American Academy of Pediatrics

BRIGHT FUTURES PREVISIT QUESTIONNAIRE
12 MONTH VISIT

To provide you and your child with the best possible health care, we would like to know how things are going. Please answer all the questions. Thank you.

<table>
<thead>
<tr>
<th>WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any concerns, questions, or problems that you would like to discuss today? ○ No ○ Yes, describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TELL US ABOUT YOUR CHILD AND FAMILY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What excites or delights you most about your child?</td>
</tr>
</tbody>
</table>

| Does your child have special health care needs? ○ No ○ Yes, describe: |

| Have there been major changes lately in your child's or family's life? ○ No ○ Yes, describe: |

| Have any of your child's relatives developed new medical problems since your last visit? ○ No ○ Yes ○ Unsure If yes or unsure, please describe: |

| Does your child live with anyone who smokes or spend time in places where people smoke or use e-cigarettes? ○ No ○ Yes ○ Unsure |

<table>
<thead>
<tr>
<th>YOUR GROWING AND DEVELOPING CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have specific concerns about your child's development, learning, or behavior? ○ No ○ Yes, describe:</td>
</tr>
</tbody>
</table>

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

- Look for hidden objects.
- Imitate new gestures.
- Say, “Dad” or “Mom” with meaning
- Use one word other than Mom, Dad, or personal names.
- Follow a verbal command that includes a gesture.
- Take first independent steps.
- Stand without support.
- Drop objects in a cup.
- Pick up small object with 2-finger pincer grasp.
- Pick up food and eat it.
# 12 MONTH VISIT

## RISK ASSESSMENT

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hearing</strong></td>
<td>Do you have concerns about how your child hears?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>Do you have concerns about how your child speaks?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td><strong>Lead</strong></td>
<td>Does your child live in or visit a home or child care facility with an</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>identified lead hazard or a home built before 1960 that is in poor repair</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>or that was renovated in the past 6 months?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td><strong>Oral health</strong></td>
<td>Does your child’s primary water source contain fluoride?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td><strong>Tuberculosis</strong></td>
<td>Was your child or any household member born in, or has he or she traveled</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>to, a country where tuberculosis is common (this includes countries in</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>Africa, Asia, Latin America, and Eastern Europe)?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>Has your child had close contact with a person who has tuberculosis</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>disease or who has had a positive tuberculosis test result?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>Do you have concerns about how your child sees?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>Do your child’s eyes appear unusual or seem to cross?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>Do your child’s eyelids droop or does one eyelid tend to close?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td></td>
<td>Have your child’s eyes ever been injured?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

## ANTICIPATORY GUIDANCE

How are things going for you, your child, and your family?

### YOUR FAMILY’S HEALTH AND WELL-BEING

<table>
<thead>
<tr>
<th>Aspect and Sub-questions</th>
<th>No</th>
<th>Yes</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Living Situation and Food Security</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have enough heat, hot water, electricity, and working appliances in your home?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have problems with bugs, rodents, peeling paint or plaster, mold, or dampness?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within the past 12 months, did the food you bought not last, and you did not have money to get more?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Alcohol and Drugs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does anyone in your household drink beer, wine, or liquor?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you or other family members use marijuana, cocaine, pain pills, narcotics, or other controlled substances?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social Connections With Family, Friends, Child Care, Home Visitation Program Staff, and Others</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have child care or an adult you trust to care for your child?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you talked about your thoughts on feeding, sleeping, discipline, and media use with your caregiver?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you participate in activities outside your home? These may be social, religious, volunteer, or recreational programs.</td>
<td>O</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CARING FOR YOUR CHILD

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>If your child is upset, do you help distract him using another activity, book, or toy?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use time-outs as a way to manage your child’s behavior?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any questions about what to do when you become angry or frustrated with your child?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your family regularly make time for reading, playing, and talking together?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you eat together as a family?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have regular mealtimes and snack times?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you help your child feel comfortable around new people and new situations?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have regular nap time and bedtime routines for your child, such as reading books and brushing teeth?</td>
<td>O</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
12 MONTH VISIT

CARING FOR YOUR CHILD (CONTINUED)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child watch TV or play on a tablet or smartphone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, how much time each day? ____ hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you made a family media use plan to help you balance media use with other family activities?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

FEEDING YOUR CHILD

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child try feeding herself using a spoon?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child drink from a cup?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you give your child small, hard foods such as peanuts and popcorn?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you give your child round foods such as hot dogs, raw carrots, grapes, and grape tomatoes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you include your child in family meals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you begun to serve your child cow’s milk?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child eat vegetables and fruits?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child eat foods rich in protein, such as eggs, lean meat, chicken, or fish?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you let your child decide what and how much to eat?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HEALTHY TEETH

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you brush your child’s teeth with a smear of fluoridated toothpaste 2 times a day using a soft toothbrush?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SAFETY

Car and Home Safety

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your child fastened securely in a rear-facing car safety seat in the back seat every time he rides in a vehicle?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you having any problems using your car safety seat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a gate at the top and bottom of all stairs in your home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the mattress in your child’s crib set on the lowest setting to prevent falls?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you keep household cleaners, chemicals, and medicines locked up and out of your child’s sight and reach?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do all your electrical outlets have covers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you keep sharp objects, plastic bags, and electrical or drapery cords out of your child’s reach?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you keep your child away from the stove, fireplaces, and space heaters?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are your TVs, bookcases, and dressers secured to the wall so they cannot fall over and hurt your child?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Water and Sun Safety

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you always stay within arm’s reach of your child when he is in the bath?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a swimming pool, pond, or lake in or near your home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you put a hat on your child and apply sunscreen on her when you go outside?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pets

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you own a pet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, does your child interact with the pet?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition
For more information, go to https://brightfutures.aap.org.
Well Child | 12 Month Visit

Accompanied By: ____________________________  Preferred Language: ____________________________  Date/Time: ____________________________  Name: ____________________________

Weight (%): ____________________________  Length (%): ____________________________  Weight-for-length (%): ____________________________  HC (%): ____________________________  ID Number: ____________________________

Vitals (if indicated):  Temp: ____________________________  HR: ____________________________  Resp Rate: ____________________________  SpO2: ____________________________  Birth Date: ____________________________  Age: ____________________________  Sex: ____________________________ M    F

**HISTORY**

**Concerns and Questions:**  ☐ None

**Interval History:**  ☐ None

**Medical History:**  ☐ Child has special health care needs.

Areas reviewed and updated as needed
☐ Past Medical History (See Initial History Questionnaire.)  ☐ Surgical History (See Initial History Questionnaire.)  ☐ Problem List (See Problem List.)

**Medications:**  ☐ None

☐ Reviewed and updated (See Medication Record.)

**Allergies:**  ☐ No known drug allergies

**Nutrition:**  ☐ Good appetite  ☐ Good variety

**Solids:**

**Nutrition (continued):**

☐ Breastfeeding: _________  ☐ Formula: Ounces per 24 hours: _________

☐ Milk: Source: _________ Ounces per 24 hours: _________

Drinks from:  ☐ Cup  ☐ Bottle  ☐ Both

**Dental Home:**  ☐ No  ☐ Yes:

Brushing twice daily:  ☐ Yes  ☐ No:

Fluoride:  ☐ In water source  ☐ Oral supplement  ☐ Other:

**Elimination:**  ☐ Regular soft stools

**Sleep:**  ☐ No concerns

**Behavior:**  ☐ No concerns

**Physical Activity:**

Playtime (60 min/d):  ☐ Yes  ☐ No: __________

Screen time:  ☐ None  h/d: ______

Source: ____________________________

**DEVELOPMENT**

☑ = Normal development  ☐ See Previsit Questionnaire.

Caregiver concerns about development:  ☐ None  ☐ Yes:

☐ SOCIAL LANGUAGE AND SELF-HELP

• Looks for hidden objects  
• Imitates new gestures

☐ VERBAL LANGUAGE

• Says, "Dad" or "Mom" with meaning  
• Uses one word other than Mom or Dad, or personal names  
• Follows a verbal command that includes a gesture

☐ GROSS MOTOR

• Takes first independent steps  
• Stands without support

☐ FINE MOTOR

• Drops object in a cup  
• Picks up small object with 2-finger pincer grasp  
• Picks up food and eats it

American Academy of Pediatrics
DEVELOPED FOR PRACTICE GUIDELINES AND RESOURCES

The recommendations in this form do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original form included as part of the Bright Futures Tool and Resource Kit, 2nd Edition. The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this form and in no event shall the AAP be liable for any such changes.

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PHYSICAL EXAMINATION

Well Child  |  12 Month Visit
Name: ____________________________

ASSESSMENT

- General:
  - Alert, active child.
  - Normal interval growth in height, weight, and head circumference.
  - Normal weight-for-length for age.

- Head:

- Eyes:
  - Normal funduscopic examination findings.

- Ears, nose, mouth, and throat:
  - Tympanic membranes with visible light reflex bilaterally. Healthy-appearing teeth without caries, plaque, or discoloration.

- Neck:
  - Supple, with full range of motion and no significant adenopathy.

- Heart:
  - Regular rate and rhythm. No murmur.

- Respiratory:
  - Breath sounds clear bilaterally. Comfortable work of breathing.

- Abdomen:
  - Soft, with no palpable masses.

- Genitourinary:
  - Normal female external genitalia. Labia open.
  - Normal male external genitalia, with testes descended bilaterally.

- Neurological:
  - Moves all extremities equally. Normal hand grasp and strength. Age-appropriate gait (if walking).

- Skin:
  - Warm and well perfused. No lesions (atypical nevi, café-au-lait spots, or birthmarks) or bruising.

Other comments:

REVIEW OF SYSTEMS


- Head:

- Eyes:
  - Normal funduscopic examination findings.

- Ears, nose, mouth, and throat:
  - Tympanic membranes with visible light reflex bilaterally. Healthy-appearing teeth without caries, plaque, or discoloration.

- Neck:
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- Skin:
  - Warm and well perfused. No lesions (atypical nevi, café-au-lait spots, or birthmarks) or bruising.

Other comments:

SOCIAL AND FAMILY HISTORY

Areas reviewed and updated as needed (See Initial History Questionnaire):
- Social History
- Family History

Changes since last visit:

Smoking household: No  Yes: □  No interval change

Firearms in home: No  Yes: □

Observation of parent-child interaction:

Parents working outside home: One parent  Both parents  Child care: No  Yes Type:

REVIEW OF SYSTEMS

A 10-point review of systems was performed and results were negative except for any positive results listed below.


- Head:

- Eyes:
  - Normal funduscopic examination findings.

- Ears, nose, mouth, and throat:
  - Tympanic membranes with visible light reflex bilaterally. Healthy-appearing teeth without caries, plaque, or discoloration.

- Neck:
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- Neurological:
  - Moves all extremities equally. Normal hand grasp and strength. Age-appropriate gait (if walking).

- Skin:
  - Warm and well perfused. No lesions (atypical nevi, café-au-lait spots, or birthmarks) or bruising.

Other comments:

ASSESSMENT

- Well child
- Normal interval growth (See growth chart.)
- Normal weight-for-length percentile for age
- Age-appropriate development
Well Child | 12 Month Visit

Name: ________________________________

PLAN

Immunizations: ☐ Vaccine Administration Record reviewed  ☐ Administered today: ____________________________ ☐ Up-to-date for age

Universal Screening:
☐ Anemia:  Result: ☐ Within reference range: ____  ☐ Low: ____  Follow-up: ____________________________
☐ Lead (Medicaid or high prevalence area): ☐ Pending/sent to lab  Result: ☐ Within reference range: ____  ☐ Elevated: ____
    Follow-up: ____________________________
☐ Oral health:  Fluoride varnish applied: ☐ Yes  ☐ No: ________  Oral fluoride supplementation: ☐ Yes  ☐ No: ________  ☐ NA

Selective Screening (based on risk assessment) (See Previsit Questionnaire):
☐ BP  ☐ Hearing  ☐ Oral health  ☐ Lead (non-Medicaid or low prevalence area)  ☐ Tuberculosis  ☐ Vision

Comments/results:

Follow-up:
☐ Routine follow-up at 15 months  ☐ Next visit: __________  ☐ Referral to: ____________________________

PRINT NAME.  SIGNATURE

Provider 1

Provider 2

Consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition
HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, reach out for help. Community agencies and programs such as WIC and SNAP can provide information and assistance.
- Don’t smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don’t use alcohol or drugs.
- Make sure everyone who cares for your child offers healthy foods, avoids sweets, provides time for active play, and uses the same rules for discipline that you do.
- Make sure the places your child stays are safe.
- Think about joining a toddler playgroup or taking a parenting class.
- Take time for yourself and your partner.
- Keep in contact with family and friends.

FEEDING YOUR CHILD

- Offer healthy foods for meals and snacks. Give 3 meals and 2 to 3 snacks spaced evenly over the day.
- Avoid small, hard foods that can cause choking—popcorn, hot dogs, grapes, nuts, and hard, raw vegetables.
- Have your child eat with the rest of the family during mealtime.
- Encourage your child to feed herself.
- Use a small plate and cup for eating and drinking.
- Be patient with your child as she learns to eat without help.
- Let your child decide what and how much to eat. End her meal when she stops eating.
- Make sure caregivers follow the same ideas and routines for meals that you do.

ESTABLISHING ROUTINES

- Praise your child when he does what you ask him to do.
- Use short and simple rules for your child.
- Try not to hit, spank, or yell at your child.
- Use short time-outs when your child isn’t following directions.
- Distract your child with something he likes when he starts to get upset.
- Play with and read to your child often.
- Your child should have at least one nap a day.
- Make the hour before bedtime loving and calm, with reading, singing, and a favorite toy.
- Avoid letting your child watch TV or play on a tablet or smartphone.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

FINDING A DENTIST

- Take your child for a first dental visit as soon as her first tooth erupts or by 12 months of age.
- Brush your child’s teeth twice a day with a soft toothbrush. Use a small smear of fluoride toothpaste (no more than a grain of rice).
- If you are still using a bottle, offer only water.

Helpful Resources: Smoking Quit Line: 800-784-8669 | Family Media Use Plan: www.healthychildren.org/MediaUsePlan
### SAFETY

- Make sure your child’s car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat’s manufacturer. In most cases, this will be well past the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is safest.
- Place gates at the top and bottom of stairs. Install operable window guards on windows at the second story and higher. Operable means that, in an emergency, an adult can open the window.
- Keep furniture away from windows.
- Make sure TVs, furniture, and other heavy items are secure so your child can’t pull them over.
- Keep your child within arm’s reach when he is near or in water.
- Empty buckets, pools, and tubs when you are finished using them.
- Never leave young brothers or sisters in charge of your child.
- When you go out, put a hat on your child, have him wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on his exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Keep your child away when your pet is eating. Be close by when he plays with your pet.
- Keep poisons, medicines, and cleaning supplies in locked cabinets and out of your child's sight and reach.
- Keep cords, latex balloons, plastic bags, and small objects, such as marbles and batteries, away from your child. Cover all electrical outlets.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Do not make your child vomit.

### WHAT TO EXPECT AT YOUR CHILD’S 15 MONTH VISIT

**We will talk about**

- Supporting your child’s speech and independence and making time for yourself
- Developing good bedtime routines
- Handling tantrums and discipline
- Caring for your child’s teeth
- Keeping your child safe at home and in the car

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Consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition

For more information, go to https://brightfutures.aap.org.