

American Academy of Pediatrics



BRIGHT FUTURES PREVISIT QUESTIONNAIRE

15 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.

WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

Do you have any concerns, questions, or problems that you would like to discuss today? No Yes, describe:

Blank text area for concerns, questions, or problems.

TELL US ABOUT YOUR CHILD AND FAMILY.

What excites or delights you most about your child?

Blank text area for what excites or delights the child.

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

Blank text area for special health care needs.

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

Blank text area for major changes in life.

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

Blank text area for relatives' medical problems.

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

YOUR GROWING AND DEVELOPING CHILD

Do you have specific concerns about your child's development, learning, or behavior? No Yes, describe:

Blank text area for specific concerns about development.

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Imitate scribbling. | <input type="checkbox"/> Use 3 words other than names. | <input type="checkbox"/> Crawl up a few steps. |
| <input type="checkbox"/> Drink from cup with little spilling. | <input type="checkbox"/> Speak in sounds that seem like an unknown language. | <input type="checkbox"/> Run. |
| <input type="checkbox"/> Point to ask for something or to get help. | <input type="checkbox"/> Follow directions that do not include a gesture. | <input type="checkbox"/> Make marks with a crayon. |
| <input type="checkbox"/> Look around when you say things such as "Where's your ball?" and "Where's your blanket?" | <input type="checkbox"/> Squat to pick up objects. | <input type="checkbox"/> Drop an object into and take the object out of a container. |

15 MONTH VISIT

RISK ASSESSMENT

Anemia	Does your child's diet include iron-rich foods, such as meat, iron-fortified cereals, or beans?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
	Do you ever struggle to put food on the table?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Hearing	Do you have concerns about how your child hears?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do you have concerns about how your child speaks?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Vision	Do you have concerns about how your child sees?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your child's eyes appear unusual or seem to cross?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Have your child's eyes ever been injured?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure

ANTICIPATORY GUIDANCE

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

TALKING AND FEELING

Is your child learning new things?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child show any worries or fears when meeting new people?	<input type="radio"/> No	<input type="radio"/> Yes
Do you take time for yourself?	<input type="radio"/> Yes	<input type="radio"/> No
Do you spend time alone with your partner?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child point to something he wants and then watch to see if you see what he's doing?	<input type="radio"/> Yes	<input type="radio"/> No
Does she wave "bye-bye"?	<input type="radio"/> Yes	<input type="radio"/> No
Do you talk to, sing to, and look at books with your child every day?	<input type="radio"/> Yes	<input type="radio"/> No

SLEEP ROUTINES AND ISSUES

Does your child have a regular bedtime routine?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child sleep well?	<input type="radio"/> Yes	<input type="radio"/> No
How many hours does your child sleep? ____ Daytime ____ Nighttime		
Does your child have a blanket, stuffed animal, or toy that he likes to sleep with?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have a TV or an Internet-connected device in your child's bedroom?	<input type="radio"/> No	<input type="radio"/> Yes

TANTRUMS AND DISCIPLINE

Does your child have frequent tantrums?	<input type="radio"/> No	<input type="radio"/> Yes
If your child is upset, do you help distract her with another activity, book, or toy?	<input type="radio"/> Yes	<input type="radio"/> No
Do you set limits for your child?	<input type="radio"/> Yes	<input type="radio"/> No
Do other caregivers set the same limits for your child as you do?	<input type="radio"/> Yes	<input type="radio"/> No
Do you praise your child when he is being good?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any questions about what to do when you become angry or frustrated with your child?	<input type="radio"/> No	<input type="radio"/> Yes

HEALTHY TEETH

Has your child been to a dentist?	<input type="radio"/> Yes	<input type="radio"/> No
Do you brush your child's teeth with a smear of fluoridated toothpaste 2 times a day using a soft toothbrush?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child use a bottle?	<input type="radio"/> No	<input type="radio"/> Yes

Please print.

15 MONTH VISIT

SAFETY

Car and Home Safety		
Is your child fastened securely in a rear-facing car safety seat in the back seat every time she rides in a vehicle?	<input type="radio"/> Yes	<input type="radio"/> No
Does everyone in the vehicle always use a lap and shoulder seat belt, booster seat, or car safety seat?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep cleaners and medicines locked up and out of your child's sight and reach?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have emergency phone numbers near every telephone and in your cell phone for rapid dial?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep furniture away from windows and use operable window guards on windows on the second floor and higher? (Operable means that, in case of an emergency, an adult can open the window.)	<input type="radio"/> Yes	<input type="radio"/> No
Do you have a gate at the top and bottom of all stairs in your home?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep cigarettes, lighters, matches, and alcohol out of your child's sight and reach?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep your child away from the stove?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have working smoke alarms on every floor of your home?	<input type="radio"/> Yes	<input type="radio"/> No
Do you test the batteries once a month?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have a fire escape plan?	<input type="radio"/> Yes	<input type="radio"/> No

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

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

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this questionnaire should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original questionnaire 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 questionnaire and in no event shall the AAP be liable for any such changes.

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PATIENT

Last Name	First Name	MI	Date of Birth
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PARENT/GUARDIAN

Last Name	First Name	MI
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Patient Eligibility Screening Record

Vaccines for Children Program

Provider: Southern Pediatric Clinic

A record must be kept in the healthcare provider’s office that reflects the status of all children 18 years of age or younger, who receive immunizations with vaccines supplied by state programs. The record may be completed by the parent, guardian or individual of record, or by the healthcare provider. The same record may be used for all subsequent visits as long as the child’s eligibility status has not changed. **While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine(s).**

NOTE: IF you do not have health insurance or if your insurance carrier does not cover vaccines, you can receive a vaccine provided by the Vaccines for Children Program. A fee of \$21.93 per shot will be charged at the time of service. Only children 18 years and younger are eligible for this program.

Check only ONE (1) box. My child...		
(A) is enrolled in Medicaid (PeachState, WellCare, AmeriGroup, CareSource or SSI Medicaid).	<input type="radio"/>	OR
(B) is American Indian or Alaskan Native.	<input type="radio"/>	OR
(C) does not have health insurance.	<input type="radio"/>	OR
(D) has health insurance that does not pay for vaccines.	<input type="radio"/>	OR
(E) is enrolled in PeachCare (PeachCare will be listed as Managed Care Provider).	<input type="radio"/>	OR
(F) has health insurance that pays for vaccines.	<input type="radio"/>	

Parent/Guardian Name (print)

Signature

Date

DTaP (Diphtheria, Tetanus, Pertussis) Vaccine: *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

DTaP vaccine can prevent **diphtheria, tetanus, and pertussis**.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **DIPHThERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing which makes it hard to breathe, eat, or drink. Pertussis can be extremely serious in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2 DTaP vaccine

DTaP is only for children younger than 7 years old. Different vaccines against tetanus, diphtheria, and pertussis (Tdap and Td) are available for older children, adolescents, and adults.

It is recommended that children receive 5 doses of DTaP, usually at the following ages:

- 2 months
- 4 months
- 6 months
- 15–18 months
- 4–6 years

DTaP may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

DTaP may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any **severe, life-threatening allergies**.
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**.
- Has **seizures or another nervous system problem**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**.

In some cases, your child’s health care provider may decide to postpone DTaP vaccination to a future visit.

Children with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before getting DTaP.

Your child’s health care provider can give you more information.



4 Risks of a vaccine reaction

- Soreness or swelling where the shot was given, fever, fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, the vaccine is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.
- Very rarely, long-term seizures, coma, lowered consciousness, or permanent brain damage may happen after DTaP vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim)
DTaP (Diphtheria, Tetanus,
Pertussis) Vaccine



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04/01/2020 | 42 U.S.C. § 300aa-26

Haemophilus influenzae type b (Hib) Vaccine: What You Need to Know

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Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Hib vaccine can prevent *Haemophilus influenzae* type b (Hib) disease.

Haemophilus influenzae type b can cause many different kinds of infections. These infections usually affect children under 5 years of age, but can also affect adults with certain medical conditions. Hib bacteria can cause mild illness, such as ear infections or bronchitis, or they can cause severe illness, such as infections of the bloodstream. Severe Hib infection, also called invasive Hib disease, requires treatment in a hospital and can sometimes result in death.

Before Hib vaccine, Hib disease was the leading cause of bacterial meningitis among children under 5 years old in the United States. Meningitis is an infection of the lining of the brain and spinal cord. It can lead to brain damage and deafness.

Hib infection can also cause:

- pneumonia,
- severe swelling in the throat, making it hard to breathe,
- infections of the blood, joints, bones, and covering of the heart,
- death.

2 Hib vaccine

Hib vaccine is usually given as 3 or 4 doses (depending on brand). Hib vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Infants will usually get their first dose of Hib vaccine at 2 months of age, and will usually complete the series at 12-15 months of age.

Children between 12-15 months and 5 years of age who have not previously been completely vaccinated against Hib may need 1 or more doses of Hib vaccine.

Children over 5 years old and adults usually do not receive Hib vaccine, but it might be recommended for older children or adults with asplenia or sickle cell disease, before surgery to remove the spleen, or following a bone marrow transplant. Hib vaccine may also be recommended for people 5 to 18 years old with HIV.

Hib vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of Hib vaccine**, or has any **severe, life-threatening allergies**.

In some cases, your health care provider may decide to postpone Hib vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting Hib vaccine.

Your health care provider can give you more information.



4 Risks of a vaccine reaction

- Redness, warmth, and swelling where shot is given, and fever can happen after Hib vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

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Pneumococcal Conjugate Vaccine (PCV13): *What You Need to Know*

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Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Pneumococcal conjugate vaccine (PCV13) can prevent **pneumococcal disease**.

Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Pneumococcal bacteria are one of the most common causes of pneumonia.

Besides pneumonia, pneumococcal bacteria can also cause:

- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (bloodstream infection)

Anyone can get pneumococcal disease, but children under 2 years of age, people with certain medical conditions, adults 65 years or older, and cigarette smokers are at the highest risk.

Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

2 PCV13

PCV13 protects against 13 types of bacteria that cause pneumococcal disease.

Infants and young children usually need 4 doses of pneumococcal conjugate vaccine, at 2, 4, 6, and 12–15 months of age. In some cases, a child might need fewer than 4 doses to complete PCV13 vaccination.

A dose of PCV13 vaccine is also recommended for anyone **2 years or older** with certain medical conditions if they did not already receive PCV13.

This vaccine may be given to **adults 65 years or older** based on discussions between the patient and health care provider.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of PCV13, to an earlier pneumococcal conjugate vaccine known as PCV7, or to any vaccine containing diphtheria toxoid** (for example, DTaP), or has any **severe, life-threatening allergies**.
- In some cases, your health care provider may decide to postpone PCV13 vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting PCV13.

Your health care provider can give you more information.



4 Risks of a vaccine reaction

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after PCV13.

Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

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