

4 Months Child Health Consult Questionnaires

As a parent, please answer all questions (within the thick lined box,) and bring to the 4 months health consultation.

Baby Name	Birthdate(Year/month/date)	/	/	Male/Female
Name of Parents/Guardians				
Address		Phone Number		

1. Did you receive enough advice/care from midwife and/or health nurse during the first month after giving birth?	1. Yes 2. No 3. Neither
2. Did the baby's mother smoke during pregnancy?	1. No 2. Yes(/day)
3. Did the baby's father smoke during pregnancy?	1. No 2. Yes(/day)
4. Does the baby's mother smoke currently?	1. No 2. Yes(/day)
5. Does the baby's father smoke currently?	1. No 2. Yes(/day)
6. Did the baby's mother drink alcohol during pregnancy?	1. No 2. Yes
7. Do you have enough time to relax/play with your baby?	1. Yes 2. No 3. Hard to say
8. Do you and your partner work together on housework and childcare?	1. Yes 2. Sometimes 3. Not usually 4. No
9. Do you have any difficulties with childcare?	1. Not at all 2. Sometimes 3. Always
9. If you answered 2 or 3 in the previous question, have you found solutions to your problems? For example, do you know where to get help?	1. Yes 2. No
10. Please circle any of the events below which apply to your family within the last few months. 1. Over-disciplined 2. Hit baby when angry 3. Left baby home alone 4. Did not feed baby for a prolonged time 5. Yelled at baby emotionally 6. Covered baby's mouth 7. Shook baby hard 8. None of the above	
11. Does your baby have a regular doctor?	1. Yes 2. No 3. Not sure
12. Would you like to raise your baby in this area in the future?	1. Yes 2. Probably 3. Unlikely 4. No