Brightness
Futures
Tool & Resource Kit
SECOND EDITION

User Guide and Instructions for Toolkit Implementation

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
Introducing the Tool and Resource Kit

Bright Futures is a set of principles, strategies, and tools that are based in theory, driven by evidence, and oriented to systems of care. Bright Futures can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system, and policy levels.

The Bright Futures Tool and Resource Kit, 2nd Edition (referred to in this user guide as the Toolkit), is the indispensable companion to the fourth edition of the Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. The Toolkit contains the forms and handouts that health care professionals, as well as patients and families, need to carry out the health supervision visits and make them a productive and collaborative partnership to ensure the health and well-being of infants, children, youths, and families. The second edition builds on the original Toolkit's system of integrated forms to streamline the health supervision visit. The second edition facilitates enhanced surveillance of patient and family health and well-being with an expanded Anticipatory Guidance section, extensively revised documentation, and educational handouts written in plain language to be clear and concise to patients and families.

The Toolkit helps ensure individualized care: its forms allow parent and patient priorities and concerns to surface, giving opportunities for health care professionals to tailor care and anticipatory guidance.

At the same time, the Toolkit helps you provide standardized care that follows best practices of current pediatric care: all the forms and handouts are closely linked to Bright Futures visit components and priorities, making clinical activities and anticipatory guidance messages consistent throughout.

This user guide walks through the components of the Toolkit and provides suggestions on how to use these materials to its best advantage.
The Toolkit has 2 main components.

### Core Forms

These are the key documents that work as an integrated system to assist a health care professional in carrying out an efficient Bright Futures health supervision visit.

- Bright Futures Previsit Questionnaire
- Bright Futures Visit Documentation Form
- Bright Futures Parent/Patient Educational Handout

### Supporting Materials

- **Supplementary Bright Futures Visit Documentation Forms**
  - Bright Futures Initial History Questionnaire (Note: This questionnaire is available for purchase through shopAAP)
  - Bright Futures Medication Record
  - Bright Futures Problem List
  - Bright Futures Problem Visit

- **Screening Tools**
  - Bright Futures Medical Screening Reference Tables
  - Links to commonly used screening instruments and tools

- **Supplementary American Academy of Pediatrics educational handouts**
## At-a-Glance Roadmap to Bright Futures Forms, Handouts, and Resources

<table>
<thead>
<tr>
<th>Visit</th>
<th>Previsit Questionnaires</th>
<th>Parent/Patient Educational Handouts</th>
<th>Visit Documentation Forms</th>
<th>Recommended Universal Screening (See pages 19–20 for links to commonly used screening instruments and tools)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Week (3–5 Days)</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• Verify documentation of newborn hearing and blood screening results.</td>
</tr>
<tr>
<td>1 Month</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• Maternal Depression</td>
</tr>
<tr>
<td>2 Month</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• Maternal Depression</td>
</tr>
<tr>
<td>4 Month</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• Maternal Depression</td>
</tr>
<tr>
<td>6 Month</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• Maternal Depression, OHRA</td>
</tr>
<tr>
<td>9 Month</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• Child Development, OHRA</td>
</tr>
<tr>
<td>12 Month</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• OHRA (if no dental home)</td>
</tr>
<tr>
<td>15 Month</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• OHRA (if no dental home)</td>
</tr>
<tr>
<td>18 Month</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• Child Development, Autism Spectrum Disorder, OHRA (if no dental home)</td>
</tr>
<tr>
<td>2 Year</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• Autism Spectrum Disorder, OHRA (if no dental home)</td>
</tr>
<tr>
<td>2½ Year</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• Child Development, OHRA</td>
</tr>
<tr>
<td>3 Year</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• OHRA (if no dental home)</td>
</tr>
<tr>
<td>4 Year</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• OHRA (if no dental home)</td>
</tr>
<tr>
<td>5 Year</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• OHRA (if no dental home)</td>
</tr>
<tr>
<td>6 Year</td>
<td>Parent</td>
<td>Patient</td>
<td>✔</td>
<td>• OHRA (if no dental home)</td>
</tr>
<tr>
<td>7 Year</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• NA</td>
</tr>
<tr>
<td>8 Year</td>
<td>Parent</td>
<td>Patient</td>
<td>✔</td>
<td>• NA</td>
</tr>
<tr>
<td>9 Year</td>
<td>Parent</td>
<td>Parent</td>
<td>✔</td>
<td>• NA</td>
</tr>
<tr>
<td>10 Year</td>
<td>Parent</td>
<td>Patient</td>
<td>✔</td>
<td>• NA</td>
</tr>
<tr>
<td>11 Through 14 Year (sensitive questions included)</td>
<td>Patient</td>
<td>Parent</td>
<td>Patient</td>
<td>✔</td>
</tr>
<tr>
<td>15 Through 17 Year</td>
<td>Patient</td>
<td>Parent</td>
<td>Parent</td>
<td>Patient</td>
</tr>
<tr>
<td>18 Through 21 Year</td>
<td>Patient</td>
<td>Patient</td>
<td>✔</td>
<td>• Depression, Tobacco, Alcohol, or Drug Use</td>
</tr>
</tbody>
</table>

Abbreviations: NA, not applicable; OHRA, Oral Health Risk Assessment.
How to Use the Core Tools

The core tools—Previsit Questionnaire, Visit Documentation Forms, and Parent/Patient Educational Handout—function as an integrated system to help health care professionals and office staff easily and successfully implement Bright Futures recommendations for health supervision.

These forms are designed to be used as is, although, depending on the population they serve, some pediatric health care professionals may choose to adapt the tools for use in their setting. Some may choose to use all or part of the tools in conjunction with their existing resources, and others may choose to incorporate the tools into their electronic health record system.

Parents and patients complete the Bright Futures Previsit Questionnaire (PVQ) before the visit begins. This gets the visit off to a great start by allowing the health care professional to gather pertinent information without using valuable clinical time asking questions. The PVQ helps
## How to Use the Core Tools

### Initiate recommended medical risk assessment by integrating risk assessment questions corresponding to the Bright Futures/American Academy of Pediatrics Periodicity Schedule.

Certain screening is universal—every child of a specified age receives it. Other screening is selective—it occurs only if a risk assessment shows a positive result.

### Identify topics for anticipatory guidance discussion.

- Questions are organized by the 5 priorities in each visit, with questions grouped by specific topics within those priorities.
- Response options are designed to help you quickly scan the form; answers in the right-hand column highlight the “let’s talk about this” issues—the health topics and concerns that require focused discussion.

### Adolescent Questionnaires

The adolescent Previsit Questionnaires include a “Sometimes” option, recognizing that many of the anticipatory guidance topics in adolescence do not fit easily into "Yes" or "No."

Bright Futures Previsit Questionnaires for 11 Through 14 Year Visits must accommodate children and youths at very different developmental stages—prepuberty, early puberty, and late puberty. Rather than specify an age, there are 2 versions. One includes questions about sexual behaviors and is identified with “Sensitive Questions Included:” Health care professionals can decide which forms are most appropriate for their patient populations and use them accordingly.

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### Bright Futures Previsit Questionnaires for 11 Through 14 Year Visits

**PATIENT NAME:** ___________________________  **DATE:** ___________________________

#### 6 MONTH VISIT

<table>
<thead>
<tr>
<th>RISK ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hearing</strong></td>
</tr>
<tr>
<td>Have you concerns about how your baby hears?</td>
</tr>
<tr>
<td><strong>Lead</strong></td>
</tr>
<tr>
<td>Does your baby live in or visit a home or childcare facility with an identified lead hazard or a home built before 1950 that is in poor repair or that was renovated in the past 6 months?</td>
</tr>
<tr>
<td><strong>Oral health</strong></td>
</tr>
<tr>
<td>Does your baby’s primary water source contain fluoride?</td>
</tr>
<tr>
<td><strong>Tuberculosis</strong></td>
</tr>
<tr>
<td>Has your baby or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)?</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
</tr>
<tr>
<td>Does your baby have close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result?</td>
</tr>
</tbody>
</table>

#### ANTICIPATORY GUIDANCE

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

**YOUR FAMILY’S HEALTH AND WELL-BEING**

- **Living Situation and Food Security**
  - Is permanent housing a worry for you? | O No  O Yes  O Unsure
  - Do you have the things you need to take care of your baby, such as a crib, a car safety seat, and diapers? | O No  O Yes  O Unsure
  - Do you have enough heat, hot water, electricity, and working appliances? | O No  O Yes  O Unsure
  - Were you ever worried whether your food would run out before you got money to buy more? | O No  O Yes  O Unsure
  - Did you ever have to go without food? | O No  O Yes  O Unsure
  - Does anyone in your household drink alcohol, wine, or liquor? | O No  O Yes  O Unsure
  - Do you or your other family members use marijuana, cocaine,oin pills, heroin, or other controlled substances? | O No  O Yes  O Unsure

- **Living Situation and Food Security**
  - Does anyone in your household have a TV, computer, tablet, or smartphone on in the background while your baby is in the room? | O No  O Yes  O Unsure
  - Does your baby’s eyes appear unusual or seem to cross? | O No  O Yes  O Unsure

**Your Baby’s Development**

- Is your baby learning new things? | O Yes  O No
- Is your baby adapting to new situations, people, and places? | O Yes  O No
- Are you worried about how your baby will get along? | O Yes  O No
- Does your baby get hurt when you look at trouble together? | O Yes  O No
- Is your baby a TV, computer, tablet, or smartphone on in the background while your baby is in the room? | O Yes  O No
- Does your baby watch TV or play on a tablet or smartphone? | O Yes  O No
- Are you worried about your baby’s eyes? | O Yes  O No

**CARING FOR YOUR BABY**

- Is your baby learning new things? | O Yes  O No
- Is your baby adapting to new situations, people, and places? | O Yes  O No
- Are you worried about how your baby will get along? | O Yes  O No
- Does your baby get hurt when you look at trouble together? | O Yes  O No
- Is your baby a TV, computer, tablet, or smartphone on in the background while your baby is in the room? | O Yes  O No
- Does your baby watch TV or play on a tablet or smartphone? | O Yes  O No
- Are you worried about your baby’s eyes? | O Yes  O No

---

**PATIENT NAME:** ___________________________  **DATE:** ___________________________

#### 11 THROUGH 14 YEAR VISITS FOR PATIENTS (SENSITIVE QUESTIONS INCLUDED)

**EMOTIONAL WELL-BEING (CONTINUED)**

<table>
<thead>
<tr>
<th>ROMANTIC RELATIONSHIP AND SEXUAL ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been in a romantic relationship?</td>
</tr>
<tr>
<td>If yes, have you ever felt safe and respected?</td>
</tr>
</tbody>
</table>

**HEALTHY BEHAVIOR CHOICES**

- Have you ever had sex, including oral, vaginal, or anal sex? | O No  O Sometimes  O Yes |
- If yes, skip to the next question. | O No  O Sometimes  O Yes |
- Do you or your partner use condoms every time? | O Yes  O Sometimes  O No |
- Are you aware of emergency contraception? | O Yes  O Sometimes  O No |

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The Bright Futures Visit Documentation Form is designed to be a convenient resource for documenting activities within a typical health supervision visit. This form, which is streamlined and aligned with the visit structure and recommendations included in the Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition, simplifies proper coding and helps you secure appropriate payment for each visit’s activities. This form is fillable for electronic use and printing. It can also be printed and filled in by hand during the health supervision visit. The Visit Documentation Form can be adapted for use in electronic health record systems.

### Reduced Duplication
To decrease the need for duplication of information, the Visit Documentation Forms extensively reference other key components from the collection of documentation products (outlined in detail in later pages). These include references to the Initial History Questionnaire (birth, past, and family histories), Problem List, Problem Visit, Medication Record, Bright Futures Previsit Questionnaire (completed by the family before the visit), and American Academy of Pediatrics (AAP) Vaccine Administration Record.

### Universality
No documentation form will completely satisfy everyone. However, these Visit Documentation Forms (along with the supplementary documentation forms) conform to the most widely recognized set of information that health care professionals obtain during the visit. These forms have also been designed to be consistent with Centers for Medicare & Medicaid Services documentation guidelines to support evaluation and management coding. While efforts have been made to address common documentation requirements for the Early and Periodic Screening, Diagnostic and Treatment benefit, states vary in their required elements. Additional elements may be needed to meet each state’s requirements.

### Peer-reviewed
The full set of revised documentation forms have been peer-reviewed by representatives from the Bright Futures Steering Committee and the AAP Committee on Practice and Ambulatory Medicine.
## How to Use the Core Tools

### Well Child | 6 Month Visit

**Accompanied By:**
- Preferred Language:
- Date/Time:
- Name:

**Weight (%):**
- Height (%):  
- Weight-for-length (%): 
- Stature:
- Age:
- Sex:
- M
- F

### History

**Concerns and Questions:**
- None

**Internal History:**
- None

**Medical History:**
- Infant 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

**Breast milk:**
- Feeding per 24 hours:
- Problems with breastfeeding:

**Formula:**
- Type/brand:
- Source of water:
- Ounces per feeding:
- Problems with bottle feeding:

**Vitamins:**
- Vitamin D supplements:
- None

**Solids:**
- Not yet started
- Giving:

### Elimination

**Regular soft stools**

### Sleep

**Normal pattern**
- On back
- Safe sleep surface

### Behavior

**No concerns**

### Social Language and Self-Help

- Pats or smiles at reflection
- Begins to turn when name called

### Verbal Language

- Babbling

### Gross Motor

- Rolls over supine to prone
- Sits briefly without support

### Fine Motor

- Reaches for object and transfers
- Stares small object with 4 fingers
- Grasps small object on surface

### Development

* 1 = Normal development
* See Previsit Questionnaire.
  - Caregiver concerns about development:
  - None

**American Academy of Pediatrics**

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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### Review of Systems

- A 10-point review of systems was performed and results were negative except for any positive results listed below.
- **Head, Ears, Nose, and Throat:**
  - Normal funduscopic examination findings.
  - Normal male external genitalia, with testes palpable in scrotum bilaterally.
  - Normal female external genitalia.
- **Genitourinary:**
  - Normal male external genitalia, with testes palpable in scrotum bilaterally.
  - Normal female external genitalia.
- **Musculoskeletal:**
  - Spine straight.
  - No murmur. Symmetrical femoral pulses.
- **Neurological:**
  - Moves all extremities symmetrically. Normal strength and tone.
  - Normal examination findings in text. Cross out abnormalities. Describe other findings in the area provided.
- **Skin:**
  - Warm and well perfused. No lesions, birthmarks, or bruising.
  - Normocephalic and atraumatic.
  - Anterior fontanelle open and flat.
  - No positional skull deformities.
- **Respiratory:**
  - Breath sounds clear bilaterally. Comfortable work of breathing.
  - No murmur. Symmetrical femoral pulses.
- **Skin:**
  - Normal interval growth in height, weight, and head circumference. Normal weight-for-length for age.

### Anticipatory Guidance

**Social Determinants of Health**
- Tobacco, alcohol, and drug use
- Parental depression
- Pesticides in vegetables and fruits
- Tap water fluoridation

**Nutrition and Feeding**
- Breast or formula-feeding guidance
- Age-appropriate development
- Up-to-date for age

**Safety**
- Car seat safety
- Safe sleep

**Infant Behavior and Development**
- Parents as teachers
- Communication and early literacy
- Media

**Follow-up**
- Routine follow-up at 9 months
- Next visit:
  - One parent
  - Both parents
  - In-home

**Medication Management**
- Medicaid
- Medicare

**Other**
- Immunizations
- Vaccine Administration Record reviewed
- Administered today:
  - Yes
  - No

**Print Name**
- Consistent with Bright Futures’ Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition
The **Bright Futures Parent/Patient Educational Handouts** are a handy tool for you as well as for your patients and families. Parent handouts are available for each visit, from the First Week Visit (3–5 Days) through the 17 Year Visit. Patient handouts are available from the 7 Year Visit through the 21 Year Visit.

Each educational handout is written in plain language to ensure the information is clear, concise, relevant, and easy to understand. Each handout is organized around the 5 priorities in each well-child visit. Use these handouts to help guide anticipatory guidance and reinforce key messages for patients and their families. These handouts can be useful in many different types of health care settings.

Parents and patients can use them to remember guidance from the visit and as a useful health education resource once they get home. Many of the handouts include important phone numbers and helpful Web sites, such as those for car safety, poison control, and intimate partner violence.
The Bright Futures core tools are the foundation of your work with your patients and their families in each visit. Build on these tools with the supporting materials, which also align with the fourth edition of the Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. These materials will enrich each visit by helping you expand your ability to document what happens during the visit, screen and assess your patients and families, and provide vital educational guidance.

**Supplementary Bright Futures Visit Documentation Forms**

At each visit, the Visit Documentation Form is supported by

- The **Bright Futures Medication Record**, which helps you easily document and monitor the use of medications for each patient
- The **Bright Futures Problem Visit** form, which helps you appropriately document activities within the acute illness visit, support appropriate coding, and secure appropriate payment
- The **Bright Futures Problem List**, which helps you easily document the development and resolution of issues related to acute and chronic illnesses

The Visit Documentation Form is also supported by the **Bright Futures Initial History Questionnaire**, which allows a streamlined review of the patient's medical and family history.

**Screening Tools**

**Bright Futures Medical Screening Reference Tables**

These tables are an easy-to-use reference for the universal and selective screening recommended for each Bright Futures health supervision visit. Each table provides the relevant medical history risk factors for a screening, risk assessment questions to ask for selective screening, and the action to take if the risk assessment shows a positive result.

**List of Commonly Used Screening Instruments and Tools**

At selected visits, Bright Futures recommends universal screening for issues such as child development, maternal or adolescent depression, substance use, or oral health. A number of screening tools have been developed and are commonly used. The Toolkit provides a list of links to tools for use at specific Bright Futures visits as well as screening and assessment tools for use at the discretion of the health care professional (pages 19–20).

Note: The American Academy of Pediatrics does not approve nor endorse any specific tool for screening purposes. The table is not exhaustive, and other screening tools may be available.
Supplementary Bright Futures Visit Documentation Forms

The Bright Futures Initial History Questionnaire provides health care professionals with a streamlined review of a patient’s medical and family history. Intended to be completed by a caregiver of the pediatric patient, this form addresses a number of important areas. In addition, the information gathered on this form can support documentation for the initial visit to support appropriate coding and billing.

With more quality metrics, quality improvement initiatives, audits, and legal review, documentation is more critical than ever. The Initial History Questionnaire will support the documentation process. By providing an organized and consistent layout, the form can be used by health care professionals for more-effective documentation, which can improve performance, limit liability, and support efforts to obtain appropriate payment for services.

The Initial History Questionnaire provides a clear, concise way for health care professionals to establish a more complete family history on each patient and family. This questionnaire is available for purchase through shopAAP.

TIP

Comprehensive

The Initial History Questionnaire provides families the opportunity to inform their health care professional of a more complete family history for their children. The form is robust, addressing a number of different areas, including improved information on household structure, perinatal risk factors, birth history, general health issues, biological family history, and pediatric-specific past medical history for the child.

The Family History section is alphabetized for easy review. It features check boxes with space for explanation.

Initial History Questionnaire

Form Completed By: ________________________
Name: ________________________
Initial Date Completed: ________________
ID Number: ________________________
Date(s) Updated: ________________________

GENERAL

Do you consider your child to be in good health? [ ] Yes [ ] No [ ] Don’t know  Explain: ________________________

Do your child have any special health care needs? [ ] Yes [ ] No [ ] Don’t know  Explain: ________________________

Has your child ever been hospitalized? [ ] Yes [ ] No [ ] Don’t know  Explain: ________________________

Is your child allergic to medicine or drugs? [ ] Yes [ ] No [ ] Don’t know  Explain: ________________________

SOCIAL HISTORY

Please list all those living in the child’s home:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Child</th>
<th>Birth Date/Age</th>
<th>Where are they living?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list other siblings not living in the home:

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date/Age</th>
<th>Where are they living?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do the child live with both biological parents? [ ] Yes [ ] No  If No, what is the child’s current living situation? [ ] Single-parent custody  [ ] Joint custody  [ ] Adoptive family  [ ] Other family members  [ ] Foster care  Explain: ________________________

How often does the child have visits with parental not living in the home?  ________________________

BIRTH HISTORY

Birth weight:
[ ] Full-term  [ ] Preterm weeks  [ ] Post-term weeks

Delivery:  [ ] Vaginal  [ ] Cesarean  [ ] Reason:  ________________________

Any complications during birth or after birth? [ ] Yes [ ] No  Explain:  ________________________

Did the baby need to go to the NICU (neonatal intensive care unit)? [ ] No [ ] Yes  Explain:  ________________________

During pregnancy, did the mother:
[ ] Take prenatal vitamins? [ ] Yes [ ] No [ ] Unknown

[ ] Smoke or use e-cigarettes? [ ] Yes [ ] No [ ] Unknown

[ ] Have illicit drugs? [ ] Yes [ ] No [ ] Unknown

[ ] Use illicit drugs? [ ] Yes [ ] No [ ] Unknown

[ ] Take other medications? [ ] Yes [ ] No [ ] Unknown

If yes, please list:  ________________________

Blood type:  [ ] Unknown

Mother:  [ ] Unknown

Father:  [ ] Unknown

Mother’s lab results:
[ ] HIV  [ ] Hepatitis B  [ ] Hepatitis C  [ ] Group B streptococcus (GBS)  [ ] Pos  [ ] Neg  [ ] Unknown

[ ] Erythromycin eye ointment  [ ] Vitamin K shot  [ ] Hepatitis B shot  [ ] Breastfed  [ ] Pos  [ ] Neg  [ ] Unknown

After birth, did the baby get:
[ ] Bottle formula  [ ] Bottle breast milk  [ ] Breastfed  [ ] How long was baby breastfed?  [ ] Don’t know  [ ] Unknown

Did baby go home with biological mother from hospital after birth? [ ] Yes [ ] No  Explain:  ________________________

The recommendations in this questionnaire should include an evidence-based course of treatment or service as standard of care. Implementation by an individual practitioner, however, is dependent on individual circumstances, overlapping national, state, and local guidelines, and variations, taking into account individual circumstances, may be appropriate. Original questionnaire included as part of the 2nd Edition. The American Academy of Pediatrics (AAP) recommends that practitioners consult with their local health authority before making any modifications to this questionnaire and is not responsible for any modifications made to it by practitioners.
Making the Most of the Supporting Materials in the Toolkit

Initial History Questionnaire

PAST MEDICAL HISTORY (continued)

Has your child ever had any of the following problems? DK = Don’t know

<table>
<thead>
<tr>
<th>Condition</th>
<th>DK</th>
<th>No</th>
<th>Yes</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood transfusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV or AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickenpox or zoster (shingles)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental delays (speech or motor)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School problems or learning difficulties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADHD or behavioral concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety, depression, or mood problems</td>
<td></td>
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<tr>
<td>Tobacco, alcohol, or drug use</td>
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<tr>
<td>Exposure to family violence</td>
<td></td>
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<tr>
<td>Pregnancy or miscarriage</td>
<td></td>
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<tr>
<td>Sexually transmitted infections</td>
<td></td>
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<tr>
<td>Females: issues with periods</td>
<td></td>
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<td></td>
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<tr>
<td>Age of first period:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other medical problems (Please list.)</td>
<td></td>
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</tr>
</tbody>
</table>

SURGICAL HISTORY

Has your child ever had surgery? □ No □ Yes (If yes, please provide details below.)

<table>
<thead>
<tr>
<th>Surgery/Procedure</th>
<th>Date of Surgery/Child’s Age</th>
<th>Where Completed</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

TIP

Reduced Duplication
To decrease the duplication of needed information, the Initial History Questionnaire is referenced within other components of the collection of documentation products. These include references within each health supervision Visit Documentation Form and the Problem Visit form.

TIP

Universality
No documentation form will completely satisfy everyone; however, the Initial History Questionnaire addresses the information generally reviewed in a patient’s history. The form has also been designed to be consistent with Centers for Medicare & Medicaid Services documentation guidelines to support evaluation and management coding. Although efforts have been made to address common documentation requirements for the Early and Periodic Screening, Diagnostic and Treatment benefit, states vary in their required elements. Additional elements may be needed to meet each state’s requirements.
The Bright Futures Medication Record provides health care professionals with the resource they need to easily document and monitor the use of medications for each patient. Designed to be part of the individual's medical record, the form's simple design is effective in revealing trends with medication use. The Medication Record provides space for documenting the medication name, dosage, frequency, date prescribed, duration, and indication of use. The design allows for additional pages to be added over time and is easily adaptable to chronic or acute medications. It also gives the professional some flexibility to use the form as best suits individual style.

The Medication Record is best used in conjunction with the entire collection of documentation forms, in particular the health supervision Visit Documentation Forms, on which it is referenced. This unique feature helps prevent duplication, increasing the health care professional's efficiency during visits.

The Medication Record provides a clear, concise way for professionals to meet their current documentation needs.

<table>
<thead>
<tr>
<th>MEDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Name</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>x</td>
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<tr>
<td>x</td>
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<tr>
<td>x</td>
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<td>x</td>
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<tr>
<td>x</td>
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<tr>
<td>x</td>
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</tbody>
</table>
The **Bright Futures Problem List** provides health care professionals with the resource they need to easily document the development and resolution of issues related to acute and chronic illnesses. The simple format allows users to clearly document the onset date for chronic and acute problems, as well as the date the issue is resolved. Substantial space is allotted for description making it easy to reference and establish patterns in a patient's health status.

The Problem List is best used in conjunction with the entire collection of documentation products. It is referenced on the health supervision Visit Documentation Forms as well as the Problem Visit form. This unique feature helps prevent duplication, increasing the health care professional's efficiency during visits. The Problem List provides a clear, concise template for users to efficiently document and track the patient's medical problems.

<table>
<thead>
<tr>
<th>Problem List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>ID Number:</td>
</tr>
<tr>
<td>Birth Date:</td>
</tr>
<tr>
<td>Age:</td>
</tr>
<tr>
<td>Sex:</td>
</tr>
</tbody>
</table>

**TIP**

Separates chronic problems from acute problems.

**TIP**

Rapid review of child's visit pattern guides further evaluation.

**TIP**

Easy to identify developing issues (e.g., recurrent otitis media).
The Bright Futures Problem Visit form is designed to provide health care professionals with the resource they need to appropriately document activities within problem-focused and acute illness visits, support appropriate coding, and secure appropriate payment for their activities. As evaluation and management coding specifies the number of systems and details of data elements that must be present to justify the various levels of payment, these updated forms have been pre-populated with a review of systems and common physical examination findings to streamline documentation.

With more pay-for-performance programs, quality improvement initiatives, audits, and legal review, documentation is more critical than ever. The Problem Visit form will assist in simplifying the documentation process. By providing an organized and consistent layout, this form can be used by health care professionals for more-effective documentation, which can improve performance, limit liability, and support efforts to obtain appropriate payment for services.

The purpose of the Problem Visit form is to provide a clear, concise way for health care professionals to meet their current documentation needs during problem-focused or acute illness visits.
Problem Visit

HISTORY

Areas reviewed:

Problem List (See Problem List.)
  □ No interval change
  □ Updated

Past Medical History (See Initial History Questionnaire.)
  □ No interval change
  □ Updated

Social and Family History (See Initial History Questionnaire.)
  □ No interval change
  □ Updated

Immunizations (See Vaccine Administration Record.)
  □ Up-to-date for age

PHYSICAL EXAMINATION

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

General:
  □ Well appearing, in no acute distress

Eyes:
  □ Pupils equal, round, and reactive to light
  □ Extraocular eye movements intact

Head, ears, nose, and throat:
  □ Tympanic membranes normal bilaterally
  □ No oral lesions

Neck:
  □ Supple, with no significant cervical adenopathy

Heart:
  □ Regular rate and rhythm
  □ No murmur

Respiratory:
  □ Breathing sounds clear bilaterally
  □ Comfortable work of breathing

Abdomen:
  □ Soft and non-tender

Genitourinary:
  □ Normal external genitalia
  □ No lesions

Musculoskeletal:
  □ Full range of motion
  □ No joint swelling

Neurological:
  □ Cranial nerves II to XII grossly intact
  □ Moves all extremities equally

Skin:
  □ Warm and well perfused
  □ No rashes

Psychiatric:
  □ Full affect
  □ Makes appropriate eye contact

Additional comments:

ASSESSMENT AND PLAN

Reduced Duplication
The Problem Visit form extensively references other key components from the collection of documentation products including the Initial History Questionnaire, Problem List, Medication List, and AAP Vaccine Administration Record. The same Problem Visit form can be used for all ages.

Universality
No documentation form will completely satisfy everyone; however, the Problem Visit form conforms to the most widely recognized set of information that health care professionals obtain during the visit. The form has also been designed to be consistent with Centers for Medicare & Medicaid Services documentation guidelines to support evaluation and management coding. While efforts have been made to address common documentation requirements for the Early and Periodic Screening, Diagnostic and Treatment benefit, states vary in their required elements. Additional elements may be needed to meet each state’s requirements.
Making the Most of the Supporting Materials in the Toolkit

Supplementary American Academy of Pediatrics Educational Handouts

These educational handouts have been specifically selected to accompany each health supervision visit to support your anticipatory guidance, education, and counseling. These resources provide detailed how-to-information, drawn from trusted sources, on many topics that may be relevant to a patient of a particular age. Use them to enhance and enrich the Bright Futures Parent/Patient Educational Handouts, which focus on the 5 priorities for each visit.

Here is a sample handout.

**Safe Sleep and Your Baby:**

*How Parents Can Reduce the Risk of SIDS and Suffocation*

About 1,500 babies die each year in the United States during sleep because of unsafe sleep environments.

1. Place your baby to sleep on his back for every sleep. Note: Babies up to 1 year of age should always be placed on their back. If your baby falls asleep in a car safety seat, stroller, swing, infant carrier, or infant sling, he should be moved to a firm sleep surface as soon as possible.

2. The crib, bassinet, portable crib, or play yard should meet current standards. Do not use a crib that is broken or missing parts or recalled. Do not use a crib that is not portable.

3. Cover the mattress with a fitted sheet. Never put blankets or pillows between the mattress and fitted sheet that has drop-side rails. For more information about crib safety standards, visit the Consumer Product Safety Commission Web site at www.cpsc.gov.

4. Swaddling (wrapping a light blanket snuggly around a baby) may be helpful for the first few nights to help your baby transition to sleeping on his back. Babies who do not fall asleep swaddled may become restless and start crying. This may help your baby fall asleep with his back to tummy.

5. Do not use home cardiorespiratory monitors to help reduce the risk of SIDS. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

6. Do not use pacifiers that are attached to objects, such as stuffed animals or toys and other items that may be a suffocation or choking risk.

7. Babies who sleep in the same bed as their parents are at risk of SIDS. Place your baby to sleep in the same room where you sleep but not the same bed.

8. Babies up to 1 year of age should always be placed on their back to sleep. If your baby falls asleep on his side or stomach, he can be left in that position if he is asleep and is safe. However, if your baby is awake and is not capable of moving from one position to another on his own, he should be put back to sleep on his back.

9. Place your baby to sleep in the same room where you sleep but not the same bed.

10. Do not use home cardiorespiratory monitors to help reduce the risk of SIDS. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

11. Do not use pacifiers that are attached to objects, such as stuffed animals or toys and other items that may be a suffocation or choking risk.

12. Babies who sleep in the same bed as their parents are at risk of SIDS. Place your baby to sleep in the same room where you sleep but not the same bed.

13. Do not use home cardiorespiratory monitors to help reduce the risk of SIDS. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

14. Do not use pacifiers that are attached to objects, such as stuffed animals or toys and other items that may be a suffocation or choking risk.

15. Babies who sleep in the same bed as their parents are at risk of SIDS. Place your baby to sleep in the same room where you sleep but not the same bed.

16. Do not use home cardiorespiratory monitors to help reduce the risk of SIDS. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

17. Do not use pacifiers that are attached to objects, such as stuffed animals or toys and other items that may be a suffocation or choking risk.

18. Babies who sleep in the same bed as their parents are at risk of SIDS. Place your baby to sleep in the same room where you sleep but not the same bed.

19. Do not use home cardiorespiratory monitors to help reduce the risk of SIDS. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

20. Do not use pacifiers that are attached to objects, such as stuffed animals or toys and other items that may be a suffocation or choking risk.
## Links to Commonly Used Screening Instruments and Tools

The American Academy of Pediatrics does not approve nor endorse any specific tool for screening purposes. This table is not exhaustive, and other screening tools may be available. For best results, it is recommended that users review available instruction manuals before administering, scoring, and analyzing results of the scoring tools. Availability of a tool in multiple languages does not correlate to validation of the tool in such languages.

Links provided for these commonly used tools go to the author or the owner (or both) of the specific tool to ensure accessibility to the most up-to-date version of the specific tool. Review and comply with any copyright and permissions requirements before use.

### Instruments for Recommended Universal Screening at Specific Bright Futures Visits

<table>
<thead>
<tr>
<th>Recommended Visit</th>
<th>Recommended Screening</th>
<th>Tool by Author/Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Month</td>
<td>Maternal Depression</td>
<td><strong>Edinburgh Postpartum Depression Scale (EPDS)</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
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<tr>
<td></td>
<td></td>
<td>A modified version of the EPDS is included as part of the Family Questions section in</td>
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<tr>
<td></td>
<td></td>
<td>the <strong>Survey of Well-being of Young Children (SWYC)</strong>.</td>
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<tr>
<td>2 Month</td>
<td></td>
<td><strong>Patient Health Questionnaires (PHQs)</strong></td>
</tr>
<tr>
<td>4 Month</td>
<td></td>
<td><strong>PHQ-9</strong></td>
</tr>
<tr>
<td>6 Month</td>
<td></td>
<td><strong>PHQ-2</strong>&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Bright Futures sample form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Instructions</td>
</tr>
<tr>
<td>Universal</td>
<td>Oral Health</td>
<td><strong>AAP Oral Health Risk Assessment (OHRA)</strong></td>
</tr>
<tr>
<td>6 Month</td>
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<td></td>
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<tr>
<td>9 Month</td>
<td></td>
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<tr>
<td>If No Dental Home</td>
<td>12 Month</td>
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<tr>
<td></td>
<td>15 Month</td>
<td></td>
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<tr>
<td></td>
<td>18 Month</td>
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<td>2 Year</td>
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<td>2½ Year</td>
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<td>3 Year</td>
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<td>4 Year</td>
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<td>5 Year</td>
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<td></td>
<td>6 Year</td>
<td></td>
</tr>
<tr>
<td>9 Month</td>
<td>Child Development</td>
<td><strong>AAP &quot;Developmental Screening Tools&quot; table</strong></td>
</tr>
<tr>
<td>18 Month</td>
<td></td>
<td><strong>Ages &amp; Stages Questionnaires, Third Edition (ASQ-3)</strong></td>
</tr>
<tr>
<td>2½ Year</td>
<td></td>
<td><strong>Parents' Evaluation of Developmental Status (Peds)</strong></td>
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<td></td>
<td><strong>Survey of Well-being of Young Children (SWYC)</strong> (milestones)</td>
</tr>
<tr>
<td>18 Month</td>
<td>Autism Spectrum Disorder</td>
<td><strong>Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (M-CHAT-R/F)</strong></td>
</tr>
<tr>
<td>2 Year</td>
<td></td>
<td><strong>Translations</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Survey of Well-being of Young Children (SWYC)</strong> (Parent's Observations of Social Interactions)</td>
</tr>
</tbody>
</table>
### Instruments for Recommended Universal Screening at Specific Bright Futures Visits (continued)

<table>
<thead>
<tr>
<th>Recommended Visit</th>
<th>Recommended Screening</th>
<th>Tool by Author/Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Through 14 Year</td>
<td>Depression (beginning</td>
<td>PHQ-9 Modified for Adolescents (PHQ-A)&lt;sup&gt;♭&lt;/sup&gt;</td>
</tr>
<tr>
<td>15 Through 17 Year</td>
<td>at age 12)</td>
<td>A version of the PHQ-A should be available when the new <em>Guidelines for Adolescent Depression in Primary Care Toolkit</em> is posted.</td>
</tr>
<tr>
<td>18 Through 21 Year</td>
<td></td>
<td>Another sample of the PHQ-A is available through the <em>Community Care of North Carolina</em>.</td>
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<tr>
<td></td>
<td></td>
<td>PHQ-&lt;sup&gt;2♭&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Bright Futures sample form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Instructions</td>
</tr>
<tr>
<td>11 Through 14 Year</td>
<td>Tobacco, Alcohol, or</td>
<td><em>Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide</em></td>
</tr>
<tr>
<td>15 Through 17 Year</td>
<td>Drug Use</td>
<td><em>Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)</em></td>
</tr>
<tr>
<td>18 Through 21 Year</td>
<td></td>
<td><em>Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT)</em></td>
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<tr>
<td></td>
<td></td>
<td><em>Screening to Brief Intervention (S2BI)</em></td>
</tr>
</tbody>
</table>

**Abbreviation:** AAP, American Academy of Pediatrics.

### Other Commonly Used Screening and Assessment Tools

<table>
<thead>
<tr>
<th>Recommended Screening</th>
<th>Tool by Author/Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent and family assessment</td>
<td><em>Safe Environment for Every Kid (SEEK) Parent Questionnaire – R</em></td>
</tr>
<tr>
<td></td>
<td>- Translations</td>
</tr>
<tr>
<td>Psychological and behavioral assessment</td>
<td><em>Pediatric Symptom Checklist (PSC)</em></td>
</tr>
<tr>
<td></td>
<td>- Translations</td>
</tr>
<tr>
<td></td>
<td><em>Strengths and Difficulties Questionnaires (SDQ)</em></td>
</tr>
<tr>
<td></td>
<td>- Translations</td>
</tr>
<tr>
<td>Social determinants of health</td>
<td><em>Accountable Health Communities Health-Related Social Needs Screening Tool</em></td>
</tr>
<tr>
<td></td>
<td><em>Center for Youth Wellness ACE Questionnaire (CYW ACE-Q)</em></td>
</tr>
<tr>
<td></td>
<td><em>American Academy of Family Physicians The EveryONE Project</em></td>
</tr>
<tr>
<td></td>
<td><em>Health Leads Social Needs Screening Toolkit</em></td>
</tr>
<tr>
<td></td>
<td><em>Hunger Vital Sign</em></td>
</tr>
<tr>
<td></td>
<td><em>IHELP (Income, Housing, Education, Legal Status, Literacy, and Personal Safety) Social History Questions</em></td>
</tr>
<tr>
<td></td>
<td><em>Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE)</em></td>
</tr>
<tr>
<td></td>
<td><em>Survey of Well-being of Young Children (SWYC) (Family Questions)</em></td>
</tr>
<tr>
<td></td>
<td><em>Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE) Survey</em></td>
</tr>
<tr>
<td>Crosscutting</td>
<td><em>Survey of Well-being of Young Children (SWYC)</em></td>
</tr>
<tr>
<td></td>
<td>- Translations</td>
</tr>
<tr>
<td></td>
<td><em>AAP Screening Tool Finder</em>&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup> Permission required for use. Contact the Royal College of Psychiatrists at permissions@rcpsych.ac.uk to request permission to use.

<sup>b</sup> This version is not available on the Pfizer Web site.

<sup>c</sup> This is a searchable database of screening tools for children 0–5 years of age.