



Bright Futures Previsit Questionnaire 8 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 learning and doing in school <input type="checkbox"/> Bullying <input type="checkbox"/> After-school activities and care <input type="checkbox"/> Special education needs <input type="checkbox"/> How your child acts <input type="checkbox"/> Talking with your child's school
Your Growing Child	<input type="checkbox"/> How your child feels about herself <input type="checkbox"/> Following rules <input type="checkbox"/> Getting ready for puberty <input type="checkbox"/> Being angry <input type="checkbox"/> Your child dealing with his problems <input type="checkbox"/> Becoming more independent
Staying Healthy	<input type="checkbox"/> Your child's weight <input type="checkbox"/> 1 hour of physical activity daily <input type="checkbox"/> Playing sports <input type="checkbox"/> TV time <input type="checkbox"/> Getting enough calcium <input type="checkbox"/> Drinking enough water <input type="checkbox"/> How much your child should eat at one time
Healthy Teeth	<input type="checkbox"/> Regular dentist visits <input type="checkbox"/> Brushing teeth twice daily <input type="checkbox"/> Flossing daily
Safety	<input type="checkbox"/> Booster seats <input type="checkbox"/> Helmets and sports safety <input type="checkbox"/> Swimming safety <input type="checkbox"/> Wearing sunscreen <input type="checkbox"/> Knowing your child's computer use <input type="checkbox"/> Knowing your child's friends and their families <input type="checkbox"/> Gun safety <input type="checkbox"/> Smoke-free house and cars <input type="checkbox"/> Preventing sexual abuse

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

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
Dyslipidemia	Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	<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 concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Eats healthy meals and snacks | <input type="checkbox"/> Participates in an after-school activity | <input type="checkbox"/> Does chores when asked |
| <input type="checkbox"/> Has friends | <input type="checkbox"/> Is vigorously active for 1 hour a day | <input type="checkbox"/> Gets along with friends |
| <input type="checkbox"/> Is doing well in school | | |



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Bright Futures Patient Handout 7 and 8 Year Visits

SCHOOL

Doing Well at School

- Try your best at school. Doing well in school is important to how you feel about yourself.
- Ask for help when you need it.
- Join clubs and teams you like.
- Tell kids who pick on you or try to hurt you to stop it. Then walk away.
- Tell adults you trust about bullies.

SAFETY

Playing It Safe

- Don't open the door to anyone you don't know.
- Have friends over only when your parents say it's OK.
- Wear your helmet for biking, skating, and skateboarding.
- Ask a grown-up for help if you are scared or worried.
- It is OK to ask to go home and be with your Mom or Dad.
- Keep your private parts, the parts of your body covered by a bathing suit, covered.
- Tell your parent or another grown-up right away if an older child or grown-up shows you their private parts, asks you to show them yours, or touches your private parts.
- Always sit in your booster seat and ride in the back seat of the car.

NUTRITION AND PHYSICAL ACTIVITY

Eating Well, Being Active

- Eat breakfast every day.
- Aim for eating 5 fruits and vegetables every day.
- Only drink 1 cup of 100% fruit juice a day.
- Limit high-fat foods and drinks such as candies, snacks, fast food, and soft drinks.
- Eat healthful snacks like fruit, cheese, and yogurt.
- Eating healthy is important to help you do well in school and sports.
- Eat with your family often.
- Drink at least 2 cups of milk daily.
- Match every 30 minutes of TV or computer time with 30 minutes of active play.

ORAL HEALTH

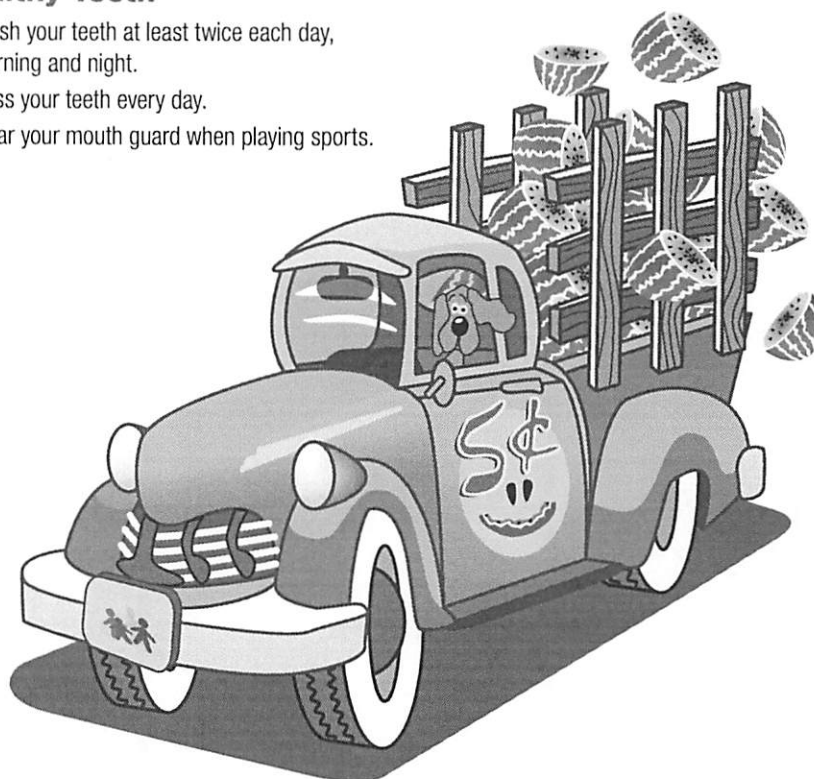
Healthy Teeth

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

DEVELOPMENT AND MENTAL HEALTH

Handling Feelings

- Talk about feeling mad or sad with someone who listens well.
- Talk about your worries. It helps.
- Ask your parent or other trusted adult about changes in your body.
- Even embarrassing questions are important. It's OK to talk about your body and how it's changing.



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Bright Futures Parent Handout

7 and 8 Year Visits

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

NUTRITION AND PHYSICAL ACTIVITY

Staying Healthy

- Eat together often as a family.
- Start every day with breakfast.
- Buy fat-free milk and low-fat dairy foods, and encourage 3 servings each day.
- Limit soft drinks, juice, candy, chips, and high-fat food.
- Include 5 servings of vegetables and fruits at meals and for snacks daily.
- Limit TV and computer time to 2 hours a day.
- Do not have a TV or computer in your child's bedroom.
- Encourage your child to play actively for at least 1 hour daily.

SAFETY

Safety

- Your child should always ride in the back seat and use a booster seat until the vehicle's lap and shoulder belt fit.
- Teach your child to swim and watch her in the water.
- Use sunscreen when outside.
- Provide a good-fitting helmet and safety gear for biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
- Keep your house and cars smoke free.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.

SAFETY

DEVELOPMENT AND MENTAL HEALTH

- Watch your child's computer use.
 - Know who she talks to online.
 - Install a safety filter.
- Know your child's friends and their families.
- Teach your child plans for emergencies such as a fire.
 - Teach your child how and when to dial 911.
- 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 private parts.
 - No adult should ask for help with his private parts.

Your Growing Child

- Give your child chores to do and expect them to be done.
- Hug, praise, and take pride in your child for good behavior and doing well in school.
- Be a good role model.
- Don't hit or allow others to hit.
- Help your child to do things for himself.
- Teach your child to help others.
- Discuss rules and consequences with your child.
- Be aware of puberty and body changes in your child.
- Answer your child's questions simply.
- Talk about what worries your child.

SCHOOL

School

- Attend back-to-school night, parent-teacher events, and as many other school events as possible.
- Talk with your child and child's teacher about bullies.
- Talk to your child's teacher if you think your child might need extra help or tutoring.
- Your child's teacher can help with evaluations for special help, if your child is not doing well.

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 her 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.

ORAL HEALTH

Poison Help: 1-800-222-1222

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



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Bright Futures Parent Supplemental Questionnaire 7 and 8 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

Does your child like school?	Yes	No
Is your child involved with school activities?	Yes	No
Does your child get into fights on the playground or elsewhere?	No	Yes

Your Growing Child: Developmental and Mental Health

Do you let your child know when he is doing a good job?	Yes	No
Do you show affection toward and praise your child?	Yes	No
Do you talk with your child about what happens when she breaks the rules?	Yes	No
Do you feel comfortable answering your child's questions about his changing body simply and honestly?	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
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
Is your child active at least 60 minutes 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
Does your child regularly eat breakfast?	Yes	No

Healthy Teeth: Oral Health

Does your child brush her 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



Safety

Does your child have reliable after-school care?	Yes	No
Does your child know how to get help in an emergency if you are not there?	Yes	No
Does your child know to dial 911 in an emergency?	Yes	No
Do you know your child's friends and their families?	Yes	No
Have you taught your child that it is never OK for an adult to tell a child to keep secrets from his parents?	Yes	No
Does your child know that it is never OK for an older child or adult to ask to see her private parts?	Yes	No
Does your child always sit in a booster seat in the back seat of the car?	Yes	No
Does your child always wear a helmet and other protective gear when biking, skating, or skiing?	Yes	No
Do you always put sunscreen on your child before he goes outside to play or swim?	Yes	No
Does your child know how to swim and only swim when an adult is watching?	Yes	No
Do you have safety filters installed on your computer?	Yes	No
Do you check your child's Internet history regularly?	Yes	No
Is your family computer in a place you can easily see?	N/A	Yes No
Does anyone smoke around your child?	No	Yes
Are your cars and home smoke free?	Yes	No
If you smoke, would you like information on how to stop?	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 separately from the gun?	N/A	Yes No



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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



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