

# School Age (10-12 years) Parent Questionnaire

Please complete this side only

## Interval History/New Problems

Has there been any change in general family history since last visit?  yes  no

If 'yes', please specify: \_\_\_\_\_

Any changes at home since last visit?  yes  no

If 'yes', please specify \_\_\_\_\_

Please list all hospitalizations, surgical operations, injuries and major illnesses since last visit \_\_\_\_\_

## General

Do you have any concerns or worries about your child?  yes  no

If "yes", please specify: \_\_\_\_\_

## School

What school does your child attend? \_\_\_\_\_ What grade: \_\_\_\_\_

Do you have any concerns about how your child is doing in school?  yes  no

Does your child receive any special help in school (i.e. IEP, etc.)?  yes  no

If "yes", please specify: \_\_\_\_\_

## Activities

Does your child participate in any activities outside of school?  yes  no

If "yes", please specify: \_\_\_\_\_

## Nutrition

What type of milk does your child drink?

Whole milk/2%/1%/nonfat \_\_\_\_\_ oz/day Other (almond milk/soy milk/rice milk)

Does your child eat a good variety of foods (meat, vegetables, grains, fruit)?  yes  no

Do you eat meals as a family?  yes  no

## Sleep

Do you have any concerns about your child's sleep?  yes  no

If "yes", please specify: \_\_\_\_\_

How many hours of sleep does your child get per night? \_\_\_\_\_

Does your child have difficulty falling asleep or staying asleep?  yes  no

If "yes", please specify: \_\_\_\_\_

Do you have a fairly consistent bedtime for your child?  yes  no

## Safety

Do you have an emergency preparedness plan with your child?  yes  no

Does your child use a helmet while biking, skating, scootering and skiing?  yes  no

Does your child wear a seatbelt in the car?  yes  no

Have you talked your child about what to do if he/she finds a gun?  yes  no

If there is a gun in your home is it kept locked and unloaded?  no gun  yes  no

Have you begun talking to your child about puberty, dating and sex?  yes  no

Completed by: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_

End of parent questionnaire

Provider review: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_



# Bright Futures Patient Handout 9 and 10 Year Visits

## Doing Well at School

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

SAFETY

- 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

NUTRITION AND PHYSICAL ACTIVITY

- 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

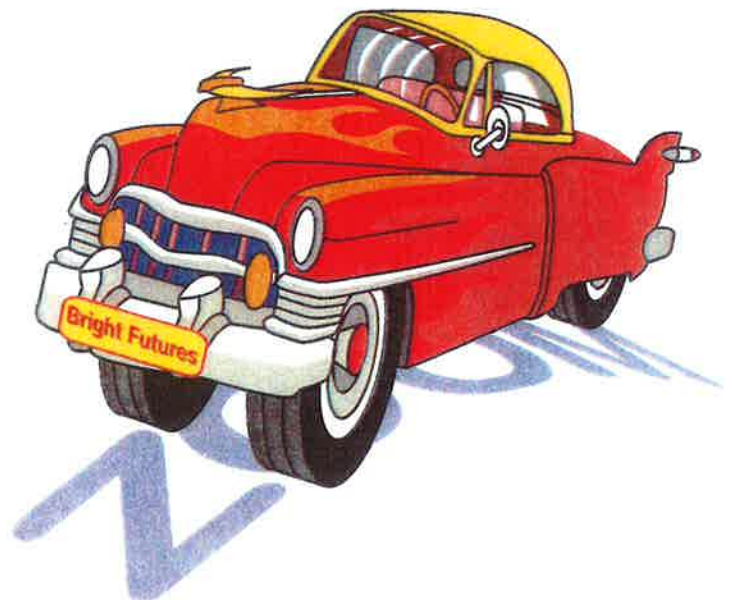
ORAL HEALTH

- 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

DEVELOPMENT AND MENTAL HEALTH

- 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.



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# Bright Futures Patient Handout Early Adolescent Visits

PHYSICAL GROWTH AND DEVELOPMENT

## Your Growing and Changing Body

- Brush your teeth twice a day and floss once a day.
- Visit the dentist twice a year.
- Wear your mouth guard when playing sports.
- Eat 3 healthy meals a day.
- Eating breakfast is very important.
- Consider choosing water instead of soda.
- Limit high-fat foods and drinks such as candy, chips, and soft drinks.
- Try to eat healthy foods.
  - 5 fruits and vegetables a day
  - 3 cups of low-fat milk, yogurt, or cheese
- Eat with your family often.
- Aim for 1 hour of moderately vigorous physical activity every day.
- Try to limit watching TV, playing video games, or playing on the computer to 2 hours a day (outside of homework time).
- Be proud of yourself when you do something good.

RISK REDUCTION

## Healthy Behavior Choices

- Find fun, safe things to do.
- Talk to your parents about alcohol and drug use.
- Support friends who choose not to use tobacco, alcohol, drugs, steroids, or diet pills.
- Talk about relationships, sex, and values with your parents.
- Talk about puberty and sexual pressures with someone you trust.
- Follow your family's rules.

EMOTIONAL WELL-BEING

## How You Are Feeling

- Figure out healthy ways to deal with stress.
- Spend time with your family.
- Always talk through problems and never use violence.
- Look for ways to help out at home.
- It's important for you to have accurate information about sexuality, your physical development, and your sexual feelings. Please consider asking me if you have any questions.

SOCIAL AND ACADEMIC COMPETENCE

## School and Friends

- Try your best to be responsible for your schoolwork.
- If you need help organizing your time, ask your parents or teachers.
- Read often.
- Find activities you are really interested in, such as sports or theater.
- Find activities that help others.
- Spend time with your family and help at home.
- Stay connected with your parents.

VIOLENCE AND INJURY PREVENTION

## Violence and Injuries

- Always wear your seatbelt.
- Do not ride ATVs.
- Wear protective gear including helmets for playing sports, biking, skating, and skateboarding.
- Make sure you know how to get help if you are feeling unsafe.
- Never have a gun in the home. If necessary, store it unloaded and locked with the ammunition locked separately from the gun.
- Figure out nonviolent ways to handle anger or fear. Fighting and carrying weapons can be dangerous. You can talk to me about how to avoid these situations.
- Healthy dating relationships are built on respect, concern, and doing things both of you like to do.



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