

# Birth to 1 Week

## Well Check Questionnaire

Please answer these questions about your child.

Skip any questions that you cannot answer or that do not apply.

Your answers will help us provide you and your child with the best possible care.

Do you have any questions or concerns that you would like to discuss with your doctor? . . .

Yes  No

If yes, please describe: \_\_\_\_\_

### NUTRITION

1. Do you feed your child 8 to 12 times every 24 hours? . . . . .

No  Yes

2. How is feeding your child going?

Not well/have questions or concerns  Okay  Very well

3. What does your child eat?

Only breast milk  Some breast milk, some formula  Only formula

If your child is breastfeeding: [If your child is **not** breastfeeding, please skip to SAFETY.]

4. Does your child's mother take any medications (prescription or over-the-counter), herbs, or supplements? . . . . .

Yes  No

If yes, please list: \_\_\_\_\_

5. Do you give your child vitamin D drops? . . . . .

No  Yes

### SAFETY

6. Where does your child sleep? . . . . .  In bed with parent(s)  Bassinet or crib

7. Do you always put your child to sleep on his or her back? . . . . .

No  Yes

8. Do you place your child in a rear-facing car seat in the backseat for every car ride? . . . . .

No  Yes

9. Have you turned your water heater temperature down to low/warm (less than 120°F)? . . . . .

No  Yes

10. Do you know that a rectal temperature over 100.4°F, vomiting, or poor feeding can mean that your child is very sick and that you should call the Appointment and Advice line right away? . . . . .

No  Yes

### STAYING HEALTHY

11. Does your child have at least 4 wet diapers per day? . . . . .

No  Yes

12. How would you describe your child's poop? . . . . .  
.....  Black and sticky  Yellowish to greenish  Other

# 出生至1週

## 健康核查問卷

請回答以下有關您孩子的問題。

請跳過任何您無法回答或不適用的問題。

您的回答將幫助我們為您和孩子提供最佳護理。

您有任何疑問或顧慮想要諮詢醫生嗎？.....

是  否

如果回答「是」，請說明：\_\_\_\_\_

### 營養

1. 您是否每24小時給孩子餵食8到12次？.....

否  是

2. 餵食過程順利嗎？

不順利/有疑問或顧慮  還可以  非常順利

3. 您給孩子吃什麼？

僅母乳  部分母乳，部分奶粉  僅奶粉

如果您的孩子喝母乳：[如果您的孩子現在不喝母乳，請直接跳至「安全」。]

4. 孩子的母親是否服用任何藥物（處方藥或非處方藥）、草藥或營養補充品？.....  
如果回答「是」，請列示：\_\_\_\_\_

是  否

5. 您給孩子服用維生素D滴劑嗎？.....

否  是

### 安全

6. 您的孩子睡在哪裡？.....

和父母同床  嬰兒籃或嬰兒床

7. 您總是讓孩子仰睡嗎？.....

否  是

8. 您每次開車帶孩子出門時，是否讓孩子坐在後座的兒童安全座椅上，面朝後方？.....

否  是

9. 您是否將熱水器溫度向下調至「低溫」（低於120°F）？.....

否  是

10. 您是否知道，當孩子肛溫超過100.4°F、嘔吐或進食困難時，可能表示孩子病重，應立即致電「預約與諮詢」專線？.....

否  是

### 保持健康

11. 您的孩子是否每天至少尿濕尿布4次？.....

否  是

12. 孩子的大便是什麼樣子？.....

又黑又黏  偏黃或偏綠  其他