

Futures

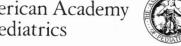
Bright Futures Previsit Questionnaire 3 Year Visit

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. ■ Balancing work and family ☐ Giving your child choices ☐ Having time alone with your partner **Family Support** ☐ Being consistent with your child ☐ Showing affection to your child ☐ How to use time-outs ☐ How your child is getting along with brothers and sisters ☐ Taking time for yourself ☐ Your child's weight Reading and Talking With ☐ How to get your child interested in reading ☐ What to talk about with your child **Your Child Playing With Others** ☐ Fun games to play with your child ☐ Playing and getting along with other children **Your Active Child** ☐ How to keep your child active ■ How much TV is too much TV ☐ Car safety seats ☐ Staying safe outside ☐ Crossing the street safely ☐ Preventing falls from windows Safety ☐ Gun safety **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 Do you have concerns about how your child hears? Yes ■ No ■ Unsure Hearing Do you have concerns about how your child speaks? Yes ☐ No ■ Unsure Does your child have a sibling or playmate who has or had lead poisoning? Yes ■ Unsure ■ No Does your child live in or regularly visit a house or child care facility built before 1978 that is being Lead ☐ Yes ☐ No ☐ Unsure or has recently been (within the past 6 months) renovated or remodeled? Does your child live in or regularly visit a house or child care facility built before 1950? Yes ☐ No ■ Unsure Was your child born in a country at high risk for tuberculosis (countries other than the United States, ☐ Yes ☐ No ■ Unsure Canada, Australia, New Zealand, or Western Europe)? Has your child traveled (had contact with resident populations) for longer than 1 week to a country **Tuberculosis** Yes □ No ■ Unsure at high risk for tuberculosis? 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 Do you ever struggle to put food on the table? ☐ Yes ☐ No ☐ Unsure **Anemia** Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans? ☐ No Yes ■ Unsure Does your child have a dentist? ☐ No ☐ Unsure Yes **Oral Health** Does your child's primary water source contain fluoride? ☐ No ☐ Yes ■ Unsure Does your child have any special health care needs? ☐ Yes, describe: Have there been any major changes in your family lately? \square Move \square Job change \square Separation \square Divorce \square Death in the family \square Any other changes? Does your child live with anyone who uses tobacco or spend time in any place where people smoke? $\ \square$ 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. ☐ Stacks 6 small blocks ☐ Pretend play, such as playing house or school ☐ Toilet trained during the day ☐ Throws a ball overhand ☐ Has a conversation with 2 or 3 sentences together ☐ Draws a person with 2 body parts ☐ Balances on each foot ☐ Knows the name and use of cup, spoon, ball, and crayon ☐ Can help take care of himself by □ Copies a circle ■ Usually understandable feeding and dressing ■ Names a friend ☐ Walks up the stairs switching feet ☐ Identifies herself as a girl or boy



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

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