



Patient's Name: _____

DOB: _____

Bright Futures Previsit Questionnaire

9 Year Visit

For us to provide your child with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

| | | | | |
|---------------------------|--|--|--|--|
| School | <input type="checkbox"/> How your child is doing in school | <input type="checkbox"/> Homework | <input type="checkbox"/> Bullying | |
| Your Growing Child | <input type="checkbox"/> How your child feels about herself | <input type="checkbox"/> Dealing with your child's anger | <input type="checkbox"/> Setting limits for your child | |
| | <input type="checkbox"/> Your child's friends | <input type="checkbox"/> Readiness for middle school | <input type="checkbox"/> Your child's sexuality | <input type="checkbox"/> Puberty |
| Staying Healthy | <input type="checkbox"/> Your child's weight | <input type="checkbox"/> Your child's body image | <input type="checkbox"/> Eating breakfast | <input type="checkbox"/> Limiting soft drinks |
| | <input type="checkbox"/> Eating together as a family | <input type="checkbox"/> Drinking enough water | <input type="checkbox"/> Limiting high-fat food | <input type="checkbox"/> 1 hour of physical activity daily |
| Healthy Teeth | <input type="checkbox"/> Regular dentist visits | <input type="checkbox"/> Brushing teeth twice daily | <input type="checkbox"/> Flossing daily | |
| Safety | <input type="checkbox"/> Bicycle and sports safety and helmets | <input type="checkbox"/> Car safety | <input type="checkbox"/> Swimming safety | <input type="checkbox"/> Sunscreen |
| | <input type="checkbox"/> Knowing your child's friends and their families | <input type="checkbox"/> Preventing cigarette, alcohol, and drug use | <input type="checkbox"/> Gun safety | |

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: ☐ Yes ☐ No ☐ Unsure

| | | | | |
|---------------------|---|------------------------------|------------------------------|---------------------------------|
| Vision | Do you have concerns about how your child sees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | Has your child ever failed a school vision screening test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | Does your child tend to squint? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Hearing | Do you have concerns about how your child speaks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | Do you have concerns about how your child hears? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | Does your child have trouble hearing with a noisy background or over the telephone? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | Does your child have trouble following the conversation when 2 or more people are talking at the same time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Tuberculosis | Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | Has a family member or contact had tuberculosis or a positive tuberculin skin test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | Is your child infected with HIV? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Anemia | Does your child eat a strict vegetarian diet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | If your child is a vegetarian, does your child take an iron supplement? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unsure |
| | Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Unsure |

Does your child have any special health care needs? ☐ No ☐ Yes, describe: _____

Have there been any major changes in your family lately? ☐ Move ☐ Job change ☐ Separation ☐ Divorce ☐ Death in the family ☐ Any other changes? _____

Does your child live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

Your Growing and Developing Child

Do you have specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe: _____

Check off each of the following that are true for your child.

- ☐ Eats healthy meals and snacks
☐ Has friends
☐ Is doing well in school

- ☐ Feels good about himself
☐ Participates in an after-school activity
☐ Is vigorously active for 1 hour a day
☐ Gets along with family

- ☐ Getting chances to make own decisions
☐ Does an activity really well; describe: _____



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The recommendations in this publication 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 document included as part of Bright Futures Tool and Resource Kit. Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

Bright Futures Patient Handout

9 and 10 Year Visits

Doing Well at School

- Try your best at school. It's important to how you feel about yourself.
- Ask for help when you need it.
- Join clubs and teams, church groups, and friends for activities after school.
- Tell kids who pick on you or try to hurt you to stop bothering you. Then walk away.
- Tell adults you trust about bullies.

Playing It Safe

- Wear your seat belt at all times in the car. Use a booster seat if the seat belt does not fit you yet.
- Sit in the back seat until you are 13. It is the safest place.
- Wear your helmet for biking, skating, and skateboarding.
- Always wear the right safety equipment for your activities.
- Never swim alone.
- Use sunscreen with an SPF of 15 or higher when out in the sun.
- Have friends over only when your parents say it's OK.
- Ask to go home if you are uncomfortable with things at someone else's house or a party.
- Avoid being with kids who suggest risky or harmful things to do.
- Know that no older child or adult has the right to ask to see or touch your private parts, or to scare you.

Eating Well, Being Active

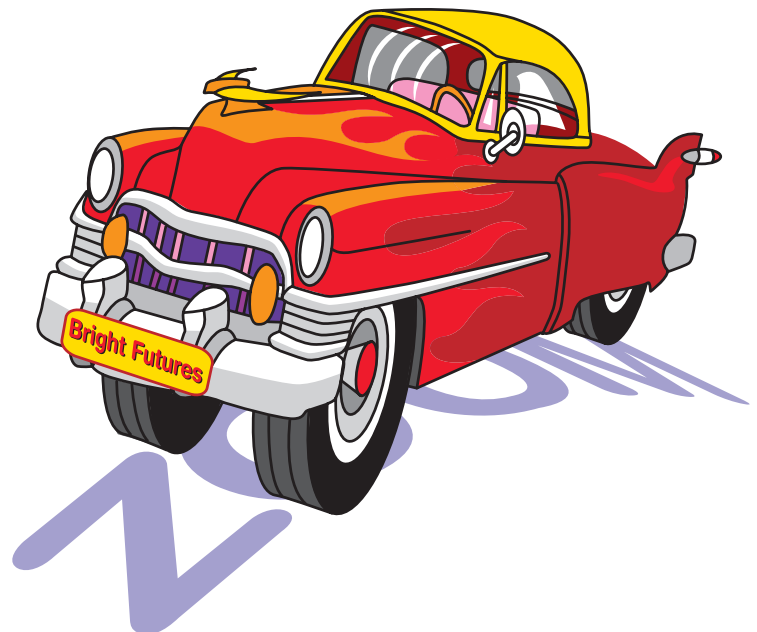
- Eat breakfast every day. It helps learning.
- Aim for eating 5 fruits and vegetables every day.
- Drink 3 cups of low-fat milk or water instead of soda pop or juice drinks.
- Limit high-fat foods and drinks such as candies, snacks, fast food, and soft drinks.
- Eat with your family often.
- Talk with a doctor or nurse about plans for weight loss or using supplements.
- Plan and get at least 1 hour of active exercise every day.
- Limit TV and computer time to 2 hours a day.

Healthy Teeth

- Brush your teeth at least twice each day, morning and night.
- Floss your teeth every day.
- Wear your mouth guard when playing sports.

Growing and Developing

- Ask a parent or trusted adult questions about changes in your body.
- Talking is a good way to handle anger, disappointment, worry, and feeling sad.
- Everyone gets angry.
 - Stay calm.
 - Listen and talk through it.
 - Try to understand the other person's point of view.
- Don't stay friends with kids who ask you to do scary or harmful things.
- It's OK to have up-and-down moods, but if you feel sad most of the time, talk to us.
- Know why you say "No!" to drugs, alcohol, tobacco, and sex.





Bright Futures Parent Handout

9 and 10 Year Visits

Here are some suggestions from Bright Futures experts that may be of value to your family.

NUTRITION AND PHYSICAL ACTIVITY

Staying Healthy

- Encourage your child to eat healthy.
- Buy fat-free milk and low-fat dairy foods, and encourage 3 servings each day.
- Include 5 servings of vegetables and fruits at meals and for snacks daily.
- Limit TV and computer time to 2 hours a day.
- Encourage your child to be active for at least 1 hour daily.
- Eat as a family often.

SAFETY

Safety

- The back seat is the safest place to ride in a car until your child is 13 years old.
- Use a booster seat until the vehicle's safety belt fits. The lap belt can be worn low and flat on the upper thighs. The shoulder belt can be worn across the shoulder and the child can bend at the knees while sitting against the vehicle seat back.
- Teach your child to swim and watch her in the water.
- Your child needs sunscreen (SPF 15 or higher) when outside.
- Your child needs a helmet and safety gear for biking, skating, in-line skating, skiing, snowmobiling, and horseback riding.
- Talk to your child about not smoking cigarettes, using drugs, or drinking alcohol.
- Make a plan for situations in which your child does not feel safe.
- Get to know your child's friends and their families.
- Never have a gun in the home. If necessary, store it unloaded and locked with the ammunition locked separately from the gun.

DEVELOPMENT AND MENTAL HEALTH

Your Growing Child

- Be a model for your child by saying you are sorry when you make a mistake.
- Show your child how to use his words when he is angry.
- Teach your child to help others.
- Give your child chores to do and expect them to be done.
- Give your child his own space.
- Still watch your child and your child's friends when they are playing.
- Understand that your child's friends are very important.
- Answer questions about puberty.
- Teach your child the importance of delaying sexual behavior. Encourage your child to ask questions.
- Teach your child how to be safe with other adults.
 - No one should ask for a secret to be kept from parents.
 - No one should ask to see your child's private parts.
 - No adult should ask for help with his private parts.

SCHOOL

School

- Show interest in school activities.
- If you have any concerns, ask your child's teacher for help.
- Praise your child for doing things well at school.
- Set a routine and make a quiet place for doing homework.
- Talk with your child and her teacher about bullying.

ORAL HEALTH

Healthy Teeth

- Help your child brush teeth twice a day.
 - After breakfast
 - Before bed
- Use a pea-sized amount of toothpaste with fluoride.
- Help your child floss his teeth once a day.
- Your child should visit the dentist at least twice a year.
- Encourage your child to always wear a mouth guard to protect teeth while playing sports.

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The recommendations in this publication 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 document included as part of Bright Futures Tool and Resource Kit. Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.