

American Academy of Pediatrics



# BRIGHT FUTURES PREVISIT QUESTIONNAIRE

## 18 MONTH 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 and Autism Spectrum Disorder screenings are 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"/> Engage with others for play.                                 | <input type="checkbox"/> Turn and look at an adult if something new happens.     | <input type="checkbox"/> Walk up with 2 feet per step with his hand held. |
| <input type="checkbox"/> Help dress and undress himself.                              | <input type="checkbox"/> Begin to scoop with a spoon.                            | <input type="checkbox"/> Sit in a small chair.                            |
| <input type="checkbox"/> Point to pictures in a book.                                 | <input type="checkbox"/> Use words to ask for help.                              | <input type="checkbox"/> Carry a toy while walking.                       |
| <input type="checkbox"/> Point to an interesting object to draw your attention to it. | <input type="checkbox"/> Identify at least 2 body parts.                         | <input type="checkbox"/> Scribble spontaneously.                          |
|   | <input type="checkbox"/> Name at least 5 familiar objects, such as ball or milk. | <input type="checkbox"/> Throw a small ball a few feet while standing.    |

## 18 MONTH 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
Lead	Does your child live in or visit a home or child care facility with an identified lead hazard or a home built before 1960 that is in poor repair or was renovated in the past 6 months?	<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
	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?

#### YOUR CHILD'S BEHAVIOR

Do you praise your child for good behavior?	<input type="radio"/> Yes	<input type="radio"/> No
If your child is upset, do you help distract him with another activity, book, or toy?	<input type="radio"/> Yes	<input type="radio"/> No
Do other caregivers set the same limits for your child as you do?	<input type="radio"/> Yes	<input type="radio"/> No
Do you use time-outs as a way to manage your child's behavior?	<input type="radio"/> Yes	<input type="radio"/> No
Have you thought about toilet training?	<input type="radio"/> Yes	<input type="radio"/> No
If you are planning to have another baby, have you thought about how you will prepare your child?	<input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No

#### TALKING AND COMMUNICATING

Do you read, sing, and talk with your child about what you are seeing and doing?	<input type="radio"/> Yes	<input type="radio"/> No
Does he wave "bye-bye"?	<input type="radio"/> Yes	<input type="radio"/> No
Do you use simple words to tell your child what to do?	<input type="radio"/> Yes	<input type="radio"/> No

#### YOUR CHILD AND TV

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

#### HEALTHY EATING

Do you provide a variety of vegetables, fruits, and other nutritious foods?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child eat much food that you would describe as junk food?	<input type="radio"/> No	<input type="radio"/> Yes
Does your child drink water every day?	<input type="radio"/> Yes	<input type="radio"/> No
Is your child willing to try new foods?	<input type="radio"/> Yes	<input type="radio"/> No

#### SAFETY

<b>Car and Home Safety</b>		
Is your child fastened securely in a rear-facing car safety seat in the back seat car every time he rides in a vehicle?	<input type="radio"/> Yes	<input type="radio"/> No
Does everyone in the car 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 emergency phone numbers near every telephone and in your cell phone for rapid dial?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep cigarettes, lighters, matches, and alcohol out of your child's sight and reach?	<input type="radio"/> Yes	<input type="radio"/> No

## 18 MONTH VISIT

### SAFETY (CONTINUED)

<b>Car and Home Safety (continued)</b>		
Do you keep your child away from the stove, fireplaces, and space heaters?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have a gate at the top and bottom of all stairs in your home?	<input type="radio"/> Yes	<input type="radio"/> No
Do you keep furniture away from windows and use operable window guards on windows on the second floor and higher? (Operable means that, in case of an emergency, an adult can open the window.)	<input type="radio"/> Yes	<input type="radio"/> No
Are your TVs, bookcases, and dressers secured to the wall so they cannot fall over and hurt your child?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any questions about other ways to keep your home safe?	<input type="radio"/> No	<input type="radio"/> Yes
<b>Sun Protection</b>		
Do you apply sunscreen on your child whenever she plays outside?	<input type="radio"/> Yes	<input type="radio"/> No
<b>Gun Safety</b>		
Does anyone in your home or the homes where your child spends time have a gun?	<input type="radio"/> No	<input type="radio"/> Yes
If yes, is the gun unloaded and locked up?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, is the ammunition stored and locked up separately from the gun?	<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>.



# Well Child | 18 Month Visit

Accompanied By:		Preferred Language:		Date/Time:	Name:		
Weight (%):	Length (%):	Weight-for-length (%):		HC (%):	ID Number:		
Vitals (if indicated): Temp:		HR:	Resp Rate:	SpO <sub>2</sub> :	Birth Date:	Age:	Sex: M F

## HISTORY

**Concerns and Questions:** ☐ None

**Interval History:** ☐ None

**Medical History:** ☐ Child has special health care needs.

Areas reviewed and updated as needed

☐ Past Medical History (See Initial History Questionnaire.)

☐ Surgical History (See Initial History Questionnaire.)

☐ Problem List (See Problem List.)

**Medications:** ☐ None

☐ Reviewed and updated (See Medication Record.)

**Allergies:** ☐ No known drug allergies

**Nutrition:** ☐ Good appetite ☐ Good variety

☐ Daily fruits and vegetables: ☐ Iron source: \_\_\_\_\_

Comments:

**Nutrition (continued):**

☐ Milk: Source: \_\_\_\_\_ Ounces per 24 hours: \_\_\_\_\_

Juice: ☐ No ☐ Yes: \_\_\_\_\_

**Dental Home:** ☐ No ☐ Yes: \_\_\_\_\_

Brushing twice daily: ☐ Yes ☐ No: \_\_\_\_\_

Fluoride: ☐ In water source ☐ Oral supplement ☐ Other: \_\_\_\_\_

**Elimination:** ☐ Regular soft stools

**Sleep:** ☐ No concerns

**Behavior:** ☐ No concerns

**Physical Activity:**

Playtime (60 min/d): ☐ Yes ☐ No: \_\_\_\_\_

Screen time: ☐ None h/d: \_\_\_\_\_

Source: \_\_\_\_\_

## DEVELOPMENT

☒ = Normal development ☐ See Previsit Questionnaire.

Caregiver concerns about development: ☐ None ☐ Yes: \_\_\_\_\_

☐ SOCIAL LANGUAGE AND SELF-HELP

- Engages with others for play
- Helps dress and undress self
- Points to pictures in book
- Points to object of interest to draw attention to it
- Turns and looks at adult if something new happens
- Begins to scoop with spoon

☐ VERBAL LANGUAGE

- Uses 6 to 10 words other than names
- Identifies at least 2 body parts

☐ GROSS MOTOR

- Walks up with 2 feet per step with hand held
- Sits in small chair
- Carries toy while walking

☐ FINE MOTOR

- Scribbles spontaneously
- Throws small ball a few feet while standing

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The recommendations in this form do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original form included as part of the Bright Futures Tool and Resource Kit, 2nd Edition. The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this form and in no event shall the AAP be liable for any such changes.

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## SOCIAL AND FAMILY HISTORY

Areas reviewed and updated as needed (See Initial History Questionnaire.): ☐ Social History ☐ Family HistoryChanges since last visit: \_\_\_\_\_ ☐ No interval changeSmoking household: ☐ No ☐ Yes: \_\_\_\_\_Firearms in home: ☐ No ☐ Yes: \_\_\_\_\_

Observation of parent-child interaction: \_\_\_\_\_

Parents working outside home: ☐ One parent ☐ Both parents Child care: ☐ No ☐ Yes Type: \_\_\_\_\_

## REVIEW OF SYSTEMS

☐ A 10-point review of systems was performed and results were negative except for any positive results listed below.**Bold** = Focus area for this Bright Futures Visit

Constitutional: \_\_\_\_\_ Respiratory: \_\_\_\_\_ Skin: \_\_\_\_\_

Eyes: \_\_\_\_\_ Gastrointestinal: \_\_\_\_\_ Neurological: \_\_\_\_\_

Head, Ears, Nose, and Throat: \_\_\_\_\_ Genitourinary: \_\_\_\_\_ Other: \_\_\_\_\_

Cardiovascular: \_\_\_\_\_ Musculoskeletal: \_\_\_\_\_ Other: \_\_\_\_\_

## PHYSICAL EXAMINATION

☒ = System examined **Bold** = Focus area for this Bright Futures Visit

Normal examination findings in text. Cross out abnormalities. Describe other findings in the area provided.

☐ **General:** Alert, active child. **Normal interval growth in height, weight, and head circumference. Normal weight-for-length for age.**☐ Head: Normocephalic and atraumatic. \_\_\_\_\_☐ **Eyes:** Fixes and follows. Extraocular eye movements intact. No strabismus. Red reflex present bilaterally. No opacification.

Normal funduscopic examination findings. \_\_\_\_\_

☐ Ears, nose, **mouth**, and throat: Tympanic membranes with visible light reflex bilaterally. Healthy-appearing teeth **without caries, plaque, discoloration, or breakage.**☐ Neck: Supple, with full range of motion and no significant adenopathy. \_\_\_\_\_☐ Heart: Regular rate and rhythm. No murmur. \_\_\_\_\_☐ Respiratory: Breath sounds clear bilaterally. Comfortable work of breathing. \_\_\_\_\_☐ **Abdomen:** Soft, with **no palpable masses.** \_\_\_\_\_☐ Genitourinary: \_\_\_\_\_☐ Normal female external genitalia. \_\_\_\_\_☐ Normal male external genitalia, with testes descended bilaterally. \_\_\_\_\_☐ Musculoskeletal: Spine straight. Full range of motion. \_\_\_\_\_☐ **Neurological:** Walks and runs appropriately for age. Makes appropriate eye contact and gestures. \_\_\_\_\_☐ **Skin:** Warm and well perfused. **No lesions (atypical nevi, café-au-lait spots, or birthmarks) or bruising.** \_\_\_\_\_

Other comments: \_\_\_\_\_

## ASSESSMENT

☐ Well child ☐ Normal interval growth (See growth chart.) ☐ Normal weight-for-length percentile for age ☐ Age-appropriate development

## ANTICIPATORY GUIDANCE

☒ Discussed and/or handout given☐ **COMMUNICATION AND SOCIAL DEVELOPMENT**

- Encouragement of language
- Use of simple words and phrases
- Engagement in reading, playing, talking, and singing

☐ **TV VIEWING AND DIGITAL MEDIA**

- Promotion of reading
- Physical activity and safe play

☐ **TEMPERAMENT, DEVELOPMENT, TOILET TRAINING, BEHAVIOR, AND DISCIPLINE**

- Anticipation of return to separation anxiety and managing behavior with consistent limits
- Recognizing signs of toilet-training readiness and parental expectations
- New sibling planned or on the way

☐ **HEALTHY NUTRITION**

- Nutritious foods; water, milk, and juice
- Expressing independence through food likes and dislikes

☐ **SAFETY**

- Car safety seats and parental use of seat belts
- Poisoning
- Sun protection
- Gun safety
- Safe home environment: burns, fires, and falls

## PLAN

**Immunizations:** ☐ Vaccine Administration Record reviewed Administered today: \_\_\_\_\_ ☐ Up-to-date for age**Universal Screening:**☐ Autism screening: Screening tool used: \_\_\_\_\_ Result: ☐ Passed ☐ Failed: \_\_\_\_\_☐ Developmental screening: Screening tool used: \_\_\_\_\_ Result: ☐ Passed in all areas☐ Failed in following areas: \_\_\_\_\_☐ Oral health: Fluoride varnish applied: ☐ Yes ☐ No: \_\_\_\_\_ Oral fluoride supplementation: ☐ Yes ☐ No: \_\_\_\_\_ ☐ NA**Selective Screening** (based on risk assessment) (See Previsit Questionnaire.):☐ Anemia ☐ BP ☐ Hearing ☐ Lead ☐ Oral health ☐ Vision

Comments/results: \_\_\_\_\_

**Follow-up:**☐ Routine follow-up at 2 years ☐ Next visit: \_\_\_\_\_ ☐ Referral to: \_\_\_\_\_

## PRINT NAME.

## SIGNATURE

Provider 1

Provider 2

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Guidelines for Health Supervision of  
Infants, Children, and Adolescents,  
4th Edition*



# BRIGHT FUTURES HANDOUT ► PARENT

## 18 MONTH VISIT

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

### ✓ YOUR CHILD'S BEHAVIOR

- Expect your child to cling to you in new situations or to be anxious around strangers.
- Play with your child each day by doing things she likes.
- Be consistent in discipline and setting limits for your child.
- Plan ahead for difficult situations and try things that can make them easier. Think about your day and your child's energy and mood.
- Wait until your child is ready for toilet training. Signs of being ready for toilet training include
  - Staying dry for 2 hours
  - Knowing if she is wet or dry
  - Can pull pants down and up
  - Wanting to learn
  - Can tell you if she is going to have a bowel movement
- Read books about toilet training with your child.
- Praise sitting on the potty or toilet.
- If you are expecting a new baby, you can read books about being a big brother or sister.
- Recognize what your child is able to do. Don't ask her to do things she is not ready to do at this age.

### ✓ TALKING AND HEARING

- Read and sing to your child often.
- Talk about and describe pictures in books.
- Use simple words with your child.
- Suggest words that describe emotions to help your child learn the language of feelings.
- Ask your child simple questions, offer praise for answers, and explain simply.
- Use simple, clear words to tell your child what you want him to do.

### ✓ HEALTHY EATING

- Offer your child a variety of healthy foods and snacks, especially vegetables, fruits, and lean protein.
- Give one bigger meal and a few smaller snacks or meals each day.
- Let your child decide how much to eat.
- Give your child 16 to 24 oz of milk each day.
- Know that you don't need to give your child juice. If you do, don't give more than 4 oz a day of 100% juice and serve it with meals.
- Give your toddler many chances to try a new food. Allow her to touch and put new food into her mouth so she can learn about them.

### ✓ YOUR CHILD AND TV

- Do activities with your child such as reading, playing games, and singing.
- Be active together as a family. Make sure your child is active at home, in child care, and with sitters.
- If you choose to introduce media now,
  - Choose high-quality programs and apps.
  - Use them together.
  - Limit viewing to 1 hour or less each day.
- Avoid using TV, tablets, or smartphones to keep your child busy.
- Be aware of how much media you use.

**Helpful Resources:** Poison Help Line: 800-222-1222

Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236

# 18 MONTH VISIT—PARENT

## ✓ SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. This will probably be after the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is the safest.
- Everyone should wear a seat belt in the car.
- Keep poisons, medicines, and lawn and cleaning supplies in locked cabinets, out of your child's sight and reach.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Do not make your child vomit.
- When you go out, put a hat on your child, have him wear sun protection clothing, and apply 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).
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.

## WHAT TO EXPECT AT YOUR CHILD'S 2 YEAR VISIT

### We will talk about

- Caring for your child, your family, and yourself
- Handling your child's behavior
- Supporting your talking child
- Starting toilet training
- Keeping your child safe at home, outside, and in the car

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