Child Name: _____

Bright Futures Previsit Questionnaire
4 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.

Getting Ready for School	☐ How your child is doing in preschool ☐ How your child does playing with other children ☐ If your child is ready for grade school ☐ How your child is speaking ☐ Your child's feelings ☐ Your child's weight
Healthy Habits	☐ How your child is eating ☐ Brushing teeth ☐ How your child is sleeping
TV and Media	☐ How much TV is too much TV ☐ Encouraging your child to be active
Your Community	☐ Fun activities to do outside the home ☐ Educational programs in the community ☐ Getting along with other children and adults ☐ Feeling safe in your home ☐ Playing safely with other children ☐ Answering questions about your child's body
Safety	☐ Car safety seats and booster seats ☐ Being safe outside ☐ Gun safety ☐ Keeping your child safe from sexual abuse

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

_____

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
Dyslipidemia	Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	☐ Yes	☐ No	☐ Unsure
	Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	☐ 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

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:

_____

Does your child have any special health care needs? ☐ No ☐ Yes, describe:

_____

Check off each of the tasks that your child is able to do.

- ☐ Builds a tower of 8 small blocks
- ☐ Copies a cross
- ☐ Can balance on each foot
- ☐ Names 4 colors
- ☐ Hops on 1 foot
- ☐ Draws a person with 3 parts
- ☐ Dresses herself, including buttons
- ☐ Plays pretend by himself and with others
- ☐ Knows her name, age, and whether she is a boy or girl
- ☐ Plays board or card games
- ☐ Other people can understand what he is saying
- ☐ Brushes own teeth

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

American Academy of Pediatrics
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