

American Academy of Pediatrics



BRIGHT FUTURES PREVISIT QUESTIONNAIRE

12 MONTH VISIT

WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

Do you have any concerns, questions, or problems that you would like to discuss today? ☐ No ☐ Yes, describe:

TELL US ABOUT YOUR CHILD AND FAMILY.

What excites or delights you most about your child?

Does your child have special health care needs? ☐ No ☐ Yes, describe:

Does your child live with anyone who smokes or spend time in places where people smoke or use e-cigarettes? ☐ No ☐ Yes ☐ Unsure

YOUR GROWING AND DEVELOPING CHILD

Do you have specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

Check off each of the tasks that your child is able to do.

- | | | |
|---|---|---|
| <input type="checkbox"/> Look for hidden objects. | <input type="checkbox"/> Follow a verbal command that includes a gesture. | <input type="checkbox"/> Drop objects in a cup. |
| <input type="checkbox"/> Imitate new gestures. | <input type="checkbox"/> Take first independent steps. | <input type="checkbox"/> Pick up small object with 2-finger pincer grasp. |
| <input type="checkbox"/> Say, "Dad" or "Mom" with meaning | <input type="checkbox"/> Stand without support. | <input type="checkbox"/> Pick up food and eat it. |
| <input type="checkbox"/> Use one word other than <i>Mom</i> , <i>Dad</i> , or personal names. | | |

RISK ASSESSMENT

Hearing	Do you have concerns about how your child hears?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do you have concerns about how your child speaks?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Lead	Does your child live in or visit a home or child care facility with an identified lead hazard or a home built before 1960 that is in poor repair or that was renovated in the past 6 months?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Oral health	Does your child's primary water source contain fluoride?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
Tuberculosis	Was your child or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Is your child infected with HIV?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Vision	Do you have concerns about how your child sees?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your child's eyes appear unusual or seem to cross?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Have your child's eyes ever been injured?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure

CARING FOR YOUR CHILD

If your child is upset, do you help distract him using another activity, book, or toy?	<input type="radio"/> Yes	<input type="radio"/> No
Do you use time-outs as a way to manage your child's behavior?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any questions about what to do when you become angry or frustrated with your child?	<input type="radio"/> No	<input type="radio"/> Yes
Does your family regularly make time for reading, playing, and talking together?	<input type="radio"/> Yes	<input type="radio"/> No
Do you eat together as a family?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have regular mealtimes and snack times?	<input type="radio"/> Yes	<input type="radio"/> No
Do you help your child feel comfortable around new people and new situations?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have regular nap time and bedtime routines for your child, such as reading books and brushing teeth?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child watch TV or play on a tablet or smartphone? If yes, how much time each day? ____ hours	<input type="radio"/> No	<input type="radio"/> Yes
Have you made a family media use plan to help you balance media use with other family activities?	<input type="radio"/> Yes	<input type="radio"/> No

SAFETY

Car and Home Safety		
Is your child fastened securely in a rear-facing car safety seat in the back seat every time he rides in a vehicle?	<input type="radio"/> Yes	<input type="radio"/> No
Are you having any problems using your car safety seat?	<input type="radio"/> No	<input type="radio"/> Yes
Do you have a gate at the top and bottom of all stairs in your home?	<input type="radio"/> Yes	<input type="radio"/> No
Is the mattress in your child's crib set on the lowest setting to prevent falls?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep household cleaners, chemicals, and medicines locked up and out of your child's sight and reach?	<input type="radio"/> Yes	<input type="radio"/> No
Do all your electrical outlets have covers?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep sharp objects, plastic bags, and electrical or drapery cords out of your child's reach?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep your child away from the stove, fireplaces, and space heaters?	<input type="radio"/> Yes	<input type="radio"/> No
Are your TVs, bookcases, and dressers secured to the wall so they cannot fall over and hurt your child?	<input type="radio"/> Yes	<input type="radio"/> No
Water and Sun Safety		
Do you always stay within arm's reach of your child when he is in the bath?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have a swimming pool, pond, or lake in or near your home?	<input type="radio"/> No	<input type="radio"/> Yes
Do you put a hat on your child and apply sunscreen on her when you go outside?	<input type="radio"/> Yes	<input type="radio"/> No