

# **Is The Previsit Questionnaire AWESOME**

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# Do I Have To Have A Disclosure Statement

- I have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

# What is The Previsit Questionnaire

- Its official name--Bright Futures Previsit Questionnaire
- Its Objective--To help implement the Bright Futures Guidelines
  - Growth/Development
  - Screenings
  - Anticipatory Guidance

# How Was It Implemented

- Nurses give it out
- Goal is to have parents fill out before doctor comes in the room

# What Makes It Awesome

- By implementing this we have been able to meet certain objectives of the PreSIPS2 Measures
  - Elicit Family Concerns/Address Family Concerns



## Bright Futures Previsit Questionnaire 2 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 answer all of 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?

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We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

#### Your Talking Child

How your child talks    Reading together

#### How Your Child Behaves

Praising your child    Helping your child express feelings    Knowing how to give your child limited choices  
 Playing with others    Helping your child follow directions    Your child's weight

#### Toilet Training

Signs your child is ready to potty train    Helping your child potty train

#### Your Child and TV

How much TV is too much TV    Learning activities other than TV    How to be physically active as a family

#### Safety

Car safety seats    Bike helmets    Being safe outside    Gun safety

# What Makes It Awesome

- Preform Age Appropriate Risk Assessments, including oral health

## Questions About Your Child

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

<b>Hearing</b>	Do you have concerns about how your child hears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have concerns about how your child speaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<b>Vision</b>	Do you have concerns about how your child sees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child hold objects close when trying to focus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have your child's eyes ever been injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<b>Lead</b>	Does your child have a sibling or playmate who has or had lead poisoning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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 past 6 months) renovated or remodeled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child live in or regularly visit a house or child care facility built before 1950?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<b>Tuberculosis</b>	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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Is your child infected with HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<b>Dyslipidemia</b>	Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
<b>Anemia</b>	Do you ever struggle to put food on the table?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
<b>Oral Health</b>	Does your child have a dentist?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
	Does your child's primary water source contain fluoride?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure



# What Makes It Awesome

- Perform Autism/Developmental Screening (more of a reminder)



Bright Futures Previsit Questionnaire  
2 Year Visit

## Your Growing and Developing Child

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

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Stacks 5 or 6 small blocks  | <input type="checkbox"/> Throws a ball overhand                      | <input type="checkbox"/> When talking, puts 2 words together, like "my book" |
| <input type="checkbox"/> Kicks a ball  | <input type="checkbox"/> Names 1 picture such as a cat, dog, or ball | <input type="checkbox"/> Turns book pages 1 at a time                        |
| <input type="checkbox"/> Walks up and down stairs 1 step at a time alone while holding wall or railing | <input type="checkbox"/> Jumps up                                    | <input type="checkbox"/> Plays pretend                                       |
| <input type="checkbox"/> Can point to at least 2 pictures that you name when reading a book            | <input type="checkbox"/> Copies things that you do                   | <input type="checkbox"/> Plays alongside other children                      |
|  | <input type="checkbox"/> Follows 2-step command                      |  |

# What Makes It Awesome

- Other Topics
  - PMHx
  - FMHx
  - SHx
- Time Needed To Implement It



# Is It Really That Awesome

- Cons to the questionnaire:
  - A lot of forms at the visits
  - **USER ERROR!**
    - Answer questions incorrectly
    - Don't complete it
    - Have too many topics to discuss

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.	
<b>Your Talking Child</b>	<input checked="" type="checkbox"/> How your child talks <input checked="" type="checkbox"/> Reading together
<b>How Your Child Behaves</b>	<input checked="" type="checkbox"/> Praising your child <input checked="" type="checkbox"/> Helping your child express feelings <input checked="" type="checkbox"/> Knowing how to give your child limited choices <input checked="" type="checkbox"/> Playing with others <input checked="" type="checkbox"/> Helping your child follow directions <input checked="" type="checkbox"/> Your child's weight
<b>Toilet Training</b>	<input checked="" type="checkbox"/> Signs your child is ready to potty train <input checked="" type="checkbox"/> Helping your child potty train
<b>Your Child and TV</b>	<input checked="" type="checkbox"/> How much TV is too much TV <input checked="" type="checkbox"/> Learning activities other than TV <input checked="" type="checkbox"/> How to be physically active as a family
<b>Safety</b>	<input checked="" type="checkbox"/> Car safety seats <input checked="" type="checkbox"/> Bike helmets <input checked="" type="checkbox"/> Being safe outside <input checked="" type="checkbox"/> Gun safety

# **So...Is It Really That Awesome**

I think it is!