Bright Futures Previsit Questionnaire
18 Month Visit

For us to provide you and your baby 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 Child and Family	☐ Taking time for yourself ☐ Being a role model ☐ Your child getting along with brothers and sisters ☐ Family time together ☐ Having another child ☐ Getting your child to try new foods ☐ Your child's weight
Your Child's Behavior	☐ How your child acts ☐ How to tell your child she did a good job ☐ Fun activities for your child ☐ Your child being scared in new places ☐ Setting limits and discipline
Talking and Hearing	☐ How your child talks ☐ Helping your child to learn
Toilet Training	☐ Knowing when your child is ready ☐ How to toilet train
Safety	☐ Car safety seats ☐ Preventing falls, fires, and poisoning ☐ Gun safety ☐ Keeping your child safe outside

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
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 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.

- ☐ Knows name of favorite book
- ☐ Laughs in response to others
- ☐ Runs
- ☐ Walks up steps
- ☐ Speaks 6 words
- ☐ Uses spoon and cup without spilling most of the time
- ☐ Points to 1 body part
- ☐ Stacks 2 small blocks
- ☐ Helps around the house

ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	Name

DRUG ALLERGIES	CURRENT MEDICATIONS	ID NUMBER

WEIGHT (%)	LENGTH (%)	WEIGHT FOR LENGTH (%)	HEAD CIRC (%)	TEMPERATURE	BIRTH DATE	AGE
See growth chart.						☐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: ☐ Breast ☐ Bottle ☐ Cup
Milk Ounces per day
Solid foods
Juice
Source of water Vitamins/Fluoride

Elimination: ☐ NL
Sleep: ☐ NL
Behavior: ☐ NL
Activity (playtime, no TV): ☐ NL

Development

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

Developmental Surveillance (if not reviewed in Previsit Questionnaire)

☐ SOCIAL-EMOTIONAL
- Helps in the house
- Laughs in response to others

☐ COMMUNICATIVE
- Speaks 6 words

☐ COGNITIVE
- Knows name of favorite book
- Points to 1 body part

☐ PHYSICAL DEVELOPMENT
- Stacks 2 small blocks
- Runs
- Walks up steps
- Uses spoon and cup without spilling most of the time

Physical Examination

☑=NL

Bright Futures Priority
- ☐ **EYES (red reflex, cover/uncover test)**
- ☐ **SKIN (nevi, café au lait, bruising)**
- ☐ **NEUROLOGIC (gait, coordination)**
- ☐ **TEETH (caries, white spots, staining)**

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

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ FAMILY SUPPORT
- Family time
- Time for self and other children
- Reinforce limits
- Prepare for new sibling (if necessary)
- Smoke-free environment

☐ CHILD DEVELOPMENT AND BEHAVIOR
- Anticipate anxiety
- Praise
- Consistent discipline
- Daily playtime

☐ LANGUAGE PROMOTION/HEARING
- Read, talk, and sing
- Simple words
- Feelings and emotions

☐ TOILET TRAINING READINESS
- Wait until child is ready
- Reading books/praise

☐ SAFETY
- Car safety seat
- Falls
- Burns
- Smoke detectors
- Guns
- Poisons

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	

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

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
18 Month Visit

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

LANGUAGE PROMOTION/HEARING

Talking and Hearing

- Read and sing to your child often.
- Talk about and describe pictures in books.
- Use simple words with your child.
- Tell your child the words for her feelings.
- Ask your child simple questions, confirm her answers, and explain simply.
- Use simple, clear words to tell your child what you want her to do.

FAMILY SUPPORT

Your Child and Family

- Create time for your family to be together.
- Keep outings with a toddler brief—1 hour or less.
- Do not expect a toddler to share.
- Give older children a safe place for toys they do not want to share.
- Teach your child not to hit, bite, or hurt other people or pets.
- Your child may go from trying to be independent to clinging; this is normal.
- Consider enrolling in a parent-toddler playgroup.
- Ask us for help in finding programs to help your family.
- Prepare for your new baby by reading books about being a big brother or sister.
- Spend time with each child.
- Make sure you are also taking care of yourself.
- Tell your child when he is doing a good job.
- Give your toddler many chances to try a new food. Allow mouthing and touching to learn about them.
- Tell us if you need help with getting enough food for your family.

SAFETY

Safety

- Use a car safety seat in the back seat of all vehicles.
- Have your child's car safety seat rear-facing until your child is 2 years of age *or* until she reaches the highest weight or height allowed by the car safety seat's manufacturer.
- Everyone should always wear a seat belt in the car.
- Lock away poisons, medications, and lawn and cleaning supplies.
- Call Poison Help (1-800-222-1222) if you are worried your child has eaten something harmful.
- Place gates at the top and bottom of stairs and guards on windows on the second floor and higher.
- Move furniture away from windows.
- Watch your child closely when she is on the stairs.
- 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.
- 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.
- Prevent burns by keeping hot liquids, matches, lighters, and the stove away from your child.
- Have a working smoke detector on every floor.

TOILET-TRAINING READINESS

Toilet Training

- Signs of being ready for toilet training include
  - Dry for 2 hours
  - Knows if he is wet or dry
  - Can pull pants down and up
  - Wants to learn
  - Can tell you if he is going to have a bowel movement
- Read books about toilet training with your child.
- Have the parent of the same sex as your child or an older brother or sister take your child to the bathroom.
- Praise sitting on the potty or toilet even with clothes on.
- Take your child to choose underwear when he feels ready to do so.

CHILD DEVELOPMENT AND BEHAVIOR

Your Child's Behavior

- Set limits that are important to you and ask others to use them with your toddler.
- Be consistent with your toddler.
- Praise your child for behaving well.
- Play with your child each day by doing things she likes.
- Keep time-outs brief. Tell your child in simple words what she did wrong.
- Tell your child what to do in a nice way.
- Change your child's focus to another toy or activity if she becomes upset.
- Parenting class can help you understand your child's behavior and teach you what to do.
- Expect your child to cling to you in new situations.

What to Expect at Your Child's 2 Year Visit

We will talk about

- Your talking child
- Your child and TV
- Car and outside safety
- Toilet training
- How your child behaves

Poison Help: 1-800-222-1222

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

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

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™