



Child's Name: _____

DOB: _____

Date: _____

Bright Futures Parent Supplemental Questionnaire 5 and 6 Year Visits

For us to provide 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.

Ready for School: School Readiness

Does your child go to school?	N/A	Yes	No
Do you know your child's teacher?		Yes	No
Are you able to attend your child's school functions?		Yes	No
Are you happy with your child's after-school care?		Yes	No
Do you have any concerns about your child doing well in school?		No	Yes
Do you know what signs to look for if your child is being bullied or teased?		Yes	No
Does your child receive any special education services?		No	Yes

Your Child and Family: Mental Health

Do you have special family activities, traditions, or routines?	Yes	No
Do you discipline your child to teach good behavior and not to punish?	Yes	No
Does your child do simple chores around the house?	Yes	No
Do you help your child control his anger?	Yes	No
Does your child fix problems with words and not violent behavior like biting or hitting?	Yes	No
Does your child get along with her friends?	Yes	No

Staying Healthy: Nutrition and Physical Activity

Does your child eat breakfast every day?	Yes	No
Does your child eat at least 5 servings of fruits and vegetables a day?	Yes	No
Does your child drink at least 3 servings of low-fat milk a day or eat yogurt or cheese?	Yes	No
Do you limit foods that are high in fat like candy, soft drinks, salty snacks, and fast food?	Yes	No
Do you have any concerns about your child's weight?	No	Yes
Is your child active at least 1 hour every day?	Yes	No
Does your child watch TV, play video games, or use the computer (not for schoolwork) for more than 2 hours a day?	No	Yes



Healthy Teeth: Oral Health

Does your child brush his teeth twice a day?	Yes	No
Does your child floss her teeth once a day?	Yes	No
Does your child see a dentist at least twice a year?	Yes	No

Safety

Do you always use a car safety seat or a booster seat in the back seat of all vehicles?	Yes	No	
Does your child know street safety such as stopping at the curb, looking both ways, and never crossing the street without a grown-up?	Yes	No	
Does your child always wear a helmet and other protective gear when biking, skating, horseback riding, skiing, or snowboarding?	Yes	No	
Does your child know how to swim and only swim when an adult is watching?	Yes	No	
Do you always put sunscreen on your child before he goes outside to play or swim?	Yes	No	
Have you taught your child that it is never OK for an adult to tell a child to keep secrets from her parents?	Yes	No	
Does your child know that is it never okay for an older child or adult to ask to see his private parts?	Yes	No	
Does your family have and practice an escape plan in case a fire starts in your home?	Yes	No	
Are there smoke and carbon monoxide detectors on every floor of your house?	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	Yes	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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DEDICATED TO THE HEALTH OF ALL CHILDREN™

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Bright Futures Medical Screening Questionnaire 6 Year Visit

Please answer the following questions about your child's health by circling Y, N, or Unsure.

Does your child have a sibling or playmate who has or had lead poisoning?	Y	N	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 last 6 months) renovated or remodeled?	Y	N	Unsure
Does your child live in or regularly visit a house or child care facility built before 1950?	Y	N	Unsure
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)?	Y	N	Unsure
Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	Y	N	Unsure
Has a family member or contact had tuberculosis or a positive tuberculin skin test?	Y	N	Unsure
Is your child infected with HIV?	Y	N	Unsure
Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	Y	N	Unsure
Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	Y	N	Unsure
Does your child eat a strict vegetarian diet?	Y	N	Unsure
If your child is a vegetarian, does your child take an iron supplement?	N	Y	Unsure
Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	N	Y	Unsure
Does your child have a dentist?	N	Y	Unsure
Does your child's primary water source contain fluoride?	N	Y	Unsure



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Bright Futures Parent Handout

5 and 6 Year Visits

Here are some suggestions from Bright Futures experts that may be of value to your family.

ORAL HEALTH

Healthy Teeth

- Help your child brush his teeth twice a day.
 - After breakfast
 - Before bed
- Use a pea-sized amount of toothpaste with fluoride.
- Help your child floss her teeth once a day.
- Your child should visit the dentist at least twice a year.

SCHOOL READINESS

Ready for School

- Take your child to see the school and meet the teacher.
- Read books with your child about starting school.
- Talk to your child about school.
- Make sure your child is in a safe place after school with an adult.
- Talk with your child every day about things he liked, any worries, and if anyone is being mean to him.
- Talk to us about your concerns.

MENTAL HEALTH

Your Child and Family

- Give your child chores to do and expect them to be done.
- Have family routines.
- Hug and praise your child.
- Teach your child what is right and what is wrong.
- Help your child to do things for herself.
- Children learn better from discipline than they do from punishment.
- Help your child deal with anger.
 - Teach your child to walk away when angry or go somewhere else to play.

NUTRITION AND PHYSICAL ACTIVITY

Staying Healthy

- Eat breakfast.
- Buy fat-free milk and low-fat dairy foods, and encourage 3 servings each day.
- Limit candy, soft drinks, and high-fat foods.
- Offer 5 servings of vegetables and fruits at meals and for snacks every day.
- Limit TV time to 2 hours a day.
- Do not have a TV in your child's bedroom.
- Make sure your child is active for 1 hour or more daily.

SAFETY

Safety

- Your child should always ride in the back seat and use a car safety seat or booster seat.
- Teach your child to swim.
- Watch your child around water.
- Use sunscreen when outside.
- Provide a good-fitting helmet and safety gear for biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
- Have a working smoke alarm on each floor of your house and a fire escape plan.
- Install a carbon monoxide detector in a hallway near every sleeping area.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.
- Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.
- Teach your child how to cross the street safely. Children are not ready to cross the street alone until age 10 or older.
- Teach your child about bus safety.
- Teach your child about how to be safe with other adults.
 - No one should ask for a secret to be kept from parents.
 - No one should ask to see private parts.
 - No adult should ask for help with his private parts.

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



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