

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 intereste	d in answering your	•	off the boxes for the topics you would li	ke to discuss the	most toda	ıy.	
School		☐ How your child is doing in school ☐ Homework ☐ Bullying					
Your Growing Child		☐ How your child feels about herself ☐ Dealing with your child's anger ☐ Setting limits for your child ☐ Your child's friends ☐ Readiness for middle school ☐ Your child's sexuality ☐ Puberty					
Staying Healthy		☐ Your child's weight ☐ Your child's body image ☐ Eating breakfast ☐ Limiting soft drinks ☐ Eating together as a family ☐ Drinking enough water ☐ Limiting high-fat food ☐ 1 hour of physical activity daily					
Healthy Teeth		☐ Regular dentist visits ☐ Brushing teeth twice daily ☐ Flossing daily					
Safety		☐ Bicycle and sports safety and helmets ☐ Car safety ☐ Swimming safety ☐ Sunscreen ☐ Knowing your child's friends and their families ☐ Preventing cigarette, alcohol, and drug use ☐ Gun safety					
		Qu	estions About Your Child				
Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe:							
Vision	Do you have concerns about how your child sees?				☐ Yes	□ No	☐ Unsure
	Has your child ever failed a school vision screening test?				☐ Yes	□ No	☐ Unsure
	Does your child tend to squint?				☐ Yes	□ No	☐ Unsure
Hearing	Do you have concerns about how your child speaks?				☐ Yes	□ No	☐ Unsure
	Do you have concerns about how your child hears?				☐ Yes	□ No	☐ Unsure
	Does your child have trouble hearing with a noisy background or over the telephone?				☐ Yes	□ No	☐ Unsure
	Does your child have trouble following the conversation when 2 or more people are talking at the same time?				☐ Yes	□ No	☐ 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)?				☐ Yes	□ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?				☐ Yes	□ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?				☐ Yes	☐ No	☐ Unsure
	Is your child infected with HIV?				☐ Yes	☐ No	☐ Unsure
Anemia	Does your child eat a strict vegetarian diet?				☐ Yes	☐ No	☐ Unsure
	If your child is a vegetarian, does your child take an iron supplement?				□ No	☐ Yes	☐ Unsure
	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?				□ No	☐ Yes	☐ Unsure
Does your child	have any special hea	alth care needs? 🔲 No	o ☐ 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	· ·	time in any place where people smoke?				
		Your G	rowing and Developing Child				
Do you have spe	cific concerns about	your child's developme	nt, 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 □ Getting chances to make own decisions □ Participates in an after-school activity □ Is vigorously active for 1 hour a day □ Gets along with family							



American Academy of Pediatrics



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