# Quarterly Infant (Birth up to 1 year) Full Questions

ENVIRONMENT/ SAFETY

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| **Car seat?** | **Do you have a child car seat?** |
| **How often ride in car seat?** | **When your child rides in a car, truck, or van, how often does he or she ride in an infant seat?** |

HEALTH

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| **Medical Home Identified?** | **Do you have a doctor that you can get in contact with 24 hours a day, 7 days a week, who will take care of your baby for both sick and "well-baby" care?** (Include after-hours paging service or other ways to reach your doctor after hours) |
| **Child disease?** | **Has a doctor or health professional ever told you that your child had any of these conditions?** |
| **<u>7 Months:</u>**<br>**3 DTap, 3 Hep B,**<br>**2 IPV, 3 Hib** | **<u>From Medical Record:</u>**<br>By 7 months of age, has child received:<br>3 Diptheria/ Tetanus/ Pertussis<br>3 Hepatitis B<br>2 Inactive Polio Vaccine<br>3 Haemophilus influenzae Type B |

NUTRITION

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| **Currently breastfeeding?** | **Is your baby currently breastfeeding or receiving pumped breast milk?** |

SUBSTANCE USE

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| **Secondhand smoke exposure?** | **About how many hours a day, on average, is your child in the same room or vehicle with someone who is smoking?** |

FAMILY STRENGTHS

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| **Primary Caregiver?** | **Which one of the following people spends the most time taking care of your baby / child when you go to work or school?** |