



# Bright Futures Parent Supplemental 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 circle Yes or No for each question. Thank you.

### Your Talking Child: Assessment of Language Development

Do you read with your child every day?	Yes	No
Do you use simple words when asking your child a question?	Yes	No
Do you give your child plenty of time to respond?	Yes	No
Can you understand what your child wants?	Yes	No
Does your child use 2-word sentences like "Go home"?	Yes	No
Do you have plans for child care or preschool in the next year?	Yes	No

### How Your Child Behaves: Temperament and Behavior

Do you spend time alone with your child doing something that he likes to do?	Yes	No
Do you encourage other family members and caregivers to be consistent, patient, and calm with your child?	Yes	No
Does your child play with other children?	Yes	No

### Toilet Training

Have you encouraged toilet training?	Yes	No
Does your child tell you when he has a bowel movement?	Yes	No
Is your child dry for about 2 hours at a time?	Yes	No
Does your child know the difference between wet and dry?	Yes	No
Is your child interested in using the toilet?	Yes	No
Do you help your child wash hands after going to the bathroom?	Yes	No
Have you taught your child to sneeze or cough into her shoulder?	Yes	No



### Your Child and TV: Television Viewing

How many hours per day does your child watch TV?	_____ hours	
If your child watches TV, do you watch together and talk about what you are seeing?	<b>Yes</b>	<b>No</b>
Does your family enjoy being active together?	<b>Yes</b>	<b>No</b>
Does your child play actively for at least one hour per day?	<b>Yes</b>	<b>No</b>

### Safety

Do you always use a car safety seat in the back seat of the car?	<b>Yes</b>	<b>No</b>
Do you watch your child when he plays outside?	<b>Yes</b>	<b>No</b>
Do you keep your child away from moving machines, lawn mowers, driveways, and streets?	<b>Yes</b>	<b>No</b>
Does your child always wear a helmet when she is riding a tricycle, in a motorized kid car, or in a seat on an adult's bicycle?	<b>Yes</b>	<b>No</b>
Does anyone in your home or the homes where your child spends time have a gun?	<b>N/A</b>	<b>Yes</b>
If so, are the guns unloaded and locked away?	<b>Yes</b>	<b>No</b>
Does anyone smoke around your child?	<b>No</b>	<b>Yes</b>
If you smoke, would you like information on how to stop?	<b>Yes</b>	<b>No</b>



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