

## **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		☐ How your child is learning and doing in school ☐ Bullying ☐ After-school activities and care ☐ Special education needs ☐ How your child acts ☐ Talking with your child's school			
Your Growing Child		☐ How your child feels about herself ☐ Following rules ☐ Getting ready for puberty ☐ Being angry ☐ Your child dealing with his problems ☐ Becoming more independent			
Staying Healthy		☐ Your child's weight ☐ 1 hour of physical activity daily ☐ Playing sports ☐ TV time ☐ Getting enough calcium ☐ Drinking enough water ☐ How much your child should eat at one time			
Healthy Teeth		☐ Regular dentist visits ☐ Brushing teeth twice daily ☐ Flossing daily			
Safety		□ Booster seats □ Helmets and sports safety □ Swimming safety □ Wearing sunscreen □ Knowing your child's computer use □ Knowing your child's friends and their families □ Gun safety □ Smoke-free house and cars □ 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:			□ No	☐ Unsure	
Tuberculosis	Was your child born Canada, Australia,	□ No	☐ Unsure		
	at high risk for tube		□ No	☐ Unsure	
		per or contact had tuberculosis or a positive tuberculin skin test?	□ No	☐ Unsure	
	Is your child infecte		□ No	☐ Unsure	
Dyslipidemia	-	ve parents or grandparents who have had a stroke or heart problem before age 55?	□ No	☐ Unsure	
	cholesterol medica		□ No	□ Unsure	
Anemia	-	t a strict vegetarian diet?  getarian, does your child take an iron supplement?  □ No	□ No	☐ Unsure☐ Unsure☐ ☐ Unsur	
	Does your child's d	☐ Yes☐ Yes☐	☐ Unsure		
Dooe your obild		tes	Unsule		
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? $\square$ No $\square$ Yes					
Your Growing and Developing Child					
Do you have concerns about your child's development, learning, or behavior?					
Check off each of the following that are true for your child.					
☐ Eats healthy meals and snacks ☐ Participates in an after-school activity ☐ Does chores when asked ☐ Has friends ☐ Is vigorously active for 1 hour a day ☐ Gets along with friends					



American Academy of Pediatrics



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