

BRIGHT FUTURES PREVISIT QUESTIONNAIRE

3 YEAR 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 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.

- ☐ Go to the bathroom and urinate by herself.
 ☐ Speak so strangers can understand 75% of what he says.
 ☐ Pedal a tricycle.
- ☐ Put on a coat, jacket, or shirt by himself.
 ☐ Tell you a story from a book or TV.
 ☐ Climb on and off a couch or chair.
- ☐ Eat by herself.
 ☐ Compare things using words such as *bigger* and *shorter*.
 ☐ Jump forward.
- ☐ Begin to play make-believe.
 ☐ Understand simple prepositions, such as *on* or *under*.
 ☐ Draw a single circle.
- ☐ Play and share with others.
 ☐ Draw a person with head and one other body part.
- ☐ Use 3-word sentences.
 ☐ Cut with child scissors.

RISK ASSESSMENT

Anemia	Does your child's diet include iron-rich foods, such as meat, iron-fortified cereals, or beans?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
	Do you ever struggle to put food on the table?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
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 was renovated in the past 6 months?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Oral health	Does your child have a dentist?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
	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

PLAYING WITH SIBLINGS AND PEERS

Does your child engage in fantasy play with dolls, toy animals, or blocks?	<input type="radio"/> Yes	<input type="radio"/> No
Do you spend time alone with your child doing things you both enjoy?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child have chances to play with other children (such as on playdates and at preschool)?	<input type="radio"/> Yes	<input type="radio"/> No
When your child plays with other children, do you help him learn how to take turns?	<input type="radio"/> Yes	<input type="radio"/> No
If you have other children, do they get along with each other?	<input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No

Promoting Physical Activity and Limiting TV		
Are you physically active together as a family, such as going on walks or playing in the park?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child play actively for at least 1 hour a day?	<input type="radio"/> Yes	<input type="radio"/> No
How much time every day does your child spend watching TV or using computers, tablets, or smartphones?	_____ hours	
Does your child have a TV or an Internet-connected device in her bedroom?	<input type="radio"/> No	<input type="radio"/> Yes
Has your family made a media use plan to help everyone balance time spent on media with other family and personal activities?	<input type="radio"/> Yes	<input type="radio"/> No

## SAFETY

Car and Home Safety		
Is your child buckled securely in a 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 with your car seat?	<input type="radio"/> No	<input type="radio"/> Yes
Does everyone in the vehicle always use a lap and shoulder seat belt, booster seat, or car safety seat?	<input type="radio"/> Yes	<input type="radio"/> No
Do you cut foods such as grapes and hot dogs into small pieces to prevent choking?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child play in a driveway or close to the street?	<input type="radio"/> No	<input type="radio"/> Yes
Do you keep furniture away from windows and use operable window guards on windows on the second floor and higher? (Operable means that, in case of an emergency, an adult can open the window.)	<input type="radio"/> Yes	<input type="radio"/> No
Water Safety		
Are there swimming pools near your home?	<input type="radio"/> No	<input type="radio"/> Yes
Do you always stay within arm's reach of your child when he is in or near water?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child always wear an US Coast Guard–approved life jacket when on a boat?	<input type="radio"/> Yes	<input type="radio"/> No
Pets		
Do you own a pet?	<input type="radio"/> No	<input type="radio"/> Yes
Have you taught your child how to behave around animals so she does not get bitten or scratched?	<input type="radio"/> Yes	<input type="radio"/> No