

American Academy of Pediatrics



# BRIGHT FUTURES PREVISIT QUESTIONNAIRE

## 3 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. 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"/> Go to the bathroom and urinate by herself.  | <input type="checkbox"/> Speak so strangers can understand 75% of what he says.                | <input type="checkbox"/> Pedal a tricycle.                                |
| <input type="checkbox"/> Put on a coat, jacket, or shirt by himself. | <input type="checkbox"/> Tell you a story from a book or TV.                                   | <input type="checkbox"/> Climb on and off a couch or chair.               |
| <input type="checkbox"/> Eat by herself.                             | <input type="checkbox"/> Compare things using words such as <i>bigger</i> and <i>shorter</i> . | <input type="checkbox"/> Jump forward.                                    |
| <input type="checkbox"/> Begin to play make-believe.                 | <input type="checkbox"/> Understand simple prepositions, such as <i>on</i> or <i>under</i> .   | <input type="checkbox"/> Draw a single circle.                            |
| <input type="checkbox"/> Play and share with others.                 |  | <input type="checkbox"/> Draw a person with head and one other body part. |
| <input type="checkbox"/> Use 3-word sentences.                       |  | <input type="checkbox"/> Cut with child scissors.                         |

## 3 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 |
| 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 |
| Tuberculosis | Was your child or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)? | <input type="radio"/> No  | <input type="radio"/> Yes | <input type="radio"/> Unsure |
|              | Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result?  | <input type="radio"/> No  | <input type="radio"/> Yes | <input type="radio"/> Unsure |
|              | Is your child infected with HIV?   | <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 FAMILY'S HEALTH AND WELL-BEING

|  |                           |                           |
|--|---------------------------|---------------------------|
| <b>Living Situation and Food Security</b>  |                           |                           |
| Do you have enough heat, hot water, electricity, and working appliances?   | <input type="radio"/> Yes | <input type="radio"/> No  |
| Do you have problems with bugs, rodents, peeling paint or plaster, mold, or dampness?                              | <input type="radio"/> No  | <input type="radio"/> Yes |
| 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 |
| <b>Alcohol and Drugs</b>   |                           |                           |
| Does anyone in your household drink beer, wine, or liquor?   | <input type="radio"/> No  | <input type="radio"/> Yes |
| Do you or other family members use marijuana, cocaine, pain pills, narcotics, or other controlled substances?      | <input type="radio"/> No  | <input type="radio"/> Yes |
| <b>Positive Family Interactions</b>  |                           |                           |
| Are your family members loving and affectionate with one another?  | <input type="radio"/> Yes | <input type="radio"/> No  |
| Do you praise your child when he is being good?  | <input type="radio"/> Yes | <input type="radio"/> No  |
| Do you have ways to constructively handle anger and settle disputes in your family?                                | <input type="radio"/> Yes | <input type="radio"/> No  |
| Does everyone who cares for your child set the same limits for your child?   | <input type="radio"/> Yes | <input type="radio"/> No  |
| Do you allow your child to make choices, such as what clothes to wear or what books to read?                       | <input type="radio"/> Yes | <input type="radio"/> No  |
| Do you use simple words when asking your child a question or telling her what to do?                               | <input type="radio"/> Yes | <input type="radio"/> No  |
| <b>Taking Care of Yourself</b>   |                           |                           |
| Do you take time for yourself?   | <input type="radio"/> Yes | <input type="radio"/> No  |
| Do you feel you are able to balance family and work?   | <input type="radio"/> Yes | <input type="radio"/> No  |
| Do you spend time alone with your partner?   | <input type="radio"/> Yes | <input type="radio"/> No  |

#### PLAYING WITH SIBLINGS AND PEERS

|   |                           |                          |
|---|---------------------------|--------------------------|
| Does your child engage in fantasy play with dolls, toy animals, or blocks?                        | <input type="radio"/> Yes | <input type="radio"/> No |
| Do you spend time alone with your child doing things you both enjoy?                              | <input type="radio"/> Yes | <input type="radio"/> No |
| Does your child have chances to play with other children (such as on playdates and at preschool)? | <input type="radio"/> Yes | <input type="radio"/> No |

## 3 YEAR VISIT

### PLAYING WITH SIBLINGS AND PEERS (CONTINUED)

|   |   |
|---|---|
| When your child plays with other children, do you help him learn how to take turns? | <input type="radio"/> Yes <input type="radio"/> No                          |
| If you have other children, do they get along with each other?                      | <input type="radio"/> NA <input type="radio"/> Yes <input type="radio"/> No |
| Are you expecting or thinking about having another child?                           | <input type="radio"/> No <input type="radio"/> Yes                          |

### READING AND TALKING WITH YOUR CHILD

|   |  |
|---|--|
| Do you read, sing songs, or play word games with your child every day?                                  | <input type="radio"/> Yes <input type="radio"/> No |
| When you are reading together, do you ask your child questions about the pictures or story in the book? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you encourage your child to tell you about his day?  | <input type="radio"/> Yes <input type="radio"/> No |
| Does your family speak more than one language at home?  | <input type="radio"/> No <input type="radio"/> Yes |

### EATING HEALTHY AND BEING ACTIVE

|  |  |
|--|--|
| <b>Nutritious Foods</b>  |  |
| Does your child drink water every day?   | <input type="radio"/> Yes <input type="radio"/> No |
| How many ounces of milk does your child drink on most days?  | _____ oz   |
| Do you offer your child a variety of foods, including vegetables, fruits, and foods rich in protein, such as meat, eggs, chicken, or fish? | <input type="radio"/> Yes <input type="radio"/> No |
| Is your child willing to try new flavors and food textures?  | <input type="radio"/> Yes <input type="radio"/> No |
| Do you let your child decide how much to eat and when to stop?   | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Promoting Physical Activity and Limiting TV</b>   |  |
| Are you physically active together as a family, such as going on walks or playing in the park?   | <input type="radio"/> Yes <input type="radio"/> No |
| Does your child play actively for at least 1 hour a day?   | <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  |
| Does your child have a TV or an Internet-connected device in her bedroom?  | <input type="radio"/> No <input type="radio"/> Yes |
| 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 |

### SAFETY

|   |  |
|---|--|
| <b>Car and Home Safety</b>  |  |
| Is your child buckled 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 |
| Are you having any problems with your car seat?   | <input type="radio"/> No <input type="radio"/> Yes |
| 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 cut foods such as grapes and hot dogs into small pieces to prevent choking?  | <input type="radio"/> Yes <input type="radio"/> No |
| Does your child play in a driveway or close to the street?  | <input type="radio"/> No <input type="radio"/> Yes |
| 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 |
| <b>Water Safety</b>   |  |
| Are there swimming pools near your home?  | <input type="radio"/> No <input type="radio"/> Yes |
| Do you always stay within arm's reach of your child when he is in or near water?  | <input type="radio"/> Yes <input type="radio"/> No |
| Does your child always wear an US Coast Guard-approved life jacket when on a boat?  | <input type="radio"/> Yes <input type="radio"/> No |
| <b>Pets</b>   |  |
| Do you own a pet?   | <input type="radio"/> No <input type="radio"/> Yes |
| Have you taught your child how to behave around animals so she does not get bitten or scratched?  | <input type="radio"/> Yes <input type="radio"/> No |

## 3 YEAR VISIT

### SAFETY (CONTINUED)

| Gun Safety   |                           |                           |
|--|---------------------------|---------------------------|
| 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>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this questionnaire should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original questionnaire 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 questionnaire and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.

# Well Child | 3 Year Visit

|                        |             |                     |            |                    |             |      |          |
|------------------------|-------------|---------------------|------------|--------------------|-------------|------|----------|
| Accompanied By:        |             | Preferred Language: |            | Date/Time:         | Name:       |      |          |
| Weight (%):            | Height (%): | BMI (%):            | BP (%):    | 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: \_\_\_\_\_

☐ Calcium: Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Juice: ☐ No ☐ Yes: \_\_\_\_\_

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

- Goes to the bathroom and urinates by self
- Plays and shares with others
- Puts on coat, jacket, or shirt by self
- Begins to play make-believe
- Eats independently

☐ VERBAL LANGUAGE

- Uses 3-word sentences
- Uses words that are 75% intelligible to strangers
- Understands simple prepositions (eg, on, under)
- Tells a story from a book or TV
- Compares things using words such as *bigger* or *shorter*

☐ GROSS MOTOR

- Pedals tricycle
- Climbs on and off couch or chair
- Jumps forward

☐ FINE MOTOR

- Draws a single circle
- Draws a person with head and one other body part
- Cuts with child scissors

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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.

© 2019 American Academy of Pediatrics. All rights reserved.

## 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: \_\_\_\_\_Parent-child interaction: Communication: ☐ NL \_\_\_\_\_ Cooperation: ☐ NL \_\_\_\_\_Choices: ☐ NL \_\_\_\_\_ Appropriate responses to behavior: ☐ NL \_\_\_\_\_Parents working outside home: ☐ One parent ☐ Both parents Child care: ☐ No ☐ Yes Type: \_\_\_\_\_Preschool: ☐ 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. Normal BMI and BP 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. **Speech clear and appropriate language for age.** \_\_\_\_\_☐ **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 BMI percentile for age ☐ Normal BP percentile for age☐ Age-appropriate development

## ANTICIPATORY GUIDANCE

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

- Living situation and food security
- Tobacco, alcohol, and drug use
- Positive family interactions
- Work-life balance

☐ **PLAYING WITH SIBLINGS AND PEERS**

- Play opportunities and interactive games
- Sibling relationships

☐ **ENCOURAGING LITERACY ACTIVITIES**

- Reading, talking, and singing together
- Language development

☐ **PROMOTING HEALTHY NUTRITION AND PHYSICAL ACTIVITY**

- Water, milk, and juice
- Nutritious foods
- Competence in motor skills and limits on inactivity

☐ **SAFETY**

- Car safety seats
- Choking prevention
- Pedestrian safety and falls from windows
- Water safety
- Pets
- Gun safety

## PLAN

Immunizations: ☐ Vaccine Administration Record reviewed Administered today: \_\_\_\_\_ ☐ Up-to-date for age

## Universal Screening:

Oral health: Fluoride varnish applied: ☐ Yes ☐ No: \_\_\_\_\_ Oral fluoride supplementation: ☐ Yes ☐ No: \_\_\_\_\_ ☐ NAVision: Result: ☐ Unable to complete ☐ Normal vision for age ☐ Abnormal: \_\_\_\_\_

## Selective Screening (based on risk assessment) (See Previsit Questionnaire.):

☐ Anemia ☐ Hearing ☐ Lead ☐ Oral health ☐ Tuberculosis

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

## Follow-up:

☐ Routine follow-up at 4 years ☐ Next visit: \_\_\_\_\_ ☐ Referral to: \_\_\_\_\_

## PRINT NAME.

## SIGNATURE

Provider 1

Provider 2

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

# BRIGHT FUTURES HANDOUT ► PARENT

## 3 YEAR VISIT

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

### ✓ HOW YOUR FAMILY IS DOING

- Take time for yourself and to be with your partner.
- Stay connected to friends, their personal interests, and work.
- Have regular playtimes and mealtimes together as a family.
- Give your child hugs. Show your child how much you love him.
- Show your child how to handle anger well—time alone, respectful talk, or being active. Stop hitting, biting, and fighting right away.
- Give your child the chance to make choices.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- 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.

### ✓ EATING HEALTHY AND BEING ACTIVE

- Give your child 16 to 24 oz of milk every day.
- Limit juice. It is not necessary. If you choose to serve juice, give no more than 4 oz a day of 100% juice and always serve it with a meal.
- Let your child have cool water when she is thirsty.
- Offer a variety of healthy foods and snacks, especially vegetables, fruits, and lean protein.
- Let your child decide how much to eat.
- Be sure your child is active at home and in preschool or child care.
- Apart from sleeping, children should not be inactive for longer than 1 hour at a time.
- Be active together as a family.
- 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.
- Don't put a TV, computer, tablet, or smartphone in your child's bedroom.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

### ✓ PLAYING WITH OTHERS

- Give your child a variety of toys for dressing up, make-believe, and imitation.
- Make sure your child has the chance to play with other preschoolers often. Playing with children who are the same age helps get your child ready for school.
- Help your child learn to take turns while playing games with other children.

### ✓ READING AND TALKING WITH YOUR CHILD

- Read books, sing songs, and play rhyming games with your child each day.
- Use books as a way to talk together. Reading together and talking about a book's story and pictures helps your child learn how to read.
- Look for ways to practice reading everywhere you go, such as stop signs, or labels and signs in the store.
- Ask your child questions about the story or pictures in books. Ask him to tell a part of the story.
- Ask your child specific questions about his day, friends, and activities.



## 3 YEAR VISIT—PARENT



### SAFETY

- Continue to use a car safety seat that is installed correctly in the back seat. The safest seat is one with a 5-point harness, not a booster seat.
- Prevent choking. Cut food into small pieces.
- Supervise all outdoor play, especially near streets and driveways.
- Never leave your child alone in the car, house, or yard.
- Keep your child within arm's reach when she is near or in water. She should always wear a life jacket when on a boat.
- Teach your child to ask if it is OK to pet a dog or another animal before touching it.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.
- Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.

## WHAT TO EXPECT AT YOUR CHILD'S 4 YEAR VISIT

### We will talk about

- Caring for your child, your family, and yourself
- Getting ready for school
- Eating healthy
- Promoting physical activity and limiting TV time
- Keeping your child safe at home, outside, and in the car

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

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

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this handout and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.