## Bright Futures Previsit 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 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.**

**Your Talking Child**

- [ ] How your child talks
- [ ] Reading together
- [ ] Praising your child
- [ ] Helping your child express feelings
- [ ] Knowing how to give your child limited choices
- [ ] Helping your child follow directions
- [ ] Your child's weight

**How Your Child Behaves**

- [ ] Playing with others
- [ ] Helping your child follow directions
- [ ] Your child's weight

**Toilet Training**

- [ ] Signs your child is ready to potty train
- [ ] Helping your child potty train

**Your Child and TV**

- [ ] How much TV is too much TV
- [ ] Learning activities other than TV
- [ ] How to be physically active as a family

**Safety**

- [ ] Car safety seats
- [ ] Bike helmets
- [ ] Being safe outside
- [ ] Gun safety

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**Questions About Your Child**

Have any of your child's relatives developed new medical problems since their last visit? If yes, please describe:

- [ ] Yes
- [ ] No
- [ ] Unsure

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**Hearing**

- [ ] Do you have concerns about how your child hears?
- [ ] Do you have concerns about how your child speaks?

**Vision**

- [ ] Do you have concerns about how your child sees?
- [ ] Does your child hold objects close when trying to focus?
- [ ] Do your child's eyes appear unusual or seem to cross, drift, or be lazy?
- [ ] Do your child's eyelids droop or does one eyelid tend to close?
- [ ] Have your child's eyes ever been injured?

**Lead**

- [ ] Does your child have a sibling or playmate who has or had lead poisoning?
- [ ] 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?
- [ ] Does your child live in or regularly visit a house or child care facility built before 1950?

**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)?
- [ ] Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?
- [ ] Has a family member or contact had tuberculosis or a positive tuberculin skin test?
- [ ] Is your child infected with HIV?

**Dyslipidemia**

- [ ] Does your child have parents or grandparents who have had a stroke or heart problem before age 55?
- [ ] Does your child have a parent with elevated blood cholesterol (240 mg/dl. or higher) or who is taking cholesterol medication?

**Anemia**

- [ ] Do you ever struggle to put food on the table?
- [ ] Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?

**Oral Health**

- [ ] Does your child have a dentist?
- [ ] Does your child's primary water source contain fluoride?

Does your child have any special health care needs?  
- [ ] Yes, describe:

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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
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.

- Stacks 5 or 6 small blocks
- Kicks a ball
- Walks up and down stairs 1 step at a time alone while holding wall or railing
- Can point to at least 2 pictures that you name when reading a book
- Throws a ball overhand
- Names 1 picture such as a cat, dog, or ball
- Jumps up
- Copies things that you do
- Follows 2-step command
- When talking, puts 2 words together, like "my book"
- Turns book pages 1 at a time
- Plays pretend
- Plays alongside other children