



# Bright Futures Previsit Questionnaire

## 2½ 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.

<b>Family Routines</b>	<input type="checkbox"/> Setting limits on your child's behavior <input type="checkbox"/> All caregivers using the same rules with your child <input type="checkbox"/> Your child's weight <input type="checkbox"/> Doing fun things as a family <input type="checkbox"/> Day and evening routines <input type="checkbox"/> Eating together as a family
<b>Learning to Talk and Communicate</b>	<input type="checkbox"/> How much TV is too much TV <input type="checkbox"/> Your child's speech
<b>Getting Along With Others</b>	<input type="checkbox"/> Playing well with others <input type="checkbox"/> How and why to give your child choices
<b>Getting Ready for Preschool</b>	<input type="checkbox"/> Is your child ready for preschool <input type="checkbox"/> Playgroups <input type="checkbox"/> Toilet training
<b>Safety</b>	<input type="checkbox"/> Car safety seats <input type="checkbox"/> Staying safe near water <input type="checkbox"/> Playing safe outside <input type="checkbox"/> Preventing sunburns <input type="checkbox"/> Preventing fires <input type="checkbox"/> Staying safe with your pets and others

### 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

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<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
<b>Oral Health</b>	Have your child's eyes ever been injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	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

Have there been any major changes in your family lately?     Move     Job change     Separation     Divorce     Death in the family     Any other changes?

Does your child live with anyone who uses tobacco or spend time in any place where people smoke?     No     Yes

### 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"/> Points to 6 body parts     | <input type="checkbox"/> Other people can understand what your child is saying half the time | <input type="checkbox"/> When talking, puts 3 or 4 words together                   |
| <input type="checkbox"/> Jumps up and down in place | <input type="checkbox"/> Washes and dries hands without help                                 | <input type="checkbox"/> Knows correct animal sounds (such as cat meows, dog barks) |
| <input type="checkbox"/> Puts on clothes with help  | <input type="checkbox"/> Plays pretend   | <input type="checkbox"/> Brushes teeth with help                                    |
|   | <input type="checkbox"/> Plays with other children, like tag                                 |   |



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# TO BE FILLED OUT BY PROVIDER

ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	<b>Name</b>		
DRUG ALLERGIES		CURRENT MEDICATIONS	ID NUMBER		
WEIGHT (%) <small>See growth chart.</small>	HEIGHT (%)	HEAD CIRC (%)	BMI (%)	TEMPERATURE	BIRTH DATE
				AGE	M F

## History

<input type="checkbox"/> Previsit Questionnaire reviewed	<input type="checkbox"/> Child has special health care needs
<input type="checkbox"/> Child has a dental home	

Concerns and questions  None  Addressed (see other side)

Follow-up on previous concerns  None  Addressed (see other side)

Interval history  None  Addressed (see other side)

Medication Record reviewed and updated

## Social/Family History

See Initial History Questionnaire.  No interval change

**Family situation**

Parents working outside home:  Mother  Father

Child care:  Yes  No Type \_\_\_\_\_

Changes since last visit \_\_\_\_\_

## Review of Systems

See Initial History Questionnaire and Problem List.

No interval change

Changes since last visit \_\_\_\_\_

Nutrition \_\_\_\_\_

Elimination:  NL \_\_\_\_\_

Toilet training:  Yes  In process \_\_\_\_\_

Sleep:  NL \_\_\_\_\_

Behavior/Temperament:  NL \_\_\_\_\_

Physical activity

Play time (60 min/d)  Yes  No

Screen time (<2 h/d)  Yes  No

## Development

Structured developmental screen  NL Tool \_\_\_\_\_

**Developmental Surveillance** (if not reviewed in Previsit Questionnaire)

<input type="checkbox"/> SOCIAL-EMOTIONAL	<input type="checkbox"/> COMMUNICATIVE	<input type="checkbox"/> PHYSICAL DEVELOPMENT
• Plays pretend	• Other people can understand what your child is saying half of the time	• Jumps up and down in place
• Plays with other children (eg, tag)	• When talking, puts 3 or 4 words together	• Puts on clothes with help
	<input type="checkbox"/> COGNITIVE	• Washes and dries hands without help
	• Points to 6 body parts	• Brushes teeth with help
	• Knows correct animal sounds (eg, cat meows, dog barks)	

**Name**

**ID NUMBER**

**TEMPERATURE**

**BIRTH DATE**

**AGE**

M F

## Physical Examination

= NL

**Bright Futures Priority**

EYES (red reflex, cover/uncover test)

NEUROLOGIC (coordination, language, socialization)

**Additional Systems**

<input type="checkbox"/> GENERAL APPEARANCE	<input type="checkbox"/> LUNGS
<input type="checkbox"/> HEAD	<input type="checkbox"/> HEART
<input type="checkbox"/> EARS	<input type="checkbox"/> ABDOMEN
<input type="checkbox"/> NOSE	<input type="checkbox"/> GENITALIA
<input type="checkbox"/> MOUTH AND THROAT	<input type="checkbox"/> Male/Testes down
<input type="checkbox"/> NECK	<input type="checkbox"/> Female
<input type="checkbox"/> TEETH	<input type="checkbox"/> EXTREMITIES/HIPS
	<input type="checkbox"/> BACK
	<input type="checkbox"/> SKIN

Abnormal findings and comments

## Assessment

Well child

## Anticipatory Guidance

Discussed and/or handout given

<input type="checkbox"/> FAMILY ROUTINES	<input type="checkbox"/> SOCIAL DEVELOPMENT	<input type="checkbox"/> SAFETY
• Family meals	• Supervised play with other children	• Car safety seat
• Family activities	• Setting limits	• Water
<input type="checkbox"/> LANGUAGE PROMOTION AND COMMUNICATION	• Emerging independence	• Appropriate supervision
• Limit TV	<input type="checkbox"/> PRESCHOOL CONSIDERATIONS	• Sun exposure
• Daily reading	• Group activities/ preschool (if possible)	• Fire safety
• Listen and repeat to child	• Toilet training	• Smoke detectors
		• Outdoor safety
		• Playground
		• Dogs

## Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results \_\_\_\_\_

Referral to \_\_\_\_\_

**Follow-up/Next visit** \_\_\_\_\_

See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	



**This American Academy of Pediatrics Visit Documentation Form is consistent with  
*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition.***

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# Bright Futures Parent Handout

## 2½ Year Visit

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

LANGUAGE PROMOTION AND COMMUNICATION

### Learning to Talk and Communicate

- Limit TV and videos to no more than 1–2 hours each day.
- Be aware of what your child is watching on TV.
- Read books together every day. Reading aloud will help your child get ready for preschool. Take your child to the library and story times.
- Give your child extra time to answer questions.
- Listen to your child carefully and repeat what is said using correct grammar.

PRESCHOOL CONSIDERATIONS

### Getting Ready for Preschool

- Make toilet-training easier.
  - Dress your child in clothing that can easily be removed.
  - Place your child on the toilet every 1–2 hours.
  - Praise your child when she is successful.
- Try to develop a potty routine.
- Create a relaxed environment by reading or singing on the potty.
- Think about preschool or Head Start for your child.
- Join a playgroup or make playdates.

FAMILY ROUTINES

### Family Routines

- Get in the habit of reading at least once each day.
- Your child may ask to read the same book again and again.
- Visit zoos, museums, and other places that help your child learn.
- Enjoy meals together as a family.
- Have quiet pre-bedtime and bedtime routines.
- Be active together as a family.
- Your family should agree on how to best prepare for your growing child.
  - All family members should have the same rules.

SAFETY

### Safety

- Be sure that the car safety seat is correctly installed in the back seat of all vehicles.
- Never leave your child alone inside or outside your home, especially near cars
- Limit time in the sun. Put a hat and sunscreen on the child before he goes outside.
- Teach your child to ask if it is OK to pet a dog or other animal before touching it.
- Be sure your child wears an approved safety helmet when riding trikes or in a seat on adult bikes.
- Watch your child around grills or open fires. Place a barrier around open fires, fire pits, or campfires. Put matches well out of sight and reach.
- Install smoke detectors on every level of your home and test monthly. It is best to use smoke detectors that use long-life batteries, but if you do not, change the batteries every year.
- Make an emergency fire escape plan.

SAFETY

### Water Safety

- Watch your child constantly whenever he is near water including buckets, play pools, and the toilet. An adult should be within arm's reach at all times when your child is in or near water.
- Empty buckets, play pools, and tubs right after use.
- Check that pools have 4-sided fences with self-closing latches.

PROMOTING SOCIAL DEVELOPMENT

### Getting Along With Others

- Give your child chances to play with other toddlers.
- Have 2 of her favorite toys or have friends buy the same toys to avoid battles.
- Give your child choices between 2 good things in snacks, books, or toys.
- Follow daily routines for eating, sleeping, and playing.

## What to Expect at Your Child's 3 Year Visit

### We will talk about

- Reading and talking
- Rules and good behavior
- Staying active as a family
- Safety inside and outside
- Playing with other children

Poison Help: 1-800-222-1222

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



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