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ABOUT BRIGHT FUTURES

Bright Futures is a national health promotion/illness prevention initiative launched in 1990 with the support of the Health Resources and Services Administration’s Maternal and Child Health Bureau and the Health Care Financing Administration’s Medicaid Bureau.

The mission of Bright Futures is to promote and improve the health and well-being of infants, children, adolescents, families, and communities. Bright Futures is dedicated to developing materials for health professionals and families; implementing Bright Futures content, philosophy, and materials; and fostering partnerships and collaboration.

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Bright Futures Materials

The following Bright Futures materials are available in print, with most also available on the Web:
- Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Second Edition (also available on CD-ROM)
- Bright Futures Pocket Guide, Second Edition
- Bright Futures in Practice: Physical Activity
- Bright Futures in Practice: Nutrition
- Bright Futures in Practice: Oral Health
- Oral Health Quick Reference Cards
- Bright Futures Anticipatory Guidance Cards
- Bright Futures Encounter Forms for Health Professionals
- Bright Futures Encounter Forms for Families (also in Spanish)
- Bright Futures Family Tip Sheets
- Bright Futures Nutrition Family Fact Sheets
- Bright Futures Activity Book (also in Spanish)
- Bright Notes Newsletter

Forthcoming
- Bright Futures in Practice: Mental Health
- Bright Futures for Children with Special Health Care Needs
HOW TO USE THIS GUIDE

The pocket guide is based on Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents—Second Edition published in January 2000. Presenting key information from the guidelines, the pocket guide serves as a quick reference tool and training resource for health professionals.

Sections of the Pocket Guide

General Health Supervision Questions: Provides health professionals with a list of “interview” questions that are generally relevant for most ages.

The Health Visit: Focuses on specific age-appropriate issues.

• Questions for the Parent(s), Questions for the Child or Adolescent: Includes a broad range of “interview” questions intended for the health professional to use selectively. Questions will vary from visit to visit and from family to family, and can be modified to match the health professional’s communication style. The questions help identify the guidance that best meets the needs of the child and family.

• Developmental Observation: Includes developmental surveillance, school performance questions, milestones, and observation of parent-child interaction.

• Physical Exam and Screening: Includes the physical exam, special issues to be noted, additional screening procedures, risk assessment, and immunizations.

• Anticipatory Guidance: Presents guidance in areas of injury and illness prevention, nutrition, oral health, social competence, school performance, sexuality, responsibility, parent interaction, family relationships, and community interaction. Anticipatory guidance is meant to be used selectively; areas of particular importance for each visit are designated with Bright Futures “suns.”

Appendices: Includes the recommended periodicity schedule for health supervision; approved immunization schedule; screening guidelines for hearing, vision, iron-deficiency anemia, elevated blood lead levels, and hyperlipidemia; tooth eruption chart; sexual maturity ratings; sexually transmitted disease screening; and child care.
CORE CONCEPTS

Q: In today’s complex and changing health care system, how can health professionals implement a Bright Futures approach within each visit?

A: By using an innovative health promotion curriculum developed specifically to help professionals integrate Bright Futures principles into clinical practice.

This unique curriculum, developed by a health promotion work group supported by the Maternal and Child Health Bureau, includes 6 core concepts:

- Partnership
- Communication
- Time management
- Education
- Health promotion/illness prevention
- Advocacy

A summary of each of these core concepts is presented on the following pages to help all professionals, both experienced practitioners and those in training, bring Bright Futures alive and make it happen for children and families.

For more information about this unique health promotion curriculum, please contact Dr. Henry H. Bernstein, Chair, Bright Futures Health Promotion Work Group, by phone (617) 355-7960 or by e-mail (bernstein_h@a1.tch.harvard.edu).

Using Open-Ended Questions Effectively

All 6 core concepts rely on the health professionals’ skills in using open-ended questions to communicate effectively, partner with and educate children and their families, and serve as their advocates to promote health and prevent illness in a time-efficient manner.

Open-ended questions...

- Help to start the conversation
- Are interpretive
- Have a wide range of possible answers
- Stimulate thinking
- Promote problem-solving

Examples:
- “How are you and your partner managing Lisa’s behavior? What do you do when you disagree?”
- “Evan, if you had 3 wishes, what would they be?”

Techniques

- Begin with affirming questions
  Example: “Tell me some things you’re really good at.”
- Wait at least 3 seconds to allow family to respond to question
- Ask questions in a supportive way to encourage communication
BUILDING EFFECTIVE PARTNERSHIPS

A clinical partnership is a relationship in which participants join together to ensure health care delivery in a way that recognizes the critical roles and contributions of each partner (child, family, health professional, and community) in promoting health and preventing illness. Following are 6 steps for building effective health partnerships.

1. Model and encourage open, supportive communication with child and family.
   - Integrate family-centered communication strategies
   - Use communication skills to build trust, respect, and empathy

2. Identify health issues through active listening and “fact finding.”
   - Selectively choose Bright Futures general and age-appropriate interview questions
   - Ask open-ended questions to encourage more complete sharing of information
   - Communicate understanding of the issues and provide feedback

3. Affirm strengths of child and family.
   - Recognize what each person brings to the partnership
   - Acknowledge and respect each person’s contributions
   - Commend family for specific health and developmental achievements

4. Identify shared goals.
   - Promote view of health supervision as partnership between child, family, health professional, and community
   - Summarize mutual goals
   - Provide links between stated goals, health issues, and available resources in community

5. Develop joint plan of action based on stated goals.
   - Be sure that each partner has a role in developing the plan
   - Keep plan simple and achievable
   - Set measurable goals and specific timeline
   - Use family-friendly negotiation skills to ensure agreement
   - Build in mechanism and time for follow-up

6. Followup: Sustaining the partnership.
   - Share progress, successes, and challenges
   - Evaluate and adjust plan
   - Provide ongoing support and resources
Fostering Family-Centered Communication

Effective Behaviors
- Greet each family member and introduce self
- Use names of family members
- Incorporate social talk in the beginning of the interview
- Show interest and attention
- Demonstrate empathy
- Appear patient and unhurried
- Acknowledge concerns, fears, and feelings of child and family
- Use ordinary language, not medical jargon
- Use Bright Futures general and age-appropriate interview questions
- Give information clearly
- Query level of understanding and allow sufficient time for response
- Encourage additional questions
- Discuss family life, community, school

Active Listening Skills:
Verbal Behaviors
- Allow child and parents to state concerns without interruption
- Encourage questions and answer them completely
- Clarify statements with follow-up questions
- Ask about feelings
- Acknowledge stress or difficulties
- Allow sufficient time for a response (wait time >3 seconds)
- Offer supportive comments
- Restate in the parent’s or child’s words
- Offer information or explanations

Active Listening Skills:
Nonverbal Behaviors
- Nod in agreement
- Sit down at the level of the child and make eye contact
- Interact with or play with the child
- Show expression, attention, concern, or interest
- Convey understanding and empathy
- Touch child or parent (if appropriate)
- Draw pictures to clarify
- Demonstrate techniques
PROMOTING HEALTH AND PREVENTING ILLNESS

It is essential that health professionals identify and focus on the individual needs and concerns of the child and family, since families often hesitate to initiate discussion.

1. Identify relevant health promotion topics.
   - Ask open-ended, nonjudgmental questions to obtain information and identify appropriate guidance
     Example:
     • “How is breastfeeding going? What questions/concerns do you have today?”
   - Ask specific follow-up questions to communicate understanding and focus the discussion
     Example:
     • “How often and for how long do you breastfeed Manuel? How do you tell when he wants to be fed?”
   - Listen for verbal and nonverbal cues to discover underlying or unidentified concerns
     Example:
     • “How do you balance your roles of partner and parent? When do you make time for yourself?”

2. Give personalized guidance.
   - Introduce new information and reinforce healthy practices
     Examples:
     • Take time for self, time with partner
     • Encourage partner to help care for baby
     • Accept support from friends, family

3. Incorporate family and community resources.
   - Approach child within context of family and community
   - Identify each family member’s role
     Examples:
     • “Who helps you with Kim?”
     • “How much rest are you getting?”
   - Identify community resources such as lactation consultant or local La Leche League chapter
   - Develop working relationships with community professionals, and establish lines of referral
   - Create a list of local resources with contact information

4. Come to closure.
   - Be sure that the health message is understood
     Examples:
     • “Have I addressed your concerns?”
     • “Do you have any other concerns about Kim’s health?”
   - Identify possible barriers
     Example:
     • “What problems do you think you might have following through with what we discussed today?”
1. Maximize time for health promotion.
- Use accurate methods that minimize documentation time
- Ask family to complete forms in waiting area
- Organize chart in consistent manner
- Scan chart before meeting with the child and family
- Train staff to elicit information and to provide follow-up with family

2. Clarify health professional’s goals for visit.
- Review screening forms and other basic health data
- Observe parent-infant interaction
- Clarify key issues for visit
  Example: Review age-appropriate anticipatory guidance.
- Identify needs, then rank them in order of importance

3. Identify family’s needs and concerns for visit.
- Selectively use Bright Futures general and age-appropriate interview questions
- Include open-ended questions to draw family into visit
  Example: “Tell me about Sabrina’s sleeping habits. What position does she sleep in?” (Elicits more than yes/no answer, and presents “teachable moment” on “Back to Sleep” and SIDS.)

4. Work with the family to prioritize goals for visit.
- Explain purpose of visit (identify, address specific concerns and overall health and development)
- Identify family’s and health professional’s shared goals
- Prioritize needs through family-friendly negotiation
  Example: “I appreciate your concerns about ______. While you are here, I would also like to talk about ______.”

5. Suggest other options for addressing unmet goals.
- Acknowledge importance of issues that could not be fully addressed during the visit
- Offer additional resources (handouts, audiotapes, videotapes, Web-based materials)
- Suggest a follow-up visit or phone call
  Example: “I’m sorry we weren’t able to talk about _______ during today’s visit. Could I call you one afternoon next week to follow up on that?”
  Or: “Would you be able to come back next week so we could talk more about that?”
- Provide referral to professional or community resource
  Example: “I know we haven’t had a chance to cover your concern about ______ today. Would you like to pursue it with a specialist in that area?”
EDUCATING FAMILIES THROUGH TEACHABLE MOMENTS

Teachable moments occur multiple times each day but often go unrecognized. Health visits present opportunities for the health professional to teach the child and family.

1. Recognize "teachable moments" in health visit
2. Clarify learning needs of child and family
3. Set a limited agenda and prioritize needs together
4. Select teaching strategy
5. Seek and provide feedback
6. Evaluate effectiveness of teaching

Teaching strategies

<table>
<thead>
<tr>
<th>Teaching strategies</th>
<th>Advantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telling (explain, provide information, give directions)</td>
<td>Works well when giving initial explanations or clarifying concepts</td>
</tr>
<tr>
<td>Showing (demonstrate, model, draw)</td>
<td>Illustrates concepts for visual learners</td>
</tr>
<tr>
<td>Providing resources (handouts, videos, Web sites)</td>
<td>Serves as reference after family leaves the office/clinic</td>
</tr>
<tr>
<td>Questioning (ask open-ended questions, allow time for response)</td>
<td>Promotes problem-solving, critical thinking; elicits better information; stimulates recall</td>
</tr>
<tr>
<td>Practicing (apply new information)</td>
<td>Reinforces new concepts</td>
</tr>
<tr>
<td>Giving constructive feedback (seek family’s perspective, restate, clarify)</td>
<td>Affirms family’s knowledge; corrects misunderstandings</td>
</tr>
</tbody>
</table>

Four characteristics of the teachable moment

- Provides “information bites” (small amounts of information)
- Is directed to the child’s or family’s specific need
- Is brief (e.g., a few seconds)
- Requires no preparation time

Teachable moments occur multiple times each day but often go unrecognized. Health visits present opportunities for the health professional to teach the child and family.
1. **Identify Family Needs or Concerns.**
- Use open-ended questions to identify specific needs or concerns of the family
  - Example: “What are some of the main concerns in your life right now?”
- Choose a specific area of focus
  - Example: Obtaining special education services for a child
- Clarify family’s beliefs and expectations about the issue
- Determine what has been done to date, and what has (or hasn’t) worked
  - Example: Parents may have tried unsuccessfully to obtain services for their child
- Do some initial “fact finding” and obtain data
  - Example: Contact board of education or local department of public health.
- Talk with others, determine progress
  - Example: Is there a local school coalition that addresses the issue?

2. **Assess the Situation.**
- Determine existing community resources
- Learn the laws
  - Example: Are there any existing laws that address the issue?
- Review the data and resources to be sure they support the issue
- Assess political climate to determine support or opposition
  - Example: Is this issue of interest to anyone else (school/early intervention teacher, local policymakers)? Who (or what) might oppose the advocacy efforts? Why?

3. **Develop a Strategy.**
- Limit efforts to a specific issue
  - Example: Obtaining special education services for a child rather than changing the laws
- Use existing resources
- Start with small steps, then build upon successes
  - Examples: Write a letter to the school district. Attend the special education evaluation.

4. **Follow Through.**
- Be passionate about the issue, but willing to negotiate
- Review the outcome
- Evaluate your efforts
- Determine next steps with family
- Recognize that health professionals and families can learn from one another about effective advocacy

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**ADVOCATING FOR CHILDREN, FAMILIES, AND COMMUNITIES**

Health professionals can be involved in advocacy either at an individual level (for example, obtaining services for a child or family) or at a local or national level (speaking with the media, community groups, or legislators).
The following is a “menu” of general questions from which the health professional can choose those most appropriate for the individual child and family. Some questions cross all developmental stages and are generally appropriate for all health visits (for example, questions on changes or stressors in the family, sleeping and eating habits, safety and injury prevention).

**General Questions for the Parent(s):**

- How are you today? How are things going in your family?
- How is Antonio? Has he been sick since we last talked?
- What questions or concerns do you have about Antonio’s health?
- Tell me about any major changes or stresses in your family since your last visit.
- What are your child care arrangements? Are you satisfied with them?
- Who do you turn to when you need some help?
- What do you and your partner most enjoy about parenting these days? What seems most difficult?
- What new things is Jung doing?
- What makes you most proud of him?
- How does he express his feelings?
- What questions or concerns do you have about Jung’s development or behavior?
- How are your other children doing?
- What are some of the things you do together as a family?
- Tell me about Evan’s sleep habits. What is his bedtime?
- What did Evan eat for breakfast today? For lunch?
- How often does your family eat dinner together?
- What kinds of foods does your family like to eat? Do you eat a variety of healthy foods, such as plenty of fruits and vegetables; breads and cereals; lean meat, fish, and chicken; and low-fat dairy products?
How do you praise Rafael for his accomplishments and encourage his good behavior?

What are your thoughts about discipline? Do you and your partner tend to agree?

How do you set clear and consistent rules for Rafael?

How much time does he spend watching TV, playing video games, or using the computer? What standards do you set for TV, movies, music, computer use?

How do you make sure that Lisa is safe when she rides in the car? Did you know that the back seat is the safest place for a child of any age to ride?

Does anyone at home smoke? Are you aware that secondhand smoke is harmful to your family’s health?

Have you ever been worried that someone is going to hurt Lisa? Has Lisa ever been abused?

Have you ever been in a relationship where you have been hurt, threatened, or treated badly?

Tell me about your neighborhood. Do you feel safe there?

Is there a gun in your home? Is the gun unloaded and locked up? Where is the ammunition stored?

Have you considered removing the gun because of the danger to children and other family members?

What have you taught Michelle about how to be safe at home and in her neighborhood? When biking, skating, or playing sports? Around water? In the car?

How much time does Michelle spend in the sun? Does she always use sunscreen before going outside?

What are the main concerns in your life right now? Transportation? Finances? Family problems? Housing? Personal safety? Do you need help with these issues?

If you are thinking of having another baby...

Are you taking a folic acid supplement daily?

Are you eating a variety of healthy foods, and are you physically active?

How often do you or your partner smoke? Drink alcohol? Have you or your partner used any drugs? Which drugs?

When was your last dental visit?
General Questions for the Child or Adolescent:

- What are some things you are good at?
- Tell me about your friends. What do you like to do together?
- If you had 3 wishes, what would they be?
- How is school going? What do you like the most about school? The least? How are your grades?
- What do you like to do after school? What activities are you involved in?
- What do you do for fun?
- What did you eat for breakfast today? For lunch?
- How often does your family eat dinner together?
- How much time do you spend watching television or using the computer? What are your favorite TV shows? Movies? Video games?
- What kinds of physical activities or organized sports do you participate in?
- Does anyone smoke in your home or in other places where you spend a lot of time?
- When you ride your bicycle, how often do you wear a helmet?
- How often do you wear a safety belt in the car?
- What chores do you have around the house?
- How do you get along with your brothers and sisters? With your parents?
- What are some of the things that you worry about?
- What makes you happy (sad, angry)?
- Do kids you know get into trouble at school sometimes? Do you ever get into trouble?
- When you have a problem, who do you talk to about it?
- Has anyone ever touched you in a way you didn’t like? If so, what did you do?
- Has anyone ever tried to harm you physically?
Tell me about your neighborhood. Do you feel safe there?

Does your school/neighborhood have gangs?

Do you get picked on by other kids at school?

Do you stay home by yourself, either before or after school? If so, how do you feel when you’re alone?

Have you ever been pressured to do things you didn’t want to do? What kinds of things?

If you could change your life (school, family, friends, home), what changes would you make?

**Developmental Observation**

This section assesses the child’s emerging capabilities during infancy, childhood, and adolescence through the following methods:

- Observation of parent-child interaction (ages newborn through 17)
- Developmental surveillance and milestones (ages 1 week through 5 years)
- Developmental surveillance and/or school performance (ages 6–17)

To assess school performance, also review a copy of the child’s report card. If the child has special needs, review a copy of the Individualized Education Plan (IEP).