



# BRIGHT FUTURES PREVISIT QUESTIONNAIRE

## 5 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.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Is beginning to skip.              | <input type="checkbox"/> Spread with a knife.   | <input type="checkbox"/> Answer "why" questions.                         |
| <input type="checkbox"/> Walk on tiptoes when asked.        | <input type="checkbox"/> Dress and undress without help.  | <input type="checkbox"/> Count 5 objects.                                |
| <input type="checkbox"/> Catch a bounced ball with 2 hands. | <input type="checkbox"/> Urinate and have a bowel movement on her own.  | <input type="checkbox"/> Name 3 or more single numbers.                  |
| <input type="checkbox"/> Copy a triangle.                   | <input type="checkbox"/> Is dry through the day.  | <input type="checkbox"/> Name 4 or more letters out of alphabetic order. |
| <input type="checkbox"/> Draw a 6-part person.              | <input type="checkbox"/> Tell a story of 2 sentences or more.   | <input type="checkbox"/> Write 2 or more letters.                        |
| <input type="checkbox"/> Copy first name.                   | <input type="checkbox"/> Follow directions for 4 individual prepositions, such as <i>on</i> , <i>under</i> , <i>behind</i> , and <i>in front of</i> . |  |
| <input type="checkbox"/> Cut well with scissors.            | <input type="checkbox"/> Play and interact with peers.  |  |

### 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
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

### FAMILY RULES AND ROUTINES

Does your child have chores or responsibilities at home?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have clear rules and expectations for your child?	<input type="radio"/> Yes	<input type="radio"/> No
When your child breaks the rules, are you consistent with consequences and discipline?	<input type="radio"/> Yes	<input type="radio"/> No
Do you let your child know when she is being good?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child have problems dealing with angry feelings?	<input type="radio"/> No	<input type="radio"/> Yes
Do you help your child control his anger?	<input type="radio"/> Yes	<input type="radio"/> No

### SCHOOL

Did your child attend a preschool program?	<input type="radio"/> Yes	<input type="radio"/> No
Has your child started elementary school?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any concerns about your child's school experience?	<input type="radio"/> NA	<input type="radio"/> No <input type="radio"/> Yes

<b>Physical Activity</b>		
Is your child physically active at least 1 hour every day? This includes running, playing sports, or active play with friends.	<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 (not counting schoolwork)?	_____ hours	
Does your child have a TV or an Internet-connected device in his bedroom?	<input type="radio"/> No	<input type="radio"/> Yes
Has your family made a family 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
Does your child have trouble going to sleep or does he wake up during the night?	<input type="radio"/> No	<input type="radio"/> Yes
Does your child have a regular bedtime?	<input type="radio"/> Yes	<input type="radio"/> No

## SAFETY

<b>Car Safety</b>		
Is your child fastened securely in a car safety seat or belt-positioning booster seat in the back seat every time he rides in a vehicle?	<input type="radio"/> Yes	<input type="radio"/> No
Does everyone else 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
<b>Outdoor Safety</b>		
Does your child always wear a helmet to protect her head when biking, skating, or doing other outdoor activities?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child know street safety habits, such as stopping at the curb, looking both ways, and never crossing the street without a grown-up?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child know how to swim?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child know to always have an adult watching her in the water and never to swim alone?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child always use sunscreen when playing outside?	<input type="radio"/> Yes	<input type="radio"/> No
<b>Home Fire Safety</b>		
Do you have working smoke alarms installed on every level of your home?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have carbon monoxide detectors/alarms in your home?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have an emergency escape plan in case of fire?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child know what to do if the fire alarm rings?	<input type="radio"/> Yes	<input type="radio"/> No
<b>Gun Safety</b>		
Does anyone in your home or the homes where your child spends time have a gun?	<input type="radio"/> No	<input type="radio"/> Yes
If yes, is the gun unloaded and locked up?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, is the ammunition stored and locked up separately from the gun?	<input type="radio"/> Yes	<input type="radio"/> No
Have you talked with your child about gun safety?	<input type="radio"/> Yes	<input type="radio"/> No
<b>Harm From Adults</b>		
Have you taught your child that it is never OK for an adult to tell a child to keep secrets from her parents?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child know that it is never OK for an older child or an adult to ask to see his private parts?	<input type="radio"/> Yes	<input type="radio"/> No