# Bright Futures Previsit Questionnaire
# 12 Month Visit

For us to provide you and your child with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

## What would you like to talk about today?

**Do you have any concerns, questions, or problems that you would like to discuss today?**

**We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.**

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|---|---|
| **Family Support** | ❑ Ways to manage your child's behavior ❑ Finding time for yourself ❑ Parent/family community activities |
| **Establishing Routines** | ❑ Nap time routines ❑ Bedtime routines ❑ Brushing teeth ❑ Starting family traditions |
| **Feeding Your Child** | ❑ Using a spoon and cup ❑ Healthy food choices ❑ How many meals or snacks a day<br>❑ How much your child should eat ❑ Change in appetite and growth ❑ Your child's weight |
| **Finding a Dentist** | ❑ Your child's first dental checkup ❑ Brushing teeth twice daily ❑ Finger sucking, pacifiers, and bottles |
| **Safety** | ❑ Home safety indoors and outdoors ❑ Car safety seats ❑ Water safety ❑ Gun safety<br>❑ Older siblings watching your child ❑ Foods that might cause choking |

## Questions About Your Child

**Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe:** ❑ Yes ❑ No ❑ Unsure

| | | | | |
|---|---|---|---|---|
| **Hearing** | Do you have concerns about how your child hears? | ❑ Yes | ❑ No | ❑ Unsure |
| | Do you have concerns about how your child speaks? | ❑ Yes | ❑ No | ❑ Unsure |
| **Vision** | Do you have concerns about how your child sees? | ❑ Yes | ❑ No | ❑ Unsure |
| | Does your child hold objects close when trying to focus? | ❑ Yes | ❑ No | ❑ Unsure |
| | Do your child's eyes appear unusual or seem to cross, drift, or be lazy? | ❑ Yes | ❑ No | ❑ Unsure |
| | Do your child's eyelids droop or does one eyelid tend to close? | ❑ Yes | ❑ No | ❑ Unsure |
| | Have your child's eyes ever been injured? | ❑ Yes | ❑ No | ❑ Unsure |
| **Lead** | Does your child have a sibling or playmate who has or had lead poisoning? | ❑ Yes | ❑ No | ❑ Unsure |
| | Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled? | ❑ Yes | ❑ No | ❑ Unsure |
| | Does your child live in or regularly visit a house or child care facility built before 1950? | ❑ Yes | ❑ No | ❑ Unsure |
| **Tuberculosis** | Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)? | ❑ Yes | ❑ No | ❑ Unsure |
| | Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis? | ❑ Yes | ❑ No | ❑ Unsure |
| | Has a family member or contact had tuberculosis or a positive tuberculin skin test? | ❑ Yes | ❑ No | ❑ Unsure |
| | Is your child infected with HIV? | ❑ Yes | ❑ No | ❑ Unsure |
| **Oral Health** | Do you know a dentist to whom you can bring your child? | ❑ No | ❑ Yes | ❑ Unsure |
| | Does your child's primary water source contain fluoride? | ❑ No | ❑ Yes | ❑ Unsure |

**Does your child have any special health care needs?** ❑ No ❑ Yes, describe:

**Have there been any major changes in your family lately?** ❑ Move ❑ Job change ❑ Separation ❑ Divorce ❑ Death in the family ❑ Any other problems?

**Does your child live with anyone who uses tobacco or spend time in any place where people smoke?** ❑ No ❑ Yes

## 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.**

- ❑ Bangs toys together
- ❑ Waves bye-bye
- ❑ Tries to do what you do
- ❑ Stands alone
- ❑ Drinks from a cup
- ❑ Speaks 1 to 2 words
- ❑ Babbles
- ❑ Tries to make the same sounds you do
- ❑ Looks at things you are looking at
- ❑ Cries when you leave
- ❑ Hands you a book to read
- ❑ Follows simple directions
- ❑ Plays peekaboo