## Survey: Bright Futures 12 Month Developmental Surveillance

Description: Bright Futures parental surveillance for 12 month visit

Instructions: Please answer these questions about your growing and developing child.

## Privacy level: Any staff member

| Does your child look for hidden objects?   | yes   no |
|--|----------|
| Does your child imitate new gestures?  | yes   no |
| Does your child say "Dad" or "Mom" with meaning?                                     | yes   no |
| Does your child use one word other than Mom, Dad, or personal names?                 | yes   no |
| Can your child follow a verbal command that includes a gesture?                      | yes   no |
| Has your child taken his/her first independent steps?                                | yes   no |
| Can your child stand without support?  | yes   no |
| Can your child drop objects in a cup?  | yes   no |
| Can your child pick up a small object with a 2-finger pincer grasp?                  | yes   no |
| Can your child pick up food and eat it?  | yes   no |
| Do you have specific concerns about your child's development, learning, or behavior? | yes   no |
| If yes, please describe your concerns:   |          |