# 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?

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

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

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### 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

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### Vision

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

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### 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?

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Does your child live with anyone who uses tobacco or spend time in any place where people smoke?

☐ No ☐ Yes

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### Your Growing and Developing Child

Do you have specific concerns about your child’s development, learning, or behavior?

☐ No ☐ Yes, describe:

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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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<table>
<thead>
<tr>
<th>Accompanied by/informant</th>
<th>Preferred Language</th>
<th>Date/Time</th>
<th>Name</th>
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<tr>
<th>Drug Allergies</th>
<th>Current Medications</th>
<th>ID Number</th>
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<tr>
<th>Weight (%)</th>
<th>Height (%)</th>
<th>Head Circ (%)</th>
<th>BMI (%)</th>
<th>Temperature</th>
<th>Birth Date</th>
<th>Age</th>
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**History**

- Previsit Questionnaire reviewed
- 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)
- Screen time (<2 h/d)

**Development**

- Structured developmental screen
- NL

**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
- PHYSICAL DEVELOPMENT
  - Jumps up and down in place
  - Washes and dries hands without help
  - Brushes teeth with help
- COGNITIVE
  - Points to 6 body parts
  - Knows correct animal sounds (eg, cat meows, dog barks)

**Physical Examination**

- 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

**Abnormal findings and comments**

**Assessment**

- Well child

**Anticipatory Guidance**

- Discussed and/or handout given

- Family routines
  - Family mask
  - 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**

PROVIDER 1

PROVIDER 2

WELL CHILD/2 1/2 years
Bright Futures Parent Handout
2½ Year Visit

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

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.

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
- 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
- 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.

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.

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