

3-5 Years Questions



Patient Name:	DOB:	Date:
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Any questions or concerns today? Please circle all that apply.

- | | | |
|--|---|---|
| Eating | Y | N |
| Elimination (voiding/stooling) | Y | N |
| Sleeping | Y | N |
| Developmental (learning/behavior/speech/movement) | Y | N |
| Height/Weight | Y | N |
| Hearing/Vision | Y | N |
| Skin | Y | N |
| Vaccines | Y | N |
| Other | Y | N |
| Any family changes or stressors since last visit? | Y | N |
| Any illnesses or injuries since your last visit? | Y | N |
| Is your child toilet-trained? | Y | N |
| Do you brush your child's teeth? | Y | N |
| Has your child been to the dentist? | Y | N |
| Does your child use a helmet when biking/rollerblading? | Y | N |
| Does your child know not to cross the street alone? | Y | N |
| Have you talked to your child about strangers? | Y | N |
| Does your child ride in a car seat in the backseat every time? | Y | N |
| Do you use sunscreen and bug spray? | Y | N |
| Does your child spend time with anyone who smokes? | Y | N |
| Does your child attend preschool? | Y | N |
| Does the teacher mention any concerns? | Y | N |
| Do you have smoke detectors and carbon monoxide detectors? | Y | N |
| Do you have the phone number for Poison Control handy? | Y | N |
| Do you have a gun in your home? | Y | N |
| Is it unloaded, locked and with ammunition stored and locked separately? | Y | N |

SEE REVERSE FOR ADDITIONAL QUESTIONS

3-5 Years Questions

Patient Name:

DOB:

Date:

Food Insecurity & Transportation Questions (mark your answer):

- Within the past 12 months, you worried that your food would run out before you got money to buy more.
 - Often true
 - Sometimes true
 - Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
 - Often true
 - Sometimes true
 - Never true
- In the past 12 months, has lack of transportation kept you from medical appointments, meetings, working or from getting things needed for daily living (mark all that apply)?
 - Yes, it has kept me from medical appointments or getting medications
 - Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need
 - No



BRIGHT FUTURES HANDOUT ► PARENT

5 AND 6 YEAR VISITS

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



HOW YOUR FAMILY IS DOING

- Spend time with your child. Hug and praise him.
- Help your child do things for himself.
- Help your child deal with conflict.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as SNAP can also 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. If you're worried about a family member's use, let us know, or reach out to local or online resources that can help.



FAMILY RULES AND ROUTINES

- Family routines create a sense of safety and security for your child.
- Teach your child what is right and what is wrong.
- Give your child chores to do and expect them to be done.
- Use discipline to teach, not to punish.
- Help your child deal with anger. Be a role model.
- Teach your child to walk away when she is angry and do something else to calm down, such as playing or reading.



STAYING HEALTHY

- 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 his teeth once a day.
- Your child should visit the dentist at least twice a year.
- Help your child be a healthy eater by
 - Providing healthy foods, such as vegetables, fruits, lean protein, and whole grains
 - Eating together as a family
 - Being a role model in what you eat
- Buy fat-free milk and low-fat dairy foods. Encourage 2 to 3 servings each day.
- Limit candy, soft drinks, juice, and sugary foods.
- Make sure your child is active for 1 hour or more daily.
- Don't put a TV in your child's bedroom.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.



READY FOR SCHOOL

- Talk to your child about school.
- Read books with your child about starting school.
- Take your child to see the school and meet the teacher.
- Help your child get ready to learn. Feed her a healthy breakfast and give her regular bedtimes so she gets at least 10 to 11 hours of sleep.
- Make sure your child goes to a safe place after school.
- If your child has disabilities or special health care needs, be active in the Individualized Education Program process.

Helpful Resources: Family Media Use Plan: www.healthychildren.org/MediaUsePlan

Smoking Quit Line: 800-784-8669 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

5 AND 6 YEAR VISITS—PARENT

✓ SAFETY

- Your child should always ride in the back seat (until at least 13 years of age) and use a forward-facing car safety seat or belt-positioning booster seat.
- Teach your child how to safely cross the street and ride the school bus. Children are not ready to cross the street alone until 10 years or older.
- Provide a properly fitting helmet and safety gear for riding scooters, biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
- Make sure your child learns to swim. Never let your child swim alone.
- Use a hat, sun protection clothing, and 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).
- Teach your child about how to be safe with other adults.
 - No adult should ask a child to keep secrets from parents.
 - No adult should ask to see a child's private parts.
 - No adult should ask a child for help with the adult's own private parts.
- Have working smoke and carbon monoxide alarms on every floor. Test them every month and change the batteries every year. Make a family escape plan in case of fire in your home.
- If it is necessary to keep a gun in your home, 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.

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®



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Patient Name:

DOB:



60 Month Questionnaire

57 months 0 days
through 66 months 0 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

Notes:

- Try each activity with your child before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by _____.

COMMUNICATION

YES SOMETIMES NOT YET

1. Without your giving help by pointing or repeating directions, does your child follow three directions that are *unrelated* to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."

2. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example:

3. When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"? Ask your child questions, such as "How did you get to the store?" ("We walked.") "What did you do at your friend's house?" ("We played.") Please write an example:

4. Does your child use comparison words, such as "heavier," "stronger," or "shorter"? Ask your child questions, such as "A car is big, but a bus is _____" (bigger); "A cat is heavy, but a man is _____" (heavier); "A TV is small, but a book is _____" (smaller). Please write an example:

COMMUNICATION *(continued)*

5. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.)

YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

"What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.")
Please write your child's response:

"What do you do when you are tired?" (Acceptable answers include: "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.") Please write your child's response:

6. Does your child repeat the sentences shown below back to you, without any mistakes? (Read the sentences one at a time. You may repeat each sentence one time. Mark "yes" if your child repeats both sentences without mistakes or "sometimes" if your child repeats one sentence without mistakes.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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Jane hides her shoes for Maria to find.
Al read the blue book under his bed.

COMMUNICATION TOTAL _____

GROSS MOTOR

1. While standing, does your child throw a ball *overhand* in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. (Dropping the ball or throwing the ball underhand should be scored as "not yet.")



YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

2. Does your child catch a large ball with both hands? (You should stand about 5 feet away and give your child two or three tries before you mark the answer.)



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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3. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? (You may give your child two or three tries before you mark the answer.)




<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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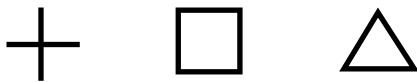
GROSS MOTOR (continued)

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|---|
| 4. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? <i>(You may show him how to do this.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your child hop forward on one foot for a distance of 4–6 feet without putting down the other foot? <i>(You may give her two tries on each foot. Mark "sometimes" if she can hop on one foot only.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your child skip using alternating feet? <i>(You may show him how to do this.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

GROSS MOTOR TOTAL —

FINE MOTOR

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? <i>(Mark "sometimes" if your child goes off the line three times.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <hr style="border: 1px solid black; width: 30%; margin: 0 auto;"/> | | | | |
| 2. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, <i>and</i> legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to include the sheet of paper with your child's drawing with this questionnaire. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down? <i>(Carefully watch your child's use of scissors for safety reasons.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|  | | | | |
| 4. Using the shapes below to look at, does your child copy the shapes in the space below without tracing? <i>(Your child's drawings should look similar to the design of the shapes below, but they may be different in size. Mark "yes" if she copies all three shapes; mark "sometimes" if your child copies two shapes.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |



(Space for child's shapes)

FINE MOTOR *(continued)*

5. Using the letters below to look at, does your child copy the letters without tracing? Cover up all of the letters except the letter being copied. *(Mark "yes" if your child copies four of the letters and you can read them. Mark "sometimes" if your child copies two or three letters and you can read them.)*

V H T C A

(Space for child's letters)

6. Print your child's first name. Can your child copy the letters? The letters may be large, backward, or reversed. *(Mark "sometimes" if your child copies about half of the letters.)*

(Space for adult's printing)

(Space for child's printing)

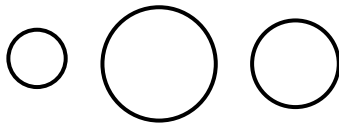
YES	SOMETIMES	NOT YET	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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FINE MOTOR TOTAL _____

PROBLEM SOLVING

1. When asked, "Which circle is smallest?" does your child point to the smallest circle? *(Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)*



2. When shown objects and asked, "What color is this?" does your child name five different colors like red, blue, yellow, orange, black, white, or pink? *(Mark "yes" only if your child answers the question correctly using five colors.)*

YES	SOMETIMES	NOT YET	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

PROBLEM SOLVING (continued)

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 3. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your child finish the following sentences using a word that means the opposite of the word that is italicized? For example: "A rock is <i>hard</i> , and a pillow is <i>soft</i> ." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

Please write your child's responses below:

A cow is *big*, and a mouse is

Ice is *cold*, and fire is

We see stars at *night*, and we see the sun during the

When I throw the ball *up*, it comes

(Mark "yes" if he finishes three of four sentences correctly. Mark "sometimes" if he finishes two of four sentences correctly.)

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|---|
| 5. Does your child know the names of numbers? (Mark "yes" if she identifies the three numbers below. Mark "sometimes" if she identifies two numbers.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|---|-----------------------|-----------------------|-----------------------|---|

3 1 2

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|---|
| 6. Does your child name at least four letters in her name? Point to the letters and ask, "What letter is this?" (Point to the letters out of order.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|--|-----------------------|-----------------------|-----------------------|---|

PROBLEM SOLVING TOTAL

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|---|-----------------------|---|
| 1. Can your child serve himself, taking food from one container to another, using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Does your child wash her hands and face using soap and water and dry off with a towel without help? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Does your child tell you at least four of the following? Please mark the items your child knows. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> a. First name | | <input type="radio"/> d. Last name | | |
| <input type="radio"/> b. Age | | <input type="radio"/> e. Boy or girl | | |
| <input type="radio"/> c. City he lives in | | <input type="radio"/> f. Telephone number | | |

PERSONAL-SOCIAL (continued)

	YES	SOMETIMES	NOT YET	
4. Does your child dress and undress himself, including buttoning medium-size buttons and zipping front zippers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your child use the toilet by herself? <i>(She goes to the bathroom, sits on the toilet, wipes, and flushes.)</i> Mark "yes" even if she does this after you remind her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your child usually take turns and share with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
PERSONAL-SOCIAL TOTAL				—

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain: YES NO

2. Do you think your child talks like other children her age? If no, explain: YES NO

3. Can you understand most of what your child says? If no, explain: YES NO

4. Can other people understand most of what your child says? If no, explain: YES NO

OVERALL (continued)

5. Do you think your child walks, runs, and climbs like other children his age?
If no, explain:

 YES NO

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

 YES NO

7. Do you have any concerns about your child's vision? If yes, explain:

 YES NO

8. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

9. Do you have any concerns about your child's behavior? If yes, explain:

 YES NO

10. Does anything about your child worry you? If yes, explain:

 YES NO

