# Bright Futures Previsit Questionnaire
# 2 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.**

| | |
|---|---|
| **Your Talking Child** | ☐ How your child talks ☐ Reading together |
| **How Your Child Behaves** | ☐ Praising your child ☐ Helping your child express feelings ☐ Knowing how to give your child limited choices ☐ Playing with others ☐ Helping your child follow directions ☐ Your child's weight |
| **Toilet Training** | ☐ Signs your child is ready to potty train ☐ Helping your child potty train |
| **Your Child and TV** | ☐ How much TV is too much TV ☐ Learning activities other than TV ☐ How to be physically active as a family |
| **Safety** | ☐ Car safety seats ☐ Bike helmets ☐ Being safe outside ☐ Gun safety |

## 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 |
| **Lead** | Does your child have a sibling or playmate who has or had lead poisoning? | ☐ Yes | ☐ No | ☐ Unsure |
| | Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled? | ☐ Yes | ☐ No | ☐ Unsure |
| | Does your child live in or regularly visit a house or child care facility built before 1950? | ☐ Yes | ☐ No | ☐ Unsure |
| **Tuberculosis** | Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)? | ☐ Yes | ☐ No | ☐ Unsure |
| | Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis? | ☐ Yes | ☐ No | ☐ Unsure |
| | Has a family member or contact had tuberculosis or a positive tuberculin skin test? | ☐ Yes | ☐ No | ☐ Unsure |
| | Is your child infected with HIV? | ☐ Yes | ☐ No | ☐ Unsure |
| **Dyslipidemia** | Does your child have parents or grandparents who have had a stroke or heart problem before age 55? | ☐ Yes | ☐ No | ☐ Unsure |
| | Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication? | ☐ Yes | ☐ No | ☐ Unsure |
| **Anemia** | Do you ever struggle to put food on the table? | ☐ Yes | ☐ No | ☐ Unsure |
| | Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans? | ☐ No | ☐ Yes | ☐ Unsure |
| **Oral Health** | Does your child have a dentist? | ☐ No | ☐ Yes | ☐ Unsure |
| | Does your child's primary water source contain fluoride? | ☐ No | ☐ Yes | ☐ Unsure |

**Does your child have any special health care needs?** ☐ No ☐ Yes, describe:

**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.**

- ☐ Stacks 5 or 6 small blocks
- ☐ Kicks a ball
- ☐ Walks up and down stairs 1 step at a time alone while holding wall or railing
- ☐ Can point to at least 2 pictures that you name when reading a book
- ☐ Throws a ball overhand
- ☐ Names 1 picture such as a cat, dog, or ball
- ☐ Jumps up
- ☐ Copies things that you do
- ☐ Follows 2-step command
- ☐ When talking, puts 2 words together, like "my book"
- ☐ Turns book pages 1 at a time
- ☐ Plays pretend
- ☐ Plays alongside other children

| 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

☐ **Autism-specific screen** ☐ **NL** **Tool**

### Developmental Surveillance (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL
- Copies things that you do
- Plays pretend
- Plays alongside other children

☐ COMMUNICATIVE
- When talking, puts 2 words together (eg, "my book")

☐ COGNITIVE
- Names 1 picture (eg, cat, dog, ball)
- Follows 2-step commands

☐ PHYSICAL DEVELOPMENT
- Stacks small blocks (5–6)
- Kicks a ball
- Walks up and down stairs 1 step at a time alone while holding wall or railing
- Throws a ball overhand
- Jumps up
- Turns book pages 1 at a time

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## Physical Examination

☑=NL

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

**Additional Systems**
- ☐ GENERAL APPEARANCE
- ☐ HEAD/FONTANELLE
- ☐ EARS/APPEARS TO HEAR
- ☐ NOSE
- ☐ MOUTH AND THROAT
- ☐ NECK
- ☐ LUNGS
- ☐ HEART
  - ☐ Femoral pulses
- ☐ ABDOMEN
- ☐ GENITALIA
  - ☐ Male/Testes down
  - ☐ Female
- ☐ EXTREMITIES/HIPS
- ☐ BACK
- ☐ SKIN

Abnormal findings and comments

## Assessment

☐ Well child

## Anticipatory Guidance

☐ Discussed and/or handout given

☐ ASSESSMENT OF LANGUAGE DEVELOPMENT
- Model appropriate language
- Daily reading
- Following 1–2-step commands
- Listen and respond to child

☐ TEMPERAMENT AND BEHAVIOR
- Praise, respect
- Help express feelings
- Self-expression
- Playing with other children

☐ TOILET TRAINING
- When child is ready
- Plan for frequent toilet breaks
- Personal hygiene

☐ TV VIEWING
- Limit TV viewing to no more than 1–2 hours/day
- TV alternatives: reading, games, singing
- Encourage physical activity

☐ SAFETY
- Car safety seat
- Bike helmet
- Supervise outside
- Guns

## Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Lead**

☐ Referral to

**Follow-up/Next visit**

☐ See other side

| Print Name | Signature |
|---|---|
| PROVIDER 1 | |
| PROVIDER 2 | |

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

# Bright Futures Parent Handout
# 2 Year Visit

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

ASSESSMENT OF LANGUAGE DEVELOPMENT

## Your Talking Child

- Talk about and describe pictures in books and the things you see and hear together.
- Parent-child play, where the child leads, is the best way to help toddlers learn to talk.
- Read to your child every day.
- Your child may love hearing the same story over and over.
- Ask your child to point to things as you read.
- Stop a story to let your child make an animal sound or finish a part of the story.
- Use correct language; be a good model for your child.
- Talk slowly and remember that it may take a while for your child to respond.

TELEVISION VIEWING

## Your Child and TV

- It is better for toddlers to play than watch TV.
- Limit TV to 1–2 hours or less each day.
- Watch TV together and discuss what you see and think.
- Be careful about the programs and advertising your young child sees.
- Do other 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, at child care, and with sitters.

SAFETY

## Safety

- Be sure your child's car safety seat is correctly installed in the back seat of all vehicles.
- All children 2 years or older, or those younger than 2 years who have outgrown the rear-facing weight or height limit for their car safety seat, should use a forward-facing car safety seat with a harness for as long as possible, up to the highest weight or height allowed by their car safety seat's manufacturer.
- Everyone should wear a seat belt in the car. Do not start the vehicle until everyone is buckled up.
- Never leave your child alone in your home or yard, especially near cars, without a mature adult in charge.
- When backing out of the garage or driving in the driveway, have another adult hold your child a safe distance away so he is not run over.
- Keep your child away from moving machines, lawn mowers, streets, moving garage doors, and driveways.
- Have your child wear a good-fitting helmet on bikes and trikes.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.

TOILET TRAINING

## Toilet Training

- Signs of being ready for toilet training
  - Dry for 2 hours
  - Knows if she is wet or dry
  - Can pull pants down and up
  - Wants to learn
  - Can tell you if she is going to have a bowel movement
- Plan for toilet breaks often. Children use the toilet as many as 10 times each day.
- Help your child wash her hands after toileting and diaper changes and before meals.
- Clean potty chairs after every use.
- Teach your child to cough or sneeze into her shoulder. Use a tissue to wipe her nose.
- Take the child to choose underwear when she feels ready to do so.

TEMPERAMENT AND BEHAVIOR

## How Your Child Behaves

- Praise your child for behaving well.
- It is normal for your child to protest being away from you or meeting new people.
- Listen to your child and treat him with respect. Expect others to as well.
- Play with your child each day, joining in things the child likes to do.
- Hug and hold your child often.
- Give your child choices between 2 good things in snacks, books, or toys.
- Help your child express his feelings and name them.
- Help your child play with other children, but do not expect sharing.
- Never make fun of the child's fears or allow others to scare your child.
- Watch how your child responds to new people or situations.

## What to Expect at Your Child's 2½ Year Visit

### We will talk about

- Your talking child
- Getting ready for preschool
- Family activities
- Home and car safety
- Getting along with other children

Poison Help: 1-800-222-1222

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

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