

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!" | | |

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

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>.



Well Child | 2½ Year Visit

Accompanied By:	Preferred Language:	Date/Time:	Name:				
Weight (%):	Height/Length (%):	BMI/Weight-for-length (%):	ID Number:				
Vitals (if indicated):	Temp:	HR:	Resp Rate:	SpO ₂ :	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: _____

☐ Calcium: Source: _____ Amount: _____

Comments:

Dental Home: ☐ No ☐ Yes: _____

Brushing twice daily: ☐ Yes ☐ No: _____

Fluoride: ☐ In water source ☐ Oral supplement ☐ Other: _____

Elimination: ☐ Regular soft stools

Toilet-trained: ☐ Yes ☐ No ☐ In process

Sleep: ☐ No concerns

Behavior: ☐ No concerns

Physical Activity:

Playtime (60 min/d): ☐ Yes ☐ No: _____

Screen time: ☐ None h/d: _____

Source: _____ Quality monitored: ☐ Yes ☐ No

DEVELOPMENT

☒ = Normal development ☐ See Previsit Questionnaire.

Caregiver concerns about development: ☐ None ☐ Yes: _____

☐ SOCIAL LANGUAGE AND SELF-HELP

- Urinates in a potty or toilet
- Plays pretend with toys or dolls
- Pokes food with fork

☐ VERBAL LANGUAGE

- Uses pronouns correctly
- Explains the reasons for things, such as needing a sweater when it's cold
- Names at least one color

☐ GROSS MOTOR

- Walks up steps, using one foot, then the other
- Runs well without falling

☐ FINE MOTOR

- Grasps crayon with thumb and fingers instead of fist
- Catches a large ball
- Copies a vertical line

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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:** Well-appearing child. **Normal interval growth in height and weight. Normal weight-for-length or BMI for age.**☐ Head: Normocephalic and atraumatic. _____☐ **Eyes:** Fixes and follows. Extraocular eye movements intact. Red reflex present bilaterally. No opacification. Normal fundoscopic examination findings.☐ Ears, nose, **mouth**, and throat: Tympanic membranes with visible light reflex bilaterally. Healthy-appearing teeth **without caries, plaque, discoloration, or breakage.** No oral lesions or gingivitis.☐ 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:** Normal gait. **Good coordination. Social. Vocalizes and communicates clearly.**☐ **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 or BMI percentile for age ☐ Age-appropriate development

ANTICIPATORY GUIDANCE☒ Discussed and/or handout given☐ **FAMILY ROUTINES**

- Day and evening routines
- Enjoyable family activities
- Parental activities outside the family
- Consistency in the child's environment

☐ **LANGUAGE PROMOTION AND COMMUNICATION**

- Use of simple words and reading together

☐ **PROMOTING SOCIAL DEVELOPMENT**

- Play with other children
- Giving choices
- Limits on TV and media use

☐ **PRESCHOOL CONSIDERATIONS**

- Readiness for early childhood programs and playgroups
- Toilet training

☐ **SAFETY**

- Car safety seats
- Outdoor safety
- Water safety
- Sun protection
- Fire and burns

PLAN
Immunizations: ☐ Vaccine Administration Record reviewed Administered today: _____ ☐ Up-to-date for age
Universal Screening:
☐ 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 ☐ Oral health ☐ Tuberculosis

Comments/results: _____

Follow-up:
☐ Routine follow-up at 3 years ☐ Next visit: _____ ☐ Referral to: _____
PRINT NAME.**SIGNATURE**

Provider 1

Provider 2

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BRIGHT FUTURES HANDOUT ► PARENT

2½ YEAR VISIT

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



✓ FAMILY ROUTINES

- Enjoy meals together as a family and always include your child.
- Have quiet evening and bedtime routines.
- Visit zoos, museums, and other places that help your child learn.
- Be active together as a family.
- Stay in touch with your friends. Do things outside your family.
- Make sure you agree within your family on how to support your child's growing independence, while maintaining consistent limits.

✓ GETTING ALONG WITH OTHERS

- Give your child chances to play with other toddlers. Supervise closely because your child may not be ready to share or play cooperatively.
- Offer your child and his friend multiple items that they may like. Children need choices to avoid battles.
- Give your child choices between 2 items your child prefers. More than 2 is too much for your child.
- Limit TV, tablet, or smartphone use to no more than 1 hour of high-quality programs each day. Be aware of what your child is watching.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

✓ LEARNING TO TALK AND COMMUNICATE

- Read books together every day. Reading aloud will help your child get ready for preschool.
- Take your child to the library and story times.
- Listen to your child carefully and repeat what she says using correct grammar.
- Give your child extra time to answer questions.
- Be patient. Your child may ask to read the same book again and again.

✓ GETTING READY FOR PRESCHOOL

- Think about preschool or group child care for your child. If you need help selecting a program, we can give you information and resources.
- Visit a teachers' store or bookstore to look for books about preparing your child for school.
- Join a playgroup or make playdates.
- Make toilet training easier.
 - Dress your child in clothing that can easily be removed.
 - Place your child on the toilet every 1 to 2 hours.
 - Praise your child when he is successful.
- Try to develop a potty routine.
- Create a relaxed environment by reading or singing on the potty.

Helpful Resources: Family Media Use Plan: www.healthychildren.org/MediaUsePlan

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

2½ YEAR VISIT—PARENT



SAFETY

- Make sure the car safety seat is installed correctly in the back seat. Keep the seat rear facing until your child reaches the highest weight or height allowed by the manufacturer. The harness straps should be snug against your child's chest.
- Everyone should wear a lap and shoulder seat belt in the car. Don't start the vehicle until everyone is buckled up.
- Never leave your child alone inside or outside your home, especially near cars or machinery.
- Have your child wear a helmet that fits properly when riding bikes and trikes or in a seat on adult bikes.
- Keep your child within arm's reach when she is near or in water.
- Empty buckets, play pools, and tubs when you are finished using them.
- When you go out, put a hat on your child, have her wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on her exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Have working smoke and carbon monoxide alarms on every floor. Test them every month and change the batteries every year. Make a family escape plan in case of fire in your home.

WHAT TO EXPECT AT YOUR CHILD'S 3 YEAR VISIT

We will talk about

- Caring for your child, your family, and yourself
- Playing with other children
- Encouraging reading and talking
- Eating healthy and staying active as a family
- Keeping your child safe at home, outside, and in the car

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