would run out before we got money to buy more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
6 In general, how would you describe your relationship with your spouse/partner?	No tension <input type="radio"/>	Some tension <input type="radio"/>	A lot of tension <input type="radio"/>	Not applicable <input type="radio"/>				
7 Do you and your partner work out arguments with:	No difficulty <input type="radio"/>	Some difficulty <input type="radio"/>	Great difficulty <input type="radio"/>	Not applicable <input type="radio"/>				
8 During the past week, how many days did you or other family members read to your child?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7

## EMOTIONAL CHANGES WITH A NEW BABY\*\*

Since you have a new baby in your family, we would like to know how you are feeling now. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

In the past seven days...

### 1 I have been able to laugh and see the funny side of things

- 0 As much as I always could       1 Not quite so much now       2 Definitely not so much now       3 Not at all

### 2 I have looked forward with enjoyment to things

- 0 As much as I ever did       1 Rather less than I used to       2 Definitely less than I used to       3 Hardly at all

### 3\* I have blamed myself unnecessarily when things went wrong

- 3 Yes, most of the time       2 Yes, some of the time       1 Not very often       0 No, never

### 4 I have been anxious or worried for no good reason

- 0 No, not at all       1 Hardly ever       2 Yes, sometimes       3 Yes, very often

### 5\* I have felt scared or panicky for no good reason

- 3 Yes, quite a lot       2 Yes, sometimes       1 No, not much       0 No, not at all

### 6\* Things have been getting on top of me

- 3 Yes, most of the time I haven't been able to cope at all       2 Yes, sometimes I haven't been coping as well as usual       1 No, most of the time I have coped quite well       0 No, I have been coping as well as ever

### 7\* I have been so unhappy that I have had difficulty sleeping

- 3 Yes, most of the time       2 Yes, sometimes       1 Not very often       0 No, not at all

### 8\* I have felt sad or miserable

- 3 Yes, most of the time       2 Yes, quite often       1 Not very often       0 No, not at all

### 9\* I have been so unhappy that I have been crying

- 3 Yes, most of the time       2 Yes, quite often       1 Only occasionally       0 No, never

### 10\* The thought of harming myself has occurred to me

- 3 Yes, quite often       2 Sometimes       1 Hardly ever       0 Never

\*\*© 1987 The Royal College of Psychiatrists. Cox, J.L., Holden, J.M., & Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786. Written permission must be obtained from the Royal College of Psychiatrists for copying and distribution to others or for republication (in print, online or by any other medium).

# BRIGHT FUTURES HANDOUT ► PARENT

## 6 MONTH VISIT

Tylenol Dose: \_\_\_\_\_  
Ibuprofen Dose: \_\_\_\_\_



Here are some suggestions from Bright Futures experts that may be of value to your family.

### ✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Choose a mature, trained, and responsible babysitter or caregiver.
- Ask us questions about child care programs.
- Talk with us or call for help if you feel sad or very tired for more than a few days.
- Spend time with family and friends.

### ✓ FEEDING YOUR BABY

- Know that your baby's growth will slow down.
- Be proud of yourself if you are still breastfeeding. Continue as long as you and your baby want.
- Use an iron-fortified formula if you are formula feeding.
- Begin to feed your baby solid food when he is ready.
- Look for signs your baby is ready for solids. He will
  - Open his mouth for the spoon.
  - Sit with support.
  - Show good head and neck control.
  - Be interested in foods you eat.

#### Starting New Foods

- Introduce one new food at a time.
- Use foods with good sources of iron and zinc, such as
  - Iron- and zinc-fortified cereal
  - Pureed red meat, such as beef or lamb
- Introduce fruits and vegetables after your baby eats iron- and zinc-fortified cereal or pureed meat well.
- Offer solid food 2 to 3 times per day; let him decide how much to eat.
- Avoid raw honey or large chunks of food that could cause choking.
- Consider introducing all other foods, including eggs and peanut butter, because research shows they may actually prevent individual food allergies.
- To prevent choking, give your baby only very soft, small bites of finger foods.
- Wash fruits and vegetables before serving.
- Introduce your baby to a cup with water, breast milk, or formula.
- Avoid feeding your baby too much; follow baby's signs of fullness, such as
  - Leaning back
  - Turning away
- Don't force your baby to eat or finish foods.
  - It may take 10 to 15 times of offering your baby a type of food to try before he likes it.

### ✓ YOUR BABY'S DEVELOPMENT

- Place your baby so she is sitting up and can look around.
- Talk with your baby by copying the sounds she makes.
- Look at and read books together.
- Play games such as peekaboo, patty-cake, and so big.
- Don't have a TV on in the background or use a TV or other digital media to calm your baby.
- If your baby is fussy, give her safe toys to hold and put into her mouth. Make sure she is getting regular naps and playtimes.

**Helpful Resources:** Smoking Quit Line: 800-784-8669 | Poison Help Line: 800-222-1222

Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236

# 6 MONTH VISIT—PARENT

## HEALTHY TEETH

- Ask us about the need for fluoride.
- Clean gums and teeth (as soon as you see the first tooth) 2 times per day with a soft cloth or soft toothbrush and a small smear of fluoride toothpaste (no more than a grain of rice).
- Don't give your baby a bottle in the crib. Never prop the bottle.
- Don't use foods or juices that your baby sucks out of a pouch.
- Don't share spoons or clean the pacifier in your mouth.

## WHAT TO EXPECT AT YOUR BABY'S 9 MONTH VISIT

### We will talk about

- Caring for your baby, your family, and yourself
- Teaching and playing with your baby
- Disciplining your baby
- Introducing new foods and establishing a routine
- Keeping your baby safe at home and in the car

## SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- If your baby has reached the maximum height/weight allowed with your rear-facing-only car seat, you can use an approved convertible or 3-in-1 seat in the rear-facing position.
- Put your baby to sleep on her back.
- Choose crib with slats no more than 2 $\frac{3}{8}$  inches apart.
  - Lower the crib mattress all the way.
- Don't use a drop-side crib.
- Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and toys in the crib.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Do a home safety check (stair gates, barriers around space heaters, and covered electrical outlets).
- Don't leave your baby alone in the tub, near water, or in high places such as changing tables, beds, and sofas.
- Keep poisons, medicines, and cleaning supplies locked and out of your baby's sight and reach.
- Put the Poison Help line number into all phones, including cell phones. Call us if you are worried your baby has swallowed something harmful.
- Keep your baby in a high chair or playpen while you are in the kitchen.
- Do not use a baby walker.
- Keep small objects, cords, and latex balloons away from your baby.
- Keep your baby out of the sun. When you do go out, put a hat on your baby and apply sunscreen with SPF of 15 or higher on her exposed skin.

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

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The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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# Your baby at 6 months



Baby's Name \_\_\_\_\_

Baby's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 6 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

## What most babies do by this age:

### Social/Emotional Milestones

- Knows familiar people
- Likes to look at himself in a mirror
- Laughs

### Language/Communication Milestones

- Takes turns making sounds with you
- Blows "raspberries" (sticks tongue out and blows)
- Makes squealing noises

### Cognitive Milestones (learning, thinking, problem-solving)

- Puts things in her mouth to explore them
- Reaches to grab a toy he wants
- Closes lips to show she doesn't want more food

### Movement/Physical Development Milestones

- Rolls from tummy to back
- Pushes up with straight arms when on tummy
- Leans on hands to support himself when sitting

## Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

**You know your baby best.** Don't wait. If your baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your baby more; and
2. Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at [cdc.gov/FindEI](https://www.cdc.gov/FindEI).

For more on how to help your baby, visit [cdc.gov/Concerned](https://www.cdc.gov/Concerned).

**Don't wait.  
Acting early can make  
a real difference!**



Download CDC's  
free Milestone  
Tracker app



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# Help your baby learn and grow

As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.



- Use “back and forth” play with your baby. When your baby smiles, you smile; when he makes sounds, you copy them. This helps him learn to be social.
- “Read” to your baby every day by looking at colorful pictures in magazines or books and talk about them. Respond to her when she babbles and “reads” too. For example, if she makes sounds, say “Yes, that’s the doggy!”
- Point out new things to your baby and name them. For example, when on a walk, point out cars, trees, and animals.
- Sing to your baby and play music. This will help his brain develop.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- When your baby looks at something, point to it and talk about it.
- Put your baby on her tummy or back and put toys just out of reach. Encourage her to roll over to reach the toys.
- Learn to read your baby’s moods. If he’s happy, keep doing what you are doing. If he’s upset, take a break and comfort your baby.
- Talk with your baby’s doctor about when to start solid foods and what foods are choking risks. Breast milk or formula is still the most important source of “food” for your baby.
- Learn when your baby is hungry or full. Pointing to foods, opening his mouth to a spoon, or getting excited when seeing food are signs that he is hungry. Others, like pushing food away, closing his mouth, or turning his head away from food tells you that he’s had enough.
- Help your baby learn she can calm down. Talk softly, hold, rock, or sing to her, or let her suck on her fingers or a pacifier. You may offer a favorite toy or stuffed animal while you hold or rock her.
- Hold your baby up while she sits. Let her look around and give her toys to look at while she learns to balance herself.

**To see more tips and activities download CDC’s Milestone Tracker app.**

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly) | 1-800-CDC-INFO (1-800-232-4636)



Download CDC's  
free Milestone  
Tracker app



**Learn the Signs. Act Early.**