



# Bright Futures Parent Supplemental 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 circle Yes or No for each question. Thank you.

### Family Support

Do you need help teaching your child good behavior?	No	Yes
Do you reward your child's good behavior?	Yes	No
When your child misbehaves, do you use brief time-outs (1–2 minutes)?	Yes	No
Do you try to distract your child when she misbehaves?	Yes	No
Do you discuss your ideas about your child's behavior and discipline with your child's caregivers?	Yes	No
Do you participate in activities through social, religious, volunteer, or recreational programs?	Yes	No
Do you talk with friends about parenting?	Yes	No
Do you go to playgroups?	Yes	No

### Establishing Routines

Do you play with and read to your child every day?	Yes	No
Do you help your child feel comfortable around new people?	Yes	No
Does your child have regular mealtimes and snack times?	Yes	No
Do you have a regular bedtime routine for your child?	Yes	No
Does your child play actively for one hour or more a day?	Yes	No
How many hours per day does your child watch TV?	_____ hours	

### Feeding Your Child: Feeding and Appetite Changes

Do you give your child small, hard foods like peanuts or popcorn?	No	Yes
Do you give your child round foods such as hot dogs, raw carrots, or grapes?	No	Yes
Does your child try feeding himself using a spoon or fork?	Yes	No
Do you let your child decide what and how much to eat?	Yes	No



### Finding a Dentist: Establishing a Dental Home

Have you taken your child to a dentist?	Yes	No
Do you brush your child's teeth with water 2 times a day, using a soft toothbrush?	Yes	No
Does your child use a bottle?	No	Yes

### Safety

Do you always use a car safety seat rear-facing in the back seat of all vehicles?	Yes	No	
Are you having any problems with your car safety seat?	No	Yes	
Do you know when to turn your child's car safety seat forward?	Yes	No	
Do you keep cleaners and medicines locked up?	Yes	No	
Do you have a gate on your stairs?	Yes	No	
Are you able to lock your windows?	Yes	No	
Can your child climb out of her crib?	No	Yes	
Is your child's crib on the lowest setting?	Yes	No	
Do you stay within arm's reach when your child is in the bathtub?	Yes	No	
Do you have a swimming pool, pond, or lake in or near your home?	No	Yes	
Does anyone in your home or the homes where your child spends time have a gun?	No	Yes	
If so, are the guns unloaded and locked away?	N/A	Yes	No
Does anyone smoke around your child?	No	Yes	
If you smoke, would you like information on how to stop?	Yes	No	



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# Bright Futures Medical Screening Questionnaire

## 12 Month Visit

Please answer the following questions about your child's health by circling Y, N, or Unsure.

Do you have concerns about how your child hears?	Y	N	Unsure
Do you have concerns about how your child speaks?	Y	N	Unsure
Do you have concerns about how your child sees?	Y	N	Unsure
Does your child hold objects close when trying to focus?	Y	N	Unsure
Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	Y	N	Unsure
Do your child's eyelids droop or does one eyelid tend to close?	Y	N	Unsure
Have your child's eyes ever been injured?	Y	N	Unsure
Does your child have a sibling or playmate who has or had lead poisoning?	Y	N	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 last 6 months) renovated or remodeled?	Y	N	Unsure
Does your child live in or regularly visit a house or child care facility built before 1950?	Y	N	Unsure
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)?	Y	N	Unsure
Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	Y	N	Unsure
Has a family member or contact had tuberculosis or a positive tuberculin skin test?	Y	N	Unsure
Is your child infected with HIV?	Y	N	Unsure
Do you know a dentist to whom you can bring your child?	N	Y	Unsure
Does your child's primary water source contain fluoride?	N	Y	Unsure



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