11-12 yr

Bright Futures Previsit Questionnaire
Early Adolescent Visits

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For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

What would you like to talk about today?

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

_____

_____

What changes or challenges have there been at home since last year?

_____

_____

Do you live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes

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

Your Growing and Changing Body	☐ Teeth ☐ Appearance or body image ☐ How you feel about yourself ☐ Healthy eating ☐ Good ways to be active ☐ How your body is changing ☐ Your weight
School and Friends	☐ Your relationship with your family ☐ Your friends ☐ How you are doing in school ☐ Girlfriend or boyfriend ☐ Organizing your time to get things done
How You Are Feeling	☐ Dealing with stress ☐ Keeping under control ☐ Sexuality ☐ Feeling sad ☐ Feeling anxious ☐ Feeling irritable
Healthy Behavior Choices	☐ Smoking cigarettes ☐ Drinking alcohol ☐ Using drugs ☐ Pregnancy ☐ Sexually transmitted infections (STIs) ☐ Decisions about sex and drugs
Violence and Injuries	☐ Car safety ☐ Using a helmet or protective gear ☐ Keeping yourself safe in a risky situation ☐ Gun safety ☐ Bullying or trouble with other kids ☐ Not riding in a car with a drinking driver

Questions

Dyslipidemia	Do you smoke cigarettes?	☐ Yes	☐ No	☐ Unsure
Alcohol or Drug Use	Have you ever had an alcoholic drink?	☐ Yes	☐ No	☐ Unsure
	Have you ever used marijuana or any other drug to get high?	☐ Yes	☐ No	☐ Unsure
STIs	Have you ever had sex (including intercourse or oral sex)?	☐ Yes	☐ No	☐ Unsure
Anemia	Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure
	Have you ever been diagnosed with iron deficiency anemia?	☐ Yes	☐ No	☐ Unsure

For Females Only

Anemia	Do you have excessive menstrual bleeding or other blood loss?	☐ Yes	☐ No	☐ Unsure
	Does your period last more than 5 days?	☐ Yes	☐ No	☐ Unsure

Growing and Developing

Check off all of the items that you feel are true for you.

- ☐ I engage in behavior that supports a healthy lifestyle, such as eating healthy foods, being active, and keeping myself safe.
- ☐ I feel I have at least one responsible adult in my life who cares about me and who I can go to if I need help.
- ☐ I feel like I have at least one friend or a group of friends with whom I am comfortable.
- ☐ I help others on my own or by working with a group in school, a faith-based organization, or the community.
- ☐ I am able to bounce back from life's disappointments.
- ☐ I have a sense of hopefulness and self-confidence.
- ☐ I have become more independent and made more of my own decisions as I have become older.
- ☐ I feel that I am particularly good at doing a certain thing like math, soccer, theater, cooking, or hunting. Describe:

_____

_____

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Bright Futures Adolescent Supplemental Questionnaire—Older Child/Younger Adolescent Visits

For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

Your Name _____ Today's Date _____

Your Age _____ Your Sex (circle one): M F Your Grade (in school) _____

Your Growing and Changing Body: Physical Growth and Development

1.	Do you live in your parents' home?	Yes	Sometimes	No
2.	Do you receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, or other healer)?	No		Yes
3.	Do you brush your teeth twice a day?	Yes		No
4.	Do you floss once a day?	Yes		No
5.	Have you seen a dentist in the past year?	Yes		No
6.	Do you eat 5 or more helpings of fruits and vegetables each day?	Yes		No
7.	Do you drink milk and eat yogurt, cheese, or other calcium-rich foods (such as dark-green leafy vegetables, or calcium-fortified orange juice or cereal) at least 3 times each day?	Yes		No
8.	Do you eat more than 1 fast food meal per week?	No	Sometimes	Yes
9.	Do you participate in any physical activities, such as walking, skateboarding, dancing, swimming, or playing basketball, for a total of 1 hour each day?	Yes		No
10.	Do you drink more than 1 soda or juice drink each day?	No		Yes
11.	Do you watch TV, play video games, or spend time on the computer for more than 2 hours per day (not including computer time for homework)?	No		Yes
12.	Do you have any concerns or questions about the size or shape of your body, or physical appearance?	No		Yes
13.	Do you have a problem with your weight (such as underweight, overweight, anorexia, or bulimia)?	No		Yes
14.	Are you on a diet to lose weight?	No		Yes
15.	Do you eat meals together as a family?	Yes		No
16.	Have you talked about body changes and puberty with your parents?	Yes		No
17.	Do you have a TV in your bedroom?	No		Yes
18.	Have you talked to your parents about waiting to have sex?	Yes		No
19.	For females: Have you gotten your period?	Yes		No
20.	If yes, are you having any problems with or do you have any questions about your period?	No	Sometimes	Yes

School and Friends: Social and Academic Competence

21.	Do you go to school?	Yes		No
22.	Are you having any problems in school? Circle all that apply: grades worse than last year failing grade homework suspension this year fighting missing school other _____	No	Sometimes	Yes
23.	Is doing well in school important to you?	Yes		No
24.	Do your parents know your friends and their families?	Yes		No
25.	Do you try to see things from another person's point of view?	Yes		No
26.	Do you try to think through solutions by yourself?	Yes		No

Violence and Injuries: Violence and Injury Prevention

27.	Do you always wear a seat belt when riding in a car, truck, or van?	Yes	Sometimes	No
28.	Do you ever carry a gun (even to protect yourself) or have access to a gun at home or in places where you spend time?	No	Sometimes	Yes
29.	Do you wear a helmet when you in-line skate, skateboard, bicycle, ski, or snowboard?	Yes	Sometimes	No
30.	Is there someone at home, school, or anywhere else who has made you feel afraid, threatened you, or hurt you?	No		Yes
31.	Do you have a person you can call for a ride if you're feeling unsafe with someone?	Yes		No

How You Are Feeling: Emotional Well-being

32.	Even with usual ups and downs, do you feel you enjoy life?	Yes		No
33.	Do your parents praise you when you do something good or learn something new?	Yes		No
34.	Do you spend time talking with your parents every day?	Yes		No
35.	Do you clearly discuss with your parents their rules and how you should act?	Yes		No
36.	Do you worry a lot or feel overly stressed out?	No	Sometimes	Yes
37.	When you are angry, do you do violent things?	No		Yes
38.	Do you continue to remember or think about an unpleasant experience that happened in the past?	No		Yes

continued on page 3

Feeling Happy: Emotional Well-being *continued from page 2*

39.	Do you do things as a family?	Yes		No
40.	During the past few weeks have you often felt sad or down, had difficulty sleeping, or frequently felt irritable or as though you have nothing to look forward to?	No		Yes
41.	Do you talk with your parents about relationships and sex?	Yes		No
42.	Do you talk with your parents about alcohol and drugs?	Yes		No
43.	Have you ever seriously thought about killing yourself, made a plan, or tried to kill yourself?	No		Yes

Healthy Behavior Choices: Risk Reduction

44.	Does anyone you live with smoke cigarettes or cigars or chew tobacco?	No	Sometimes	Yes

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Bright Futures Patient Handout
Early Adolescent Visits

Your Growing and Changing Body

PHYSICAL GROWTH AND DEVELOPMENT

- 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.

Healthy Behavior Choices

RISK REDUCTION

- 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.

How You Are Feeling

EMOTIONAL WELL-BEING

- 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.

School and Friends

SOCIAL AND ACADEMIC COMPETENCE

- 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 Injuries

VIOLENCE AND INJURY PREVENTION

- 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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