

American Academy of Pediatrics



BRIGHT FUTURES PREVISIT QUESTIONNAIRE

2 MONTH VISIT

To provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all the questions. **Maternal Depression 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 BABY AND FAMILY.

What excites or delights you most about your baby?

Does your baby have special health care needs? ☐ No ☐ Yes, describe:

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

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

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

YOUR GROWING AND DEVELOPING BABY

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Smile back at you. | <input type="checkbox"/> Make short cooing sounds. | <input type="checkbox"/> Hold her chin up when she is on her stomach. |
| <input type="checkbox"/> Make sounds that let you know he is happy or upset. | <input type="checkbox"/> Move both arms and legs together. | <input type="checkbox"/> Open and shut his hands. |

2 MONTH VISIT

RISK ASSESSMENT

Vision	Do you have concerns about how your baby sees?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
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ANTICIPATORY GUIDANCE

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

YOUR FAMILY'S HEALTH AND WELL-BEING

Living Situation and Food Security			
Is permanent housing a worry for you?		<input type="radio"/> No	<input type="radio"/> Yes
Do you have the things you need to take care of your baby, such as a crib, a car safety seat, and diapers?		<input type="radio"/> Yes	<input type="radio"/> No
Does your home have enough heat, hot water, and electricity?		<input type="radio"/> Yes	<input type="radio"/> No
Do you have health insurance for yourself?		<input type="radio"/> Yes	<input type="radio"/> No
Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more?		<input type="radio"/> No	<input type="radio"/> Yes
Within the past 12 months, did the food you bought not last, and you did not have money to get more?		<input type="radio"/> No	<input type="radio"/> Yes
Family Support			
Are you getting enough rest?		<input type="radio"/> Yes	<input type="radio"/> No
Have you been out of the house without your baby (such as to the store, to restaurants, or on a walk)?		<input type="radio"/> Yes	<input type="radio"/> No
Have you found someone to care for your baby when you return to work or school?		<input type="radio"/> Yes	<input type="radio"/> No
If yes, are you comfortable with these arrangements?		<input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No

HOW YOU ARE FEELING

Have you had your 6-week after-birth checkup?		<input type="radio"/> Yes	<input type="radio"/> No
If you have other children, are you able to spend time with them?		<input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No

CARING FOR YOUR BABY

Your Growing Baby		
Do you enjoy taking care of your baby?		<input type="radio"/> Yes <input type="radio"/> No
Do you and your baby "talk" together during your daily routines?		<input type="radio"/> Yes <input type="radio"/> No
Are you comfortable and confident in your abilities as a parent?		<input type="radio"/> Yes <input type="radio"/> No
Is your baby beginning to develop regular sleep patterns?		<input type="radio"/> Yes <input type="radio"/> No
Is a TV, computer, tablet, or smartphone on in the background when your baby is in the room?		<input type="radio"/> No <input type="radio"/> Yes
Do you put your baby on her tummy for short periods of time when she is awake and with you?		<input type="radio"/> Yes <input type="radio"/> No
Do you have ways to calm your baby when he is crying?		<input type="radio"/> Yes <input type="radio"/> No
Are you ever afraid that you or other caregivers may hurt the baby?		<input type="radio"/> No <input type="radio"/> Yes

FEEDING YOUR BABY

General Information		
Do you have any questions about feeding your baby?		<input type="radio"/> No <input type="radio"/> Yes
Are you feeding your baby anything other than breast milk or formula?		<input type="radio"/> No <input type="radio"/> Yes
Can you tell when your baby is hungry?		<input type="radio"/> Yes <input type="radio"/> No
Can you tell when your baby is full?		<input type="radio"/> Yes <input type="radio"/> No

2 MONTH VISIT

FEEDING YOUR BABY (CONTINUED)

If you are breastfeeding, answer these questions.

Are you giving your baby vitamin D drops?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have questions about pumping and storing your breast milk?	<input type="radio"/> No	<input type="radio"/> Yes

If you are formula feeding, or providing formula supplementation, answer these questions.

Are you using iron-fortified formula?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have questions about using formula, such as how much it costs or how to prepare it?	<input type="radio"/> No	<input type="radio"/> Yes

SAFETY

Car and Home Safety

Is your baby fastened securely in a rear-facing car safety seat in the back seat every time she rides in a vehicle?	<input type="radio"/> Yes	<input type="radio"/> No
Are you having any problems using your car safety seat?	<input type="radio"/> No	<input type="radio"/> Yes
Is your water heater set so the temperature at the faucet is at or below 120°F/49°C?	<input type="radio"/> Yes	<input type="radio"/> No
Do you always stay within arm's reach whenever your baby is in or near water?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any questions about things you can do to keep your baby safe at home?	<input type="radio"/> No	<input type="radio"/> Yes

Safe Sleep

Does your baby sleep on his back?	<input type="radio"/> Yes	<input type="radio"/> No
Does your baby sleep in a crib?	<input type="radio"/> Yes	<input type="radio"/> No
Does your baby sleep in your room?	<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 | 2 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 ₂ :	Birth Date:	Age:	Sex: M F

HISTORY

Concerns and Questions: ☐ None

Interval History: ☐ None

Medical History: ☐ Infant 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

Screening Results:

Newborn blood screening: ☐ Normal

☐ Abnormal

Newborn hearing screening: ☐ Passed BL ☐ Referred

Nutrition:

☐ Breast milk:

Minutes per feeding: _____ Hours between feedings: _____

Feedings per 24 hours: _____

Problems with breastfeeding: _____

Vitamin D supplements: _____ ☐ None

☐ Formula: Type/brand: _____ Source of water: _____

Feedings per 24 hours: _____ Ounces per feeding: _____

Problems with bottle-feeding: _____

Elimination: ☐ Regular soft stools ☐ Normal urine stream

Sleep: ☐ Normal pattern ☐ On back ☐ Safe sleep surface

Behavior: ☐ No concerns

Activity (tummy time):

DEVELOPMENT

☒ = Normal development ☐ See Previsit Questionnaire.

Caregiver concerns about development: ☐ None ☐ Yes: _____

☐ SOCIAL LANGUAGE AND SELF-HELP

- Smiles responsively (ie, social smile)

☐ VERBAL LANGUAGE

- Vocalizes with simple cooing

☐ FINE MOTOR

- Opens and shuts hands

☐ GROSS MOTOR

- Lifts head and chest in prone

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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 History

Changes since last visit: _____

Smoking household: ☐ No ☐ Yes: _____

Parental support and work-family balance: _____

Observation of parent-infant interaction: _____

Parents working outside home: ☐ One parent ☐ Both parents Child care: ☐ Parent(s) ☐ Family ☐ In-home ☐ Center ☐ Other: _____

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 infant. **Normal interval growth in height, weight, and head circumference. Normal weight-for-length for age.**

☐ **Head:** Normocephalic and atraumatic. **No positional skull deformities. Anterior fontanelle open and flat.**

☐ **Eyes:** **Fixes and follows. Red reflex present bilaterally. No opacification.** Normal funduscopic examination findings.

☐ Ears, nose, and throat: Tympanic membranes with visible light reflex bilaterally. No oral lesions or thrush.

☐ Neck: Supple, with full range of motion **without torticollis.**

☐ **Heart:** Regular rate and rhythm. **No murmur. Symmetrical femoral pulses.**

☐ 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 palpable in scrotum bilaterally.

☐ **Musculoskeletal:** Spine straight. **Negative Ortolani and Barlow maneuvers.**

☐ **Neurological:** **Moves all extremities symmetrically. Normal strength and tone.**

☐ **Skin:** Warm and well perfused. **No lesions, birthmarks, or bruising.**

Other comments: _____

ASSESSMENT

☐ Well child ☐ Normal interval growth (See growth chart.) ☐ Age-appropriate development

ANTICIPATORY GUIDANCE

☒ Discussed and/or handout given☐ SOCIAL DETERMINANTS OF HEALTH

- Living situation and food security
- Family support
- Child care

☐ NUTRITION AND FEEDING

- General guidance on feeding and delaying solid foods
- Hunger and satiety cues
- Breastfeeding or formula-feeding guidance

☐ PARENT AND FAMILY HEALTH

- Postpartum checkup
- Maternal depression
- Sibling relationships

☐ INFANT BEHAVIOR AND DEVELOPMENT

- Parent-infant relationship
- Parent-infant communications
- Sleeping
- Media
- Playtime
- Fussiness

☐ SAFETY

- Car safety seats
- Safe sleep
- Safe home environment: burns, drowning, and falls

PLAN

Immunizations: ☐ Vaccine Administration Record reviewed Administered today: _____ ☐ Up-to-date for age
Universal Screening:
☐ Maternal depression: Screening tool used: _____ Result: ☐ Neg ☐ Pos: _____

 Newborn blood screening: Result: ☐ Normal ☐ Needs follow-up: _____

 Newborn hearing screening: Result: ☐ Passed BL ☐ Referred right/left/BL ☐ Needs follow-up: _____
Selective Screening (based on risk assessment) (See Previsit Questionnaire.):
☐ BP ☐ Vision

Comments/results: _____

Follow-up:
☐ Routine follow-up at 4 months ☐ Next visit: _____ ☐ Referral to: _____

PRINT NAME.	SIGNATURE
Provider 1	
Provider 2	

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BRIGHT FUTURES HANDOUT ► PARENT

2 MONTH VISIT

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

✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Find ways to spend time with your partner. Keep in touch with family and friends.
- Find safe, loving child care for your baby. You can ask us for help.
- Know that it is normal to feel sad about leaving your baby with a caregiver or putting him into child care.

✓ HOW YOU ARE FEELING

- Take care of yourself so you have the energy to care for your baby.
- Talk with me or call for help if you feel sad or very tired for more than a few days.
- Find small but safe ways for your other children to help with the baby, such as bringing you things you need or holding the baby's hand.
- Spend special time with each child reading, talking, and doing things together.

✓ FEEDING YOUR BABY

- Feed your baby only breast milk or iron-fortified formula until she is about 6 months old.
- Avoid feeding your baby solid foods, juice, and water until she is about 6 months old.
- Feed your baby when you see signs of hunger. Look for her to
 - Put her hand to her mouth.
 - Suck, root, and fuss.
- Stop feeding when you see signs your baby is full. You can tell when she
 - Turns away
 - Closes her mouth
 - Relaxes her arms and hands
- Burp your baby during natural feeding breaks.

If Breastfeeding

- Feed your baby on demand. Expect to breastfeed 8 to 12 times in 24 hours.
- Give your baby vitamin D drops (400 IU a day).
- Continue to take your prenatal vitamin with iron.
- Eat a healthy diet.
- Plan for pumping and storing breast milk. Let us know if you need help.
 - If you pump, be sure to store your milk properly so it stays safe for your baby.
 If you have questions, ask us.

If Formula Feeding

- Feed your baby on demand. Expect her to eat about 6 to 8 times each day, or 26 to 28 oz of formula per day.
- Make sure to prepare, heat, and store the formula safely. If you need help, ask us.
- Hold your baby so you can look at each other when you feed her.
- Always hold the bottle. Never prop it.

✓ YOUR GROWING BABY

- Have simple routines each day for bathing, feeding, sleeping, and playing.
- Hold, talk to, cuddle, read to, sing to, and play often with your baby. This helps you connect with and relate to your baby.
- Learn what your baby does and does not like.
- Develop a schedule for naps and bedtime. Put him to bed awake but drowsy so he learns to fall asleep on his own.
- Don't have a TV on in the background or use a TV or other digital media to calm your baby.
- Put your baby on his tummy for short periods of playtime. Don't leave him alone during tummy time or allow him to sleep on his tummy.
- Notice what helps calm your baby, such as a pacifier, his fingers, or his thumb. Stroking, talking, rocking, or going for walks may also work.
- *Never hit or shake your baby.*

Helpful Resources:

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

2 MONTH VISIT—PARENT



SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Always put your baby to sleep on her back in her own crib, not your bed.
 - Your baby should sleep in your room until she is at least 6 months old.
 - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Swaddling should not be used after 2 months of age.
- Prevent scalds or burns. Don't drink hot liquids while holding your baby.
- Prevent tap water burns. Set the water heater so the temperature at the faucet is at or below 120°F /49°C.
- Keep a hand on your baby when dressing or changing her on a changing table, couch, or bed.
- Never leave your baby alone in bathwater, even in a bath seat or ring.

WHAT TO EXPECT AT YOUR BABY'S 4 MONTH VISIT

We will talk about

- Caring for your baby, your family, and yourself
- Creating routines and spending time with your baby
- Keeping teeth healthy
- Feeding your baby
- Keeping your baby safe at home and in the car

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