

12-30 Months Questions



Patient Name:	DOB:	Date:
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Any questions or concerns today? Please circle all that apply.

- Eating Y N
- Elimination (voiding/stooling) Y N
- Sleeping Y N
- Developmental (learning/behavior/speech/movement) Y N
- Hearing/Vision Y N
- Skin Y N
- Vaccines Y N
- Other Y N
- Any family changes or stressors since last visit?** Y N
- Any illnesses or injuries since your last visit?** Y N
- Does your child still take a bottle?** Y N
- Does your child eat hot dogs, peanuts, popcorn, raw carrots, hard candies?** Y N
- Have you started brushing your child's teeth?** Y N
- Does your child sit in a rear-facing car seat in the back of the car?** Y N
- Do you use sunscreen and bug spray?** Y N
- Does your child spend time with anyone who smokes?** Y N
- Do you know CPR?** Y N
- Do you know the rescue maneuver for choking?** Y N
- Do you have smoke detectors and carbon monoxide detectors?** Y N
- Do you use stairway gates?** Y N
- Are cleaning supplies and medicines stored up high and locked?** Y N
- Do you have the phone number for Poison Control handy?** Y N
- Do you have a gun in your home?** Y N
 - Is it unloaded? Y N
 - Is it locked? Y N
 - Is ammunition stored separately? Y N

SEE REVERSE FOR ADDITIONAL QUESTIONS

12-30 Months Questions



Patient Name:

DOB:

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Food Insecurity Questions (mark your answer):

- Within the past 12 months, you worried that your food would run out before you got money to buy more.
 - Often true
 - Sometimes true
 - Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
 - Often true
 - Sometimes true
 - Never true

Transportation Questions (mark all that apply):

- In the past 12 months, has lack of transportation kept you from medical appointments, meetings, working or from getting things needed for daily living?
 - Yes, it has kept me from medical appointments or getting medications
 - Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need
 - No

M-CHAT R



Patient Name:	DOB:	Date:
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Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, please answer **No**. Please circle **Yes** or **No** for every question.

- | | | |
|--|-----|----|
| 1. If you point at something across the room, does your child look at it? FOR EXAMPLE , if you point at a toy or an animal, does your child look at the toy or animal? | Yes | No |
| 2. Have you ever wondered if your child might be deaf? | Yes | No |
| 3. Does your child play pretend or make-believe? FOR EXAMPLE , pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal? | Yes | No |
| 4. Does your child like climbing on things? FOR EXAMPLE , furniture, playground equipment, or stairs. | Yes | No |
| 5. Does your child make unusual finger movements near his or her eyes? FOR EXAMPLE , does your child wiggle his or her fingers close to his or her eyes? | Yes | No |
| 6. Does your child point with one finger to ask for something or to get help? FOR EXAMPLE , pointing to a snack or toy that is out of reach | Yes | No |
| 7. Does your child point with one finger to show you something interesting? FOR EXAMPLE , pointing to an airplane in the sky or a big truck in the road | Yes | No |
| 8. Is your child interested in other children? FOR EXAMPLE , does your child watch other children, smile at them, or go to them? | Yes | No |
| 9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? FOR EXAMPLE , showing you a flower, a stuffed animal, or a toy truck | Yes | No |
| 10. Does your child respond when you call his or her name? FOR EXAMPLE , does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name? | Yes | No |
| 11. When you smile at your child, does he or she smile back at you? | Yes | No |
| 12. Does your child get upset by everyday noises? FOR EXAMPLE , does your child scream or cry to noise such as a vacuum cleaner or loud music? | Yes | No |
| 13. Does your child walk? | Yes | No |
| 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? | Yes | No |
| 15. Does your child try to copy what you do? FOR EXAMPLE , wave bye-bye, clap, or make a funny noise when you do | Yes | No |
| 16. If you turn your head to look at something, does your child look around to see what you are looking at? | Yes | No |
| 17. Does your child try to get you to watch him or her? FOR EXAMPLE , does your child look at you for praise, or say “look” or “watch me”? | Yes | No |
| 18. Does your child understand when you tell him or her to do something? FOR EXAMPLE , if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”? | Yes | No |
| 19. If something new happens, does your child look at your face to see how you feel about it? FOR EXAMPLE , if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face? | Yes | No |
| 20. Does your child like movement activities? FOR EXAMPLE , being swung or bounced on your knee | Yes | No |



BRIGHT FUTURES HANDOUT ► PARENT

2½ YEAR VISIT

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.

✓ 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 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.

✓ 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

Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

2½ YEAR VISIT—PARENT

✓ 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.

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

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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Patient Name:

DOB:



30 Month Questionnaire

28 months 16 days
through 31 months 15 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

Notes:





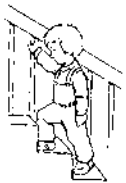

- Try each activity with your child before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by _____.

COMMUNICATION

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly <i>name</i> at least one picture? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. Without your giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| <input type="radio"/> a. "Put the toy on the table." <input type="radio"/> d. "Find your coat."
<input type="radio"/> b. "Close the door." <input type="radio"/> e. "Take my hand."
<input type="radio"/> c. "Bring me a towel." <input type="radio"/> f. "Get your book." | | | | |
| 3. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least <i>seven</i> body parts? (<i>She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. Does your child make sentences that are three or four words long? Please give an example: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| <div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div> | | | | |
| 5. Without giving your child help by pointing or using gestures, ask him to "put the book <i>on</i> the table" and "put the shoe <i>under</i> the chair." Does your child carry out both of these directions correctly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?" | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |





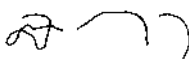
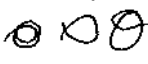
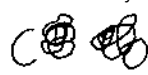
COMMUNICATION TOTAL ___

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
<p>1. Does your child run fairly well, stopping herself without bumping into things or falling?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
				
<p>2. Does your child walk either up or down at least two steps by himself? He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
				
<p>3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
				
<p>4. Does your child jump with both feet leaving the floor at the same time?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
				
<p>5. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____*
				
<p>6. Does your child stand on one foot for about 1 second without holding onto anything?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
				
GROSS MOTOR TOTAL				_____


**If Gross Motor Item 5 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."*

FINE MOTOR

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|--|
| 1. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 2. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask him to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| | | | | Count as "yes"

Count as "not yet"
 |
| 3. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| | | | |  |
| 4. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| | | | | Count as "yes"

Count as "not yet"
 |
| 5. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| | | | | Count as "yes"

Count as "not yet"
 |
| 6. Does your child turn pages in a book, one page at a time? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |

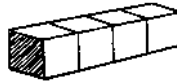
FINE MOTOR TOTAL _____

PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. When looking in the mirror, ask, "Where is _____?" (Use your child's name.) Does your child point to her image in the mirror? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| | | | |  |
| 2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |

PROBLEM SOLVING (continued)

3. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)



YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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5. When you say, "Say 'seven three,'" does your child repeat *just* the two numbers in the same order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say 'eight two.'" Your child must repeat just one series of two numbers for you to answer "yes" to this question.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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6. After your child draws a "picture," even a simple scribble, does she tell you what she drew? (You may say, "Tell me about your picture," or ask, "What is this?" to prompt her.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL

1. If you do any of the following gestures, does your child copy at least one of them?

- a. Open and close your mouth.
- b. Blink your eyes.
- c. Pull on your earlobe.
- d. Pat your cheek.

YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Does your child use a spoon to feed himself with little spilling?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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3. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if she cannot turn?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

4. Does your child put on a coat, jacket, or shirt by himself?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

5. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

6. When your child is looking in a mirror and you ask, "Who is in the mirror?" does he say either "me" or his own name?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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PERSONAL-SOCIAL TOTAL _____

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:

YES

NO

2. Do you think your child talks like other toddlers her age? If no, explain:

YES

NO

3. Can you understand most of what your child says? If no, explain:

YES

NO

4. Can other people understand most of what your child says? If no, explain:

YES

NO

5. Do you think your child walks, runs, and climbs like other toddlers his age?
If no, explain:

YES

NO

6. Does either parent have a family history of childhood deafness or hearing
impairment? If yes, explain:

YES

NO

OVERALL (continued)

7. Do you have any concerns about your child's vision? If yes, explain:

 YES NO

8. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

9. Do you have any concerns about your child's behavior? If yes, explain:

 YES NO

10. Does anything about your child worry you? If yes, explain:

 YES NO