

# 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 |
| <b>Any family changes or stressors since last visit?</b>                          | Y | N |
| <b>Any illnesses or injuries since your last visit?</b>                           | Y | N |
| <b>Does your child still take a bottle?</b>                                       | Y | N |
| <b>Does your child eat hot dogs, peanuts, popcorn, raw carrots, hard candies?</b> | Y | N |
| <b>Have you started brushing your child's teeth?</b>                              | Y | N |
| <b>Does your child sit in a rear-facing car seat in the back of the car?</b>      | Y | N |
| <b>Do you use sunscreen and bug spray?</b>                                        | Y | N |
| <b>Does your child spend time with anyone who smokes?</b>                         | Y | N |
| <b>Do you know CPR?</b>                                                           | Y | N |
| <b>Do you know the rescue maneuver for choking?</b>                               | Y | N |
| <b>Do you have smoke detectors and carbon monoxide detectors?</b>                 | Y | N |
| <b>Do you use stairway gates?</b>                                                 | Y | N |
| <b>Are cleaning supplies and medicines stored up high and locked?</b>             | Y | N |
| <b>Do you have the phone number for Poison Control handy?</b>                     | Y | N |
| <b>Do you have a gun in your home?</b>                                            | 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:

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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



Patient Name:	DOB:
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Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

- |                                                                                                                          |     |    |
|--------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Does your child enjoy being swung, bounced on your knee, etc.?                                                        | Yes | No |
| 2. Does your child take an interest in other children?                                                                   | Yes | No |
| 3. Does your child like climbing on things, such as up stairs?                                                           | Yes | No |
| 4. Does your child enjoy playing peek-a-boo/hide-and-seek?                                                               | Yes | No |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?       | Yes | No |
| 6. Does your child ever use his/her index finger to point, to ask for something?                                         | Yes | No |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something?                            | Yes | No |
| 8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them? | Yes | No |
| 9. Does your child ever bring objects over to you (parent) to show you something?                                        | Yes | No |
| 10. Does your child look you in the eye for more than a second or two?                                                   | Yes | No |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)                                              | Yes | No |
| 12. Does your child smile in response to your face or your smile?                                                        | Yes | No |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)                                     | Yes | No |
| 14. Does your child respond to his/her name when you call?                                                               | Yes | No |
| 15. If you point at a toy across the room, does your child look at it?                                                   | Yes | No |
| 16. Does your child walk?                                                                                                | Yes | No |
| 17. Does your child look at things you are looking at?                                                                   | Yes | No |
| 18. Does your child make unusual finger movements near his/her face?                                                     | Yes | No |
| 19. Does your child try to attract your attention to his/her own activity?                                               | Yes | No |
| 20. Have you ever wondered if your child is deaf?                                                                        | Yes | No |
| 21. Does your child understand what people say?                                                                          | Yes | No |
| 22. Does your child sometimes stare at nothing or wander with no purpose?                                                | Yes | No |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar?                       | Yes | No |

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# 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](http://www.healthychildren.org/MediaUsePlan)

Information About Car Safety Seats: [www.safercar.gov/parents](http://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 \_\_\_\_\_.

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## 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."<br><input type="radio"/> b. "Close the door." <input type="radio"/> e. "Take my hand."<br><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	
1. Does your child run fairly well, stopping herself without bumping into things or falling?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. Does your child jump with both feet leaving the floor at the same time?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____*
6. Does your child stand on one foot for about 1 second without holding onto anything?		<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"/> | _____ |
|                                                                                                                                                                                                                                                                         |                       |                       |                       |       |
|                                                                                                                                                                                                                                                                         |                       |                       |                       |       |
| 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"/> | _____ |
|                                                                                                                                                                                                                                                                         |                       |                       |                       |       |
| 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"/> | _____ |
|                                                                                                                                                                                                                                                                         |                       |                       |                       |       |
| 6. Does your child turn pages in a book, one page at a time?                                                                                                                                                                                                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |

Count as "yes"



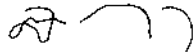
Count as "not yet"



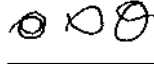
Count as "yes"



Count as "not yet"



Count as "yes"



Count as "not yet"



FINE MOTOR TOTAL \_\_\_\_\_

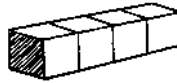
**PROBLEM SOLVING**

- |                                                                                                                                                                                 | 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"/>	_____

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"/>	_____
-----------------------	-----------------------	-----------------------	-------

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"/>	_____
-----------------------	-----------------------	-----------------------	-------

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"/>	_____
-----------------------	-----------------------	-----------------------	-------

PROBLEM SOLVING TOTAL \_\_\_\_\_

**PERSONAL-SOCIAL**

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

- |                                                     |                                                |
|-----------------------------------------------------|------------------------------------------------|
| <input type="radio"/> a. Open and close your mouth. | <input type="radio"/> c. Pull on your earlobe. |
| <input type="radio"/> b. Blink your eyes.           | <input type="radio"/> d. Pat your cheek.       |

YES	SOMETIMES	NOT YET	_____
<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"/>	_____
-----------------------	-----------------------	-----------------------	-------

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