

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.

- | | | |
|--|--|---|
| ☐ Urinate in a potty or toilet. | ☐ Use pronouns, such as "me," "his," and "our," correctly. | ☐ Run well without falling. |
| ☐ Poke food with a fork. | ☐ Explain the reasons for things, such as needing a sweater when it's cold. | ☐ Copy a vertical line. |
| ☐ Wash and dry hands. | ☐ Name at least one color. | ☐ Grasp a crayon with thumb and fingers instead of fist. |
| ☐ Play pretend with toys or dolls. | ☐ Walk up steps, using one foot, then the other. | ☐ Catch large balls. |
| ☐ 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?	☐ Yes	☐ No	☐ Unsure
	Do you ever struggle to put food on the table?	☐ No	☐ Yes	☐ Unsure
Hearing	Do you have concerns about how your child hears?	☐ No	☐ Yes	☐ Unsure
	Do you have concerns about how your child speaks?	☐ No	☐ Yes	☐ Unsure
Oral health	Does your child have a dentist?	☐ Yes	☐ No	☐ Unsure
	Does your child's primary water source contain fluoride?	☐ Yes	☐ No	☐ Unsure
Vision	Do you have concerns about how your child sees?	☐ No	☐ Yes	☐ Unsure
	Does your child have trouble with near or far vision?	☐ No	☐ Yes	☐ Unsure
	Do your child's eyes appear unusual or seem to cross?	☐ No	☐ Yes	☐ Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	☐ No	☐ Yes	☐ Unsure
	Have your child's eyes ever been injured?	☐ No	☐ Yes	☐ Unsure

ANTICIPATORY GUIDANCE

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

FAMILY ROUTINES

Does your family eat meals together?	☐ Yes	☐ No
Do you have a regular bedtime routine for your child?	☐ Yes	☐ No
Do you encourage family exercise, such as walking, swimming, dancing, or bicycling?	☐ Yes	☐ No
Does your family go to museums, zoos, and other educational places together?	☐ Yes	☐ No
Do you and your partner participate in social activities? Do you do things with friends, away from the family?	☐ Yes	☐ No
Does everyone in your family follow the same routines and set the same limits for your child?	☐ Yes	☐ No

LEARNING TO TALK AND COMMUNICATE

Do you read to your child every day?	☐ Yes	☐ No
Do you use simple words when asking your child a question and give plenty of time for her to respond?	☐ Yes	☐ No
Do you carefully listen to your child and, if necessary, offer the right words to help him make sure he is understood?	☐ Yes	☐ No
Does your child become frustrated when others cannot understand what he says?	☐ No	☐ Yes

GETTING ALONG WITH OTHERS

Does your child play with other children?	☐ Yes	☐ No
Do you allow your child to make choices such as what clothes to wear, what to eat, and what books to read?	☐ Yes	☐ 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?	☐ Yes	☐ No
Has your family made a media use plan to help everyone balance time spent on media with other family and personal activities?	☐ Yes	☐ No

GETTING READY FOR PRESCHOOL

Do you have plans for child care or preschool in the next year?	☐ Yes	☐ No
Is your child a part of a regular playgroup?	☐ Yes	☐ No
Do you read books to your child about getting ready for school?	☐ Yes	☐ No
Are you encouraging toilet training?	☐ Yes	☐ No
Do you praise your child when she tries to use the potty?	☐ Yes	☐ No

PATIENT NAME: _____ DATE: _____

Please print.

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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?	☐ Yes	☐ No
Does everyone in the vehicle always use a lap and shoulder seat belt, booster seat, or car safety seat?	☐ Yes	☐ No
Do you have a working smoke detector on every level of your home?	☐ Yes	☐ No
Do you test the batteries once a month?	☐ Yes	☐ No
Do you have an emergency escape plan in case of a fire?	☐ Yes	☐ No
Do you keep matches out of your child's sight and reach?	☐ Yes	☐ No
Do you keep your child away from the stove, grills, fireplaces, and space heaters?	☐ Yes	☐ No
Outdoor Safety		
When your child plays outside, do you make sure that he stays within fences and gates?	☐ Yes	☐ 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?	☐ Yes	☐ No
Do you keep your child away from moving machines, lawn mowers, driveways, and streets?	☐ Yes	☐ No
Have you taught your child to be careful around dogs, especially if they are eating or you don't know them?	☐ Yes	☐ No
Do you have a swimming pool, pond, or lake near your home?	☐ No	☐ Yes
Do you always put sunscreen on your child when she plays outside?	☐ Yes	☐ 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>.

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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.

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