



Bright Futures Parent Supplemental 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 circle Yes or No for each question. Thank you.

Family Support			
Do your family members show love to one another?		Yes	No
Do you immediately stop your child from hitting or biting others?		Yes	No
Do you and other caregivers set the same limits for your child?		Yes	No
Do you allow your child to make choices like what clothes to wear or what books to read?		Yes	No
Do you spend time alone with each of your children?	N/A	Yes	No
Do you try to settle fights between your children without taking sides?	N/A	Yes	No
Do you take time for yourself?		Yes	No
Do you feel you are able to balance family and work?		Yes	No
Do you spend time alone with your partner?		Yes	No

Reading and Talking With Your Child: Encouraging Literacy Activities			
Do you read, sing songs, or play word games with your child every day?		Yes	No
When you are reading together, do you ask your child questions about the pictures or story?		Yes	No
Do you ask your child to talk about her day?		Yes	No

Playing With Others: Playing With Peers			
Does your child have chances to play with other children, like on playdates or at preschool?		Yes	No
When your child plays with other children, do you help him learn how to take turns?		Yes	No
Is your child in preschool or child care?		Yes	No
Do you have plans for child care or preschool in the next year?		Yes	No



Your Active Child: Promoting Physical Activity

Does your child watch TV more than 2 hours a day?	No	Yes
Are you physically active together as a family, like going on walks or playing in the park?	Yes	No
Does your child play actively for at least one hour per day?	Yes	No

Safety

Do you always use a car safety seat in the back seat of the car?	Yes	No
Do you ever leave your child alone in the car, house, or yard?	No	Yes
Do you watch your child closely when she plays near streets or driveways?	Yes	No
Do you have furniture away from windows and window guards on all windows on the second floor or higher?	Yes	No
When your child plays outside, do you make sure that he stays within fences and gates?	Yes	No
Does anyone in your home or the homes where your child spends time have a gun?	No	Yes
If so, are the guns unloaded and locked away with the ammunition locked separately from the gun?	N/A	No
Does anyone smoke around your child?	No	Yes
If you smoke, would you like information on how to stop?	Yes	No



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