Bright Futures Previsit Questionnaire
2½ Year Visit

For us to provide you and your child with the best possible health care, we would like to know how things are going.
Please answer all of 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?

_____

_____

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Family Routines	☐ Setting limits on your child's behavior ☐ All caregivers using the same rules with your child ☐ Your child's weight ☐ Doing fun things as a family ☐ Day and evening routines ☐ Eating together as a family
Learning to Talk and Communicate	☐ How much TV is too much TV ☐ Your child's speech
Getting Along With Others	☐ Playing well with others ☐ How and why to give your child choices
Getting Ready for Preschool	☐ Is your child ready for preschool ☐ Playgroups ☐ Toilet training
Safety	☐ Car safety seats ☐ Staying safe near water ☐ Playing safe outside ☐ Preventing sunburns ☐ Preventing fires ☐ Staying safe with your pets and others

Questions About Your Child

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

_____

_____

Hearing	Do you have concerns about how your child hears?	☐ Yes	☐ No	☐ Unsure
	Do you have concerns about how your child speaks?	☐ Yes	☐ No	☐ Unsure
Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
	Does your child hold objects close when trying to focus?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	☐ Yes	☐ No	☐ Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	☐ Yes	☐ No	☐ Unsure
	Have your child's eyes ever been injured?	☐ Yes	☐ No	☐ Unsure
Oral Health	Does your child have a dentist?	☐ No	☐ Yes	☐ Unsure
	Does your child's primary water source contain fluoride?	☐ No	☐ Yes	☐ Unsure

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes?

_____

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

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.

- ☐ Points to 6 body parts
- ☐ Jumps up and down in place
- ☐ Puts on clothes with help
- ☐ Other people can understand what your child is saying half the time
- ☐ Washes and dries hands without help
- ☐ Plays pretend
- ☐ Plays with other children, like tag
- ☐ When talking, puts 3 or 4 words together
- ☐ Knows correct animal sounds (such as cat meows, dog barks)
- ☐ Brushes teeth with help

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prevention and health promotion for infants, children, adolescents, and their families™

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ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME

Name

DRUG ALLERGIES	CURRENT MEDICATIONS

ID NUMBER

WEIGHT (%)	HEIGHT (%)	HEAD CIRC (%)	BMI (%)
See growth chart.			

TEMPERATURE	BIRTH DATE	AGE
		☐ M ☐ F

History

☐ Previsit Questionnaire reviewed
☐ Child has a dental home
☐ Child has special health care needs

Concerns and questions ☐ None ☐ Addressed (see other side)

Follow-up on previous concerns ☐ None ☐ Addressed (see other side)

Interval history ☐ None ☐ Addressed (see other side)

☐ Medication Record reviewed and updated

Social/Family History

See Initial History Questionnaire. ☐ No interval change

Family situation

Parents working outside home: ☐ Mother ☐ Father

Child care: ☐ Yes ☐ No Type _____

Changes since last visit _____

Review of Systems

See Initial History Questionnaire and Problem List.

☐ No interval change

Changes since last visit _____

Nutrition _____

Elimination: ☐ NL _____

Toilet training: ☐ Yes ☐ In process _____

Sleep: ☐ NL _____

Behavior/Temperament: ☐ NL _____

Physical activity

Play time (60 min/d) ☐ Yes ☐ No

Screen time (<2 h/d) ☐ Yes ☐ No

Development

☐ **Structured developmental screen** ☐ **NL** **Tool** _____

Developmental Surveillance (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL
- Plays pretend
- Plays with other children (eg, tag)

☐ COMMUNICATIVE
- Other people can understand what your child is saying half of the time
- When talking, puts 3 or 4 words together

☐ COGNITIVE
- Points to 6 body parts
- Knows correct animal sounds (eg, cat meows, dog barks)

☐ PHYSICAL DEVELOPMENT
- Jumps up and down in place
- Puts on clothes with help
- Washes and dries hands without help
- Brushes teeth with help

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Physical Examination

☑=NL

Bright Futures Priority
- ☐ **EYES (red reflex, cover/uncover test)**
- ☐ **NEUROLOGIC (coordination, language, socialization)**

Additional Systems
- ☐ GENERAL APPEARANCE
- ☐ HEAD
- ☐ EARS
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ NECK
- ☐ TEETH
- ☐ LUNGS
- ☐ HEART
- ☐ ABDOMEN
- ☐ GENITALIA
  - ☐ Male/Testes down
  - ☐ Female
- ☐ EXTREMITIES/HIPS
- ☐ BACK
- ☐ SKIN

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ FAMILY ROUTINES
- Family meals
- Family activities

☐ LANGUAGE PROMOTION AND COMMUNICATION
- Limit TV
- Daily reading
- Listen and repeat to child

☐ SOCIAL DEVELOPMENT
- Supervised play with other children
- Setting limits
- Emerging independence

☐ PRESCHOOL CONSIDERATIONS
- Group activities/ preschool (if possible)
- Toilet training

☐ SAFETY
- Car safety seat
- Water
- Appropriate supervision
- Sun exposure
- Fire safety
- Smoke detectors
- Outdoor safety
- Playground
- Dogs

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results _____

☐ Referral to _____

Follow-up/Next visit _____

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

WELL CHILD/2½ years

This American Academy of Pediatrics Visit Documentation Form is consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 3rd Edition.

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Bright Futures Parent Handout
2½ Year Visit

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

LANGUAGE PROMOTION AND COMMUNICATION

Learning to Talk and Communicate

- Limit TV and videos to no more than 1–2 hours each day.
- Be aware of what your child is watching on TV.
- Read books together every day. Reading aloud will help your child get ready for preschool. Take your child to the library and story times.
- Give your child extra time to answer questions.
- Listen to your child carefully and repeat what is said using correct grammar.

PRESCHOOL CONSIDERATIONS

Getting Ready for Preschool

- Make toilet-training easier.
  - Dress your child in clothing that can easily be removed.
  - Place your child on the toilet every 1–2 hours.
  - Praise your child when she is successful.
- Try to develop a potty routine.
- Create a relaxed environment by reading or singing on the potty.
- Think about preschool or Head Start for your child.
- Join a playgroup or make playdates.

FAMILY ROUTINES

Family Routines

- Get in the habit of reading at least once each day.
- Your child may ask to read the same book again and again.
- Visit zoos, museums, and other places that help your child learn.
- Enjoy meals together as a family.
- Have quiet pre-bedtime and bedtime routines.
- Be active together as a family.
- Your family should agree on how to best prepare for your growing child.
  - All family members should have the same rules.

SAFETY

Safety

- Be sure that the car safety seat is correctly installed in the back seat of all vehicles.
- Never leave your child alone inside or outside your home, especially near cars
- Limit time in the sun. Put a hat and sunscreen on the child before he goes outside.
- Teach your child to ask if it is OK to pet a dog or other animal before touching it.
- Be sure your child wears an approved safety helmet when riding trikes or in a seat on adult bikes.
- Watch your child around grills or open fires. Place a barrier around open fires, fire pits, or campfires. Put matches well out of sight and reach.
- Install smoke detectors on every level of your home and test monthly. It is best to use smoke detectors that use long-life batteries, but if you do not, change the batteries every year.
- Make an emergency fire escape plan.

SAFETY

Water Safety

- Watch your child constantly whenever he is near water including buckets, play pools, and the toilet. An adult should be within arm's reach at all times when your child is in or near water.
- Empty buckets, play pools, and tubs right after use.
- Check that pools have 4-sided fences with self-closing latches.

PROMOTING SOCIAL DEVELOPMENT

Getting Along With Others

- Give your child chances to play with other toddlers.
- Have 2 of her favorite toys or have friends buy the same toys to avoid battles.
- Give your child choices between 2 good things in snacks, books, or toys.
- Follow daily routines for eating, sleeping, and playing.

What to Expect at Your Child's 3 Year Visit

We will talk about

- Reading and talking
- Rules and good behavior
- Staying active as a family
- Safety inside and outside
- Playing with other children

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org

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