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.

Family Support	☐ Balancing work and family ☐ Giving your child choices ☐ Having time alone with your partner ☐ 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 Your Child	☐ How to get your child interested in reading ☐ What to talk about with 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
Safety	☐ Car safety seats ☐ Staying safe outside ☐ Crossing the street safely ☐ Preventing falls from windows ☐ 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

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
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
Anemia	Do you ever struggle to put food on the table?	☐ Yes	☐ No	☐ Unsure
	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure
Oral Health	Does your child have a dentist?	☐ 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 changes?

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.

- ☐ Stacks 6 small blocks
- ☐ Throws a ball overhand
- ☐ Balances on each foot
- ☐ Copies a circle
- ☐ Names a friend
- ☐ Pretend play, such as playing house or school
- ☐ Has a conversation with 2 or 3 sentences together
- ☐ Knows the name and use of cup, spoon, ball, and crayon
- ☐ Usually understandable
- ☐ Walks up the stairs switching feet
- ☐ Toilet trained during the day
- ☐ Draws a person with 2 body parts
- ☐ Can help take care of himself by feeding and dressing
- ☐ Identifies herself as a girl or boy

Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™