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.

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 ☐ 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 ☐ 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

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