Bright Futures Parent Supplemental Questionnaire 9 and 10 Year Visits

For us to provide your child with the best possible health care, we would like to know how things are going.
Please circle Yes or No for each question. Thank you.

School

Do you show interest in your child's school and after-school activities?	Yes	No
Do you set routines for your child's homework and create a quiet environment to do homework?	Yes	No
Do you know what signs to look for if your child is being bullied or teased?	Yes	No

Your Growing Child: Development and Mental Health

Does your child do simple chores around the house?	Yes	No
Do you encourage your child to make good decisions?	Yes	No
Is your child a happy person?	Yes	No
Has you child been having any recent problems in school or at home?	No	Yes
Do you teach your child that it is not OK to use alcohol, cigarettes, and drugs?	Yes	No
Do you answer your child's questions about sex?	Yes	No
Do you teach your child that it is important to wait to have sex?	Yes	No
Does your child know that it is never OK for an adult to tell a child to keep secrets from her parents?	Yes	No
Does your child know that is it never OK for an older child or adult to ask to see his private parts?	Yes	No
Do you feel comfortable talking to and answering your child's questions about her changing body?	Yes	No

Staying Healthy: Nutrition and Physical Activity

Does your child eat at least 5 servings of fruits and vegetables a day?	Yes	No
Does your child drink at least 3 servings of low-fat milk a day or eat yogurt or cheese?	Yes	No
Does your child regularly eat breakfast?	Yes	No
Do you limit foods that are high in fat, like candy, soft drinks, salty snacks, or fast food?	Yes	No
Do you eat meals together as a family at least once a week?	Yes	No

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Staying Healthy: Nutrition and Physical Activity *continued from page 1*

Do you have any concerns about your child's weight?	No	Yes
Is your child active at least 1 hour every day?	Yes	No
Does your child watch TV, play video games, or use the computer (not for schoolwork) more than 2 hours a day?	No	Yes

Healthy Teeth: Oral Health

Does your child brush his teeth twice a day?	Yes	No
Does your child floss once a day?	Yes	No
Does your child visit the dentist twice a year?	Yes	No
If your child is playing sports, does she always wear a mouth guard to protect teeth?	Yes	No

Safety

Does anyone smoke around your child?		No	Yes
If you smoke, would you like information on how to stop?		Yes	No
Do you tell your child that using drugs is bad?		Yes	No
Does your child know how to get help in an emergency when you are not there?		Yes	No
Does everyone in the family use a seat belt?		Yes	No
Does your child sit in the back seat every time he rides in the car in a booster seat with the seat belt on?		Yes	No
Does your child always wear a helmet and other protective gear when biking, skating, or skiing?		Yes	No
Does your child know how to swim and only swim when an adult is watching?		Yes	No
Do you always put sunscreen on your child before she goes outside to play or swim?		Yes	No
Does anyone in your home or the homes where your child spends time have a gun?		No	Yes
If so, are the guns unloaded and locked away with the ammunition locked seperately from the gun?	N/A	Yes	No
Do you know your child's friends and their families?		Yes	No

Bright Futures Medical Screening Questionnaire
8 and 10 Year Visits

Please answer the following questions about your child's health by circling Y, N, or Unsure.

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)?	Y	N	Unsure
Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	Y	N	Unsure
Has a family member or contact had tuberculosis or a positive tuberculin skin test?	Y	N	Unsure
Is your child infected with HIV?	Y	N	Unsure
Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	Y	N	Unsure
Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	Y	N	Unsure
Does your child eat a strict vegetarian diet?	Y	N	Unsure
If your child is a vegetarian, does your child take an iron supplement?	N	Y	Unsure
Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	N	Y	Unsure

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families™

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™