

Bright Futures Previsit Questionnaire 15 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, question	s, or problems that you would like to discuss today?			
We are interested	l in answering vour	questions. Please check off the boxes for the topics you would like to discuss the	most toda	V.	
Talking and Feeling		☐ How to handle your upset child when you leave ☐ Handling your frustrations with your child			
		☐ Helping your child speak and learn ☐ Your child being scared of new people			
		☐ Knowing how to give your child limited choices			
A Good Night's Sleep		☐ Your child's bedtime routine ☐ Waking up at night			
Temper Tantrums and Discipline		☐ Temper tantrums ☐ How to discipline your child ☐ Encouraging good behavior			
Healthy Teeth		☐ Stop using the bottle/pacifier ☐ Brushing teeth ☐ First dentist visit ☐ Preventing tooth problems			
Safety		☐ Car safety seats ☐ Preventing fires, burns, and poisoning ☐ How to make your home safe on the inside and outside			
Questions About Your Child					
Have any of your child's relatives dev		veloped new medical problems since your last visit? If yes, please describe:	☐ Yes	□ No	☐ Unsure
Hearing	Do you have conce	rns about how your child hears?	☐ Yes	□ No	☐ Unsure
Hearing		rns about how your child speaks?	☐ Yes	□ No	☐ Unsure
Vision		rns about how your child sees?	☐ Yes	□ No	☐ Unsure
		Have your child's eyes ever been injured?			☐ Unsure
	Does your child hold objects close when trying to focus?			□ No	☐ Unsure
	Do your child's eyes appear unusual or seem to cross, drift, or be lazy?			□ No	☐ Unsure
	Do your child's eye	lids droop or does one eyelid tend to close?	☐ Yes	□ No	☐ 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					
Thave there been any major changes in your family fatery: a wove a 300 change a 3eparation a bivorce a beautiff the family array other problems					
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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:					
Do you have spec	and concerns abou	t your child's development, learning, or behavior?			
Check off each of the tasks that your child is able to do. Tries to do what you do D Drinks from a cup with very little spilling. D Helps in the house List what words your child says					
	es to do what you do nds down without fal	a brillio from a cup with very little opining a ricipo in the floade	List what words your child says.		
□ Walks well		☐ Listens to a story ☐ Follows simple commands			
☐ Puts block in a cup☐ Scribbles ☐					
Sci	riddies				



The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of Bright Futures Tool and Resource Kit. Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.