



Child Name: _____

Bright Futures Previsit Questionnaire 15 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.

Talking and Feeling

- ☐ How to handle your upset child when you leave ☐ Handling your frustrations with your child
☐ Helping your child speak and learn ☐ Your child being scared of new people
☐ Knowing how to give your child limited choices

A Good Night's Sleep

- ☐ Your child's bedtime routine ☐ Waking up at night

Temper Tantrums and Discipline

- ☐ Temper tantrums ☐ How to discipline your child ☐ Encouraging good behavior

Healthy Teeth

- ☐ Stop using the bottle/pacifier ☐ Brushing teeth ☐ First dentist visit ☐ Preventing tooth problems

Safety

- ☐ Car safety seats ☐ Preventing fires, burns, and poisoning ☐ How to make your home safe on the inside and outside

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

Have your child's eyes ever been injured?

☐ 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

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.

- ☐ Tries to do what you do
☐ Bends down without falling
☐ Walks well
☐ Puts block in a cup
☐ Scribbles

- ☐ Drinks from a cup with very little spilling
☐ Says 2 to 3 words
☐ Listens to a story

- ☐ Helps in the house
☐ Brings toys over to show you
☐ Follows simple commands

List what words your child says.



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*** CONTINUE TO BACK FOR IMPORTANT HEALTH AND SAFETY QUESTIONS ***



Child Name: _____

The questions below are to be answered by PARENT/LEGAL GUARDIAN.

HEALTH AND SAFETY

We are devoted to the health and safety of you and your family. Please tell us how comfortable you feel with the following necessities:

I have enough **MONEY** to provide for my family.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am able to provide **FOOD** for my family.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am able to provide **HOUSING** for my family.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am able to provide or arrange **TRANSPORTATION** for my family.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>