

PATIENT NAME: _____ DATE: _____

Please print.

American Academy of Pediatrics



BRIGHT FUTURES PREVISIT QUESTIONNAIRE

2½ YEAR VISIT

To provide you and your child with the best possible health care, we would like to know how things are going. Please answer all the questions. **Child Development screening is also part of this visit.** 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? **No** **Yes**, describe:

TELL US ABOUT YOUR CHILD AND FAMILY.

What excites or delights you most about your child?

Does your child have special health care needs? **No** **Yes**, describe:

Have there been major changes lately in your child's or family's life? **No** **Yes**, describe:

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

Does your child live with anyone who smokes or spend time in places where people smoke or use e-cigarettes? **No** **Yes** **Unsure**

YOUR GROWING AND DEVELOPING CHILD

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Urinate in a potty or toilet. | <input type="checkbox"/> Use pronouns, such as "me," "his," and "our," correctly. | <input type="checkbox"/> Run well without falling. |
| <input type="checkbox"/> Poke food with a fork. | <input type="checkbox"/> Explain the reasons for things, such as needing a sweater when it's cold. | <input type="checkbox"/> Copy a vertical line. |
| <input type="checkbox"/> Wash and dry hands. | <input type="checkbox"/> Name at least one color. | <input type="checkbox"/> Grasp a crayon with thumb and fingers instead of fist. |
| <input type="checkbox"/> Play pretend with toys or dolls. | <input type="checkbox"/> Walk up steps, using one foot, then the other. | <input type="checkbox"/> Catch large balls. |
| <input type="checkbox"/> Ask you to watch by saying, "Look at me!" | | |

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2½ YEAR VISIT

RISK ASSESSMENT

Anemia	Does your child's diet include iron-rich foods, such as meat, iron-fortified cereals, or beans?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
	Do you ever struggle to put food on the table?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Hearing	Do you have concerns about how your child hears?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do you have concerns about how your child speaks?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Oral health	Does your child have a dentist?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
	Does your child's primary water source contain fluoride?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
Vision	Do you have concerns about how your child sees?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Does your child have trouble with near or far vision?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your child's eyes appear unusual or seem to cross?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Have your child's eyes ever been injured?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure

ANTICIPATORY GUIDANCE

How are things going for you, your child, and your family?

FAMILY ROUTINES

Does your family eat meals together?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have a regular bedtime routine for your child?	<input type="radio"/> Yes	<input type="radio"/> No
Do you encourage family exercise, such as walking, swimming, dancing, or bicycling?	<input type="radio"/> Yes	<input type="radio"/> No
Does your family go to museums, zoos, and other educational places together?	<input type="radio"/> Yes	<input type="radio"/> No
Do you and your partner participate in social activities? Do you do things with friends, away from the family?	<input type="radio"/> Yes	<input type="radio"/> No
Does everyone in your family follow the same routines and set the same limits for your child?	<input type="radio"/> Yes	<input type="radio"/> No

LEARNING TO TALK AND COMMUNICATE

Do you read to your child every day?	<input type="radio"/> Yes	<input type="radio"/> No
Do you use simple words when asking your child a question and give plenty of time for her to respond?	<input type="radio"/> Yes	<input type="radio"/> No
Do you carefully listen to your child and, if necessary, offer the right words to help him make sure he is understood?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child become frustrated when others cannot understand what he says?	<input type="radio"/> No	<input type="radio"/> Yes

GETTING ALONG WITH OTHERS

Does your child play with other children?	<input type="radio"/> Yes	<input type="radio"/> No
Do you allow your child to make choices such as what clothes to wear, what to eat, and what books to read?	<input type="radio"/> Yes	<input type="radio"/> No
How much time every day does your child spend watching TV or using computers, tablets, or smartphones?	_____ hours	
If your child uses media, do you monitor the shows your child watches or activity she does?	<input type="radio"/> Yes	<input type="radio"/> No
Has your family made a media use plan to help everyone balance time spent on media with other family and personal activities?	<input type="radio"/> Yes	<input type="radio"/> No

GETTING READY FOR PRESCHOOL

Do you have plans for child care or preschool in the next year?	<input type="radio"/> Yes	<input type="radio"/> No
Is your child a part of a regular playgroup?	<input type="radio"/> Yes	<input type="radio"/> No
Do you read books to your child about getting ready for school?	<input type="radio"/> Yes	<input type="radio"/> No
Are you encouraging toilet training?	<input type="radio"/> Yes	<input type="radio"/> No
Do you praise your child when she tries to use the potty?	<input type="radio"/> Yes	<input type="radio"/> No

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2½ YEAR VISIT

SAFETY

Car and Home Safety		
Is your child fastened securely in a car safety seat in the back seat every time he rides in a vehicle?	<input type="radio"/> Yes	<input type="radio"/> No
Does everyone in the vehicle always use a lap and shoulder seat belt, booster seat, or car safety seat?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have a working smoke detector on every level of your home?	<input type="radio"/> Yes	<input type="radio"/> No
Do you test the batteries once a month?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have an emergency escape plan in case of a fire?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep matches out of your child's sight and reach?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep your child away from the stove, grills, fireplaces, and space heaters?	<input type="radio"/> Yes	<input type="radio"/> No
Outdoor Safety		
When your child plays outside, do you make sure that he stays within fences and gates?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child always wear a bike helmet when she rides on a tricycle, in a towed bike trailer, or in a seat on an adult's bicycle?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep your child away from moving machines, lawn mowers, driveways, and streets?	<input type="radio"/> Yes	<input type="radio"/> No
Have you taught your child to be careful around dogs, especially if they are eating or you don't know them?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have a swimming pool, pond, or lake near your home?	<input type="radio"/> No	<input type="radio"/> Yes
Do you always put sunscreen on your child when she plays outside?	<input type="radio"/> Yes	<input type="radio"/> No

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

