



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?

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

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

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have concerns about how your child speaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Vision	Do you have concerns about how your child sees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child hold objects close when trying to focus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Oral Health	Have your child's eyes ever been injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child have a dentist?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
	Does your child's primary water source contain fluoride?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure

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 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.

- | | | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Points to 6 body parts | <input type="checkbox"/> Other people can understand what your child is saying half the time | <input type="checkbox"/> When talking, puts 3 or 4 words together |
| <input type="checkbox"/> Jumps up and down in place | <input type="checkbox"/> Washes and dries hands without help | <input type="checkbox"/> Knows correct animal sounds (such as cat meows, dog barks) |
| <input type="checkbox"/> Puts on clothes with help | <input type="checkbox"/> Plays pretend | <input type="checkbox"/> Brushes teeth with help |
| | <input type="checkbox"/> Plays with other children, like tag | |



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

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