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.
- Poke food with a fork.
- Wash and dry hands.
- Play pretend with toys or dolls.
- Ask you to watch by saying, “Look at me!”
- Use pronouns, such as “me,” “his,” and “our,” correctly.
- Explain the reasons for things, such as needing a sweater when it’s cold.
- Name at least one color.
- Walk up steps, using one foot, then the other.
- Run well without falling.
- Copy a vertical line.
- Grasp a crayon with thumb and fingers instead of fist.
- Catch large balls.
## 2½ YEAR VISIT

### RISK ASSESSMENT

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anemia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child’s diet include iron-rich foods, such as meat, iron-fortified cereals, or beans?</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td>Do you ever struggle to put food on the table?</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td><strong>Hearing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have concerns about how your child hears?</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td>Do you have concerns about how your child speaks?</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td><strong>Oral health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have a dentist?</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td>Does your child’s primary water source contain fluoride?</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have concerns about how your child sees?</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td>Does your child have trouble with near or far vision?</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td>Do your child’s eyes appear unusual or seem to cross?</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td>Do your child’s eyelids droop or does one eyelid tend to close?</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td>Have your child’s eyes ever been injured?</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
</tbody>
</table>

### ANTICIPATORY GUIDANCE

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

#### FAMILY ROUTINES

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

#### LEARNING TO TALK AND COMMUNICATE

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child play with other children?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use simple words when asking your child a question and give plenty of time for her to respond?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you carefully listen to your child and, if necessary, offer the right words to help him make sure he is understood?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does your child become frustrated when others cannot understand what he says?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### GETTING ALONG WITH OTHERS

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

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2½ YEAR VISIT

SAFETY

Car and Home Safety

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your child fastened securely in a car safety seat in the back seat every time he rides in a vehicle?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does everyone in the vehicle always use a lap and shoulder seat belt, booster seat, or car safety seat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a working smoke detector on every level of your home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you test the batteries once a month?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have an emergency escape plan in case of a fire?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you keep matches out of your child's sight and reach?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you keep your child away from the stove, grills, fireplaces, and space heaters?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Outdoor Safety

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>When your child plays outside, do you make sure that he stays within fences and gates?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you keep your child away from moving machines, lawn mowers, driveways, and streets?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you taught your child to be careful around dogs, especially if they are eating or you don't know them?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a swimming pool, pond, or lake near your home?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you always put sunscreen on your child when she plays outside?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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For more information, go to https://brightfutures.aap.org.
Well Child | 2½ Year Visit

Accompanied By:                           Preferred Language:                 Date/Time:

Weight (%):                          Height/Length (%):                 BMI/Weight-for-length (%): ID Number:

Vitals (if indicated):     Temp:                  HR:                   Resp Rate:         SpO₂:

Name:                                    Name:                                    Name:

Birth Date:                             Age:               Sex:           M            F

Concerns and Questions:     □ None

Interval History:     □ None

Medical History:     □ Child has special health care needs.
Areas reviewed and updated as needed
□ Past Medical History (See Initial History Questionnaire.)
□ Surgical History (See Initial History Questionnaire.)
□ Problem List (See Problem List.)

Medications:     □ None

□ Reviewed and updated (See Medication Record.)

Allergies:     □ No known drug allergies

Nutrition:     □ Good appetite    □ Good variety
□ Daily fruits and vegetables:     □ Iron source:
□ Calcium:     Source:               Amount:
Comments:

Dental Home:     □ No     □ Yes:______________________________
Brushing twice daily:     □ Yes     □ No:______________________________
Fluoride:     □ In water source     □ Oral supplement     □ Other:

Elimination:     □ Regular soft stools
Toilet-trained:     □ Yes     □ No     □ In process

Sleep:     □ No concerns

Behavior:     □ No concerns

Physical Activity:
Playtime (60 min/d):     □ Yes     □ No:______________________________
Screen time:     □ None        h/d: _____
Source:               Quality monitored:     □ Yes     □ No

DEVELOPMENT

✔ = Normal development     □ See Previsit Questionnaire.

Caregiver concerns about development:     □ None     □ Yes:

□ SOCIAL LANGUAGE AND SELF-HELP
• Urinates in a potty or toilet
• Plays pretend with toys or dolls
• Pokes food with fork

□ VERBAL LANGUAGE
• Uses pronouns correctly
• Explains the reasons for things, such as needing a sweater when it’s cold
• Names at least one color

□ GROSS MOTOR
• Walks up steps, using one foot, then the other
• Runs well without falling

□ FINE MOTOR
• Grasps crayon with thumb and fingers instead of fist
• Catches a large ball
• Copies a vertical line

The recommendations in this form do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original form included as part of the Bright Futures Tool and Resource Kit, 2nd Edition. The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this form and in no event shall the AAP be liable for any such changes.

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Well Child | 2½ Year Visit

PHYSICAL EXAMINATION

ASSESSMENT

SOCIAL AND FAMILY HISTORY

REVIEW OF SYSTEMS

Name: __________________________


General:

Head: Normocephalic and atraumatic.


Ears, nose, mouth, and throat: Tympanic membranes with visible light reflex bilaterally. Healthy-appearing teeth without caries, plaque, discoloration, or breakage. No oral lesions or gingivitis.

Neck: Supple, with full range of motion and no significant adenopathy.

Heart: Regular rate and rhythm. No murmur.

Respiratory: Breath sounds clear bilaterally. Comfortable work of breathing.

Abdomen: Soft, with no palpable masses.

Genitourinary:

Normal female external genitalia.

Normal male external genitalia, with testes descended bilaterally.

Musculoskeletal: Spine straight. Full range of motion.


Skin: Warm and well perfused. No lesions (atypical nevi, café-au-lait spots, or birthmarks) or bruising.

Other comments:

Well child

Normal interval growth (See growth chart.)

Normal weight-for-length or BMI percentile for age

Age-appropriate development

Constitutional: ________________ Respiratory: ________________ Skin: ________________

Eyes: ________________ Gastrointestinal: ________________ Neurological: ________________

Head, Ears, Nose, and Throat: ________________ Genitourinary: ________________ Other: ________________

Cardiovascular: ________________ Musculoskeletal: ________________ Other: ________________

A 10-point review of systems was performed and results were negative except for any positive results listed below.

Bold = Focus area for this Bright Futures Visit

Normal examination findings in text. Cross out abnormalities. Describe other findings in the area provided.


□ Head: Normocephalic and atraumatic.


□ Ears, nose, mouth, and throat: Tympanic membranes with visible light reflex bilaterally. Healthy-appearing teeth without caries, plaque, discoloration, or breakage. No oral lesions or gingivitis.

□ Neck: Supple, with full range of motion and no significant adenopathy.

□ Heart: Regular rate and rhythm. No murmur.

□ Respiratory: Breath sounds clear bilaterally. Comfortable work of breathing.

□ Abdomen: Soft, with no palpable masses.

□ Genitourinary:

□ Normal female external genitalia.

□ Normal male external genitalia, with testes descended bilaterally.

□ Musculoskeletal: Spine straight. Full range of motion.


□ Skin: Warm and well perfused. No lesions (atypical nevi, café-au-lait spots, or birthmarks) or bruising.

Other comments:

□ Social History □ Family History

Changes since last visit: __________________________ □ No interval change

Smoking household: □ No □ Yes: __________________________

Firearms in home: □ No □ Yes: __________________________

Observation of parent-child interaction: __________________________

Parents working outside home: □ One parent □ Both parents Child care: □ No □ Yes Type: __________________________
Well Child | 2½ Year Visit

**PLAN**

- **Immunizations:**
  - Vaccine Administration Record reviewed
  - Administered today: ____________________________
  - Up-to-date for age

- **Universal Screening:**
  - Developmental screening: Screening tool used: __________
  - Result: ☐ Passed in all areas
  - Failed in following areas:________________________
  - Oral health: Fluoride varnish applied: ☐ Yes ☐ No:__________
  - Oral fluoride supplementation: ☐ Yes ☐ No:__________

- **Selective Screening (based on risk assessment) (See Previsit Questionnaire):**
  - Anemia ☐ BP ☐ Hearing ☐ Oral health ☐ Tuberculosis
  - Comments/results:

- **Follow-up:**
  - Routine follow-up at 3 years ☐ Next visit: __________
  - Referral to: ____________________________________________

**ANTICIPATORY GUIDANCE**

- ☐ Discussed and/or handout given

- ☐ Family Routines
  - Day and evening routines
  - Enjoyable family activities
  - Parental activities outside the family
  - Consistency in the child’s environment

- ☐ Language Promotion and Communication
  - Use of simple words and reading together

- ☐ Promoting Social Development
  - Play with other children
  - Giving choices
  - Limits on TV and media use

- ☐ Preschool Considerations
  - Readiness for early childhood programs and playgroups
  - Toilet training

- ☐ Safety
  - Car safety seats
  - Outdoor safety
  - Water safety
  - Sun protection
  - Fire and burns

- ☐ Preventive Services
  - **Immunizations:**
    - Vaccine Administration Record reviewed
    - Administered today: ____________________________
    - Up-to-date for age
  - **Universal Screening:**
    - Developmental screening: Screening tool used: __________
    - Result: ☐ Passed in all areas
    - Failed in following areas:________________________
    - Oral health: Fluoride varnish applied: ☐ Yes ☐ No:__________
    - Oral fluoride supplementation: ☐ Yes ☐ No:__________
  - **Selective Screening (based on risk assessment) (See Previsit Questionnaire):**
    - Anemia ☐ BP ☐ Hearing ☐ Oral health ☐ Tuberculosis
    - Comments/results:
  - **Follow-up:**
    - Routine follow-up at 3 years ☐ Next visit: __________
    - Referral to: ____________________________________________

**PRINT NAME**

- Provider 1

- Provider 2

**SIGNATURE**

- Provider 1

- Provider 2

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

**FAMILY ROUTINES**
- Enjoy meals together as a family and always include your child.
- Have quiet evening and bedtime routines.
- Visit zoos, museums, and other places that help your child learn.
- Be active together as a family.
- Stay in touch with your friends. Do things outside your family.
- Make sure you agree within your family on how to support your child’s growing independence, while maintaining consistent limits.

**GETTING ALONG WITH OTHERS**
- Give your child chances to play with other toddlers. Supervise closely because your child may not be ready to share or play cooperatively.
- Offer your child and his friend multiple items that they may like. Children need choices to avoid battles.
- Give your child choices between 2 items your child prefers. More than 2 is too much for your child.
- Limit TV, tablet, or smartphone use to no more than 1 hour of high-quality programs each day. Be aware of what your child is watching.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

**LEARNING TO TALK AND COMMUNICATE**
- Read books together every day. Reading aloud will help your child get ready for preschool.
- Take your child to the library and story times.
- Listen to your child carefully and repeat what she says using correct grammar.
- Give your child extra time to answer questions.
- Be patient. Your child may ask to read the same book again and again.

**GETTING READY FOR PRESCHOOL**
- Think about preschool or group child care for your child. If you need help selecting a program, we can give you information and resources.
- Visit a teachers’ store or bookstore to look for books about preparing your child for school.
- Join a playgroup or make playdates.
- Make toilet training easier.
  - Dress your child in clothing that can easily be removed.
  - Place your child on the toilet every 1 to 2 hours.
  - Praise your child when he is successful.
- Try to develop a potty routine.
- Create a relaxed environment by reading or singing on the potty.

Helpful Resources: Family Media Use Plan: [www.healthychildren.org/MediaUsePlan](http://www.healthychildren.org/MediaUsePlan)
### WHAT TO EXPECT AT YOUR CHILD’S 3 YEAR VISIT

**We will talk about**
- Caring for your child, your family, and yourself
- Playing with other children
- Encouraging reading and talking
- Eating healthy and staying active as a family
- Keeping your child safe at home, outside, and in the car

### SAFETY

- Make sure the car safety seat is installed correctly in the back seat. Keep the seat rear facing until your child reaches the highest weight or height allowed by the manufacturer. The harness straps should be snug against your child’s chest.
- Everyone should wear a lap and shoulder seat belt in the car. Don’t start the vehicle until everyone is buckled up.
- Never leave your child alone inside or outside your home, especially near cars or machinery.
- Have your child wear a helmet that fits properly when riding bikes and trikes or in a seat on adult bikes.
- Keep your child within arm’s reach when she is near or in water.
- Empty buckets, play pools, and tubs when you are finished using them.
- When you go out, put a hat on your child, have her wear sun protection clothing, and apply sunscreen with SPF of 15 or higher on her exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Have working smoke and carbon monoxide alarms on every floor. Test them every month and change the batteries every year. Make a family escape plan in case of fire in your home.

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