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.

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

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

<table>
<thead>
<tr>
<th>Hearing</th>
<th>Do you have concerns about how your child hears?</th>
<th>Yes No Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do you have concerns about how your child speaks?</td>
<td>Yes No Unsure</td>
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<tr>
<td>Vision</td>
<td>Do you have concerns about how your child sees?</td>
<td>Yes No Unsure</td>
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<td></td>
<td>Does your child hold objects close when trying to focus?</td>
<td>Yes No Unsure</td>
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<td></td>
<td>Does your child’s eyes appear unusual or seem to cross, drift, or be lazy?</td>
<td>Yes No Unsure</td>
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<tr>
<td></td>
<td>Do your child’s eyelids droop or does one eyelid tend to close?</td>
<td>Yes No Unsure</td>
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<tr>
<td></td>
<td>Have your child’s eyes ever been injured?</td>
<td>Yes No Unsure</td>
</tr>
<tr>
<td>Lead</td>
<td>Does your child have a sibling or playmate who has or had lead poisoning?</td>
<td>Yes No Unsure</td>
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<tr>
<td></td>
<td>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?</td>
<td>Yes No Unsure</td>
</tr>
<tr>
<td></td>
<td>Does your child live in or regularly visit a house or child care facility built before 1950?</td>
<td>Yes No Unsure</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>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)?</td>
<td>Yes No Unsure</td>
</tr>
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<td></td>
<td>Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?</td>
<td>Yes No Unsure</td>
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<tr>
<td></td>
<td>Has a family member or contact had tuberculosis or a positive tuberculin skin test?</td>
<td>Yes No Unsure</td>
</tr>
<tr>
<td>Oral Health</td>
<td>Is your child infected with HIV?</td>
<td>Yes No Unsure</td>
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<tr>
<td></td>
<td>Do you know a dentist to whom you can bring your child?</td>
<td>Yes No Unsure</td>
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<tr>
<td></td>
<td>Does your child’s primary water source contain fluoride?</td>
<td>Yes No Unsure</td>
</tr>
</tbody>
</table>

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
Name

Physical Examination

- Bright Futures Priority
- EYES (red reflex, cover/uncover test)
- NEUROLOGIC (tone, strength, gait)
- TEETH (caries, white spots, staining)
- GENITALIA
  - MALE/TESTES DOWN
  - FEMALE
- Additional Systems
  - GENERAL APPEARANCE
  - HEAD/FOREHEAD
  - EARS/HEARING
  - NOSE
  - MOUTH AND THROAT
  - HEART
  - Femoral pulses

Abnormal findings and comments

Assessment

- Well child

Anticipatory Guidance

- Discussed and/or handout given
  - FAMILY SUPPORT
    - Time for self/partner
    - Community activities
    - Age-appropriate discipline
  - ESTABLISHING ROUTINES
    - Family traditions
    - Nap and bedtime
  - FEEDING AND APPETITE
    - Changes
      - Self-feeding
      - Consistent meals/snacks
      - Variety of nutritious foods
      - Iron-fortified formula
  - ESTABLISHING A DENTAL HOME
    -brush teeth twice a day
    - Limit bottle use (water only)
    - No bottle in bed

Plan

- Immunizations (See Vaccine Administration Record.)
- Laboratory/Screening results: □ Hgb/Hct □ Lead Other

Follow-up/Next visit

- See other side

Print Name: ____________________________
Signature: ____________________________

PROVIDER 1: ____________________________
PROVIDER 2: ____________________________

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WELL CHILD/12 months
Bright Futures Parent Handout
12 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

Family Support
- Try not to hit, spank, or yell at your child.
- Keep rules for your child short and simple.
- Use short time-outs when your child is behaving poorly.
- Praise your child for good behavior.
- Distract your child with something he likes during bad behavior.
- Play with and read to your child often.
- Make sure everyone who cares for your child gives healthy foods, avoids sweets, and uses the same rules for discipline.
- Make sure places your child stays are safe.
- Think about joining a toddler playgroup or taking a parenting class.
- Take time for yourself and your partner.
- Keep in contact with family and friends.

Feeding Your Child
- Have your child eat during family mealtime.
- Be patient with your child as she learns to eat without help.
- Encourage your child to feed herself.
- Give 3 meals and 2-3 snacks spaced evenly over the day to avoid tantrums.
- Make sure caregivers follow the same ideas and routines for feeding.
- Use a small plate and cup for eating and drinking.
- Provide healthy foods for meals and snacks.
- Let your child decide what and how much to eat.
- End the feeding when the child stops eating.
- Avoid small, hard foods that can cause choking—nuts, popcorn, hot dogs, grapes, and hard, raw veggies.

Safety
- Make sure to empty buckets, pools, and tubs when done.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.

Finding a Dentist
- Take your child for a first dental visit either by 12 months or as soon as you can after the first tooth erupts.
- Brush your child’s teeth twice a day with a soft toothbrush. Use a small smear of fluoride toothpaste (the size of a grain of rice).
- If using a bottle, offer only water.

What to Expect at Your Child’s 15 Month Visit
We will talk about
- Your child’s speech and feelings
- Getting a good night’s sleep
- Keeping your home safe for your child
- Temper tantrums and discipline
- Caring for your child’s teeth

Poison Help: 1-800-222-1222
Child safety seat inspection: 1-866-SEATCHECK; seatcheck.org

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