Bright Futures Previsit Questionnaire
10 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 doing in school ☐ Homework ☐ Bullying
Your Growing Child	☐ How your child feels about herself ☐ Dealing with your child's anger ☐ Setting limits for your child ☐ Your child's friends ☐ Readiness for middle school ☐ Your child's sexuality ☐ Puberty
Staying Healthy	☐ Your child's weight ☐ Your child's body image ☐ Eating breakfast ☐ Limiting soft drinks ☐ Eating together as a family ☐ Drinking enough water ☐ Limiting high-fat food ☐ 1 hour of physical activity daily
Healthy Teeth	☐ Regular dentist visits ☐ Brushing teeth twice daily ☐ Flossing daily
Safety	☐ Bicycle and sports safety and helmets ☐ Car safety ☐ Swimming safety ☐ Sunscreen ☐ Knowing your child's friends and their families ☐ Preventing cigarette, alcohol, and drug use ☐ Gun safety

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)?	☐ Yes	☐ No	☐ Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Is your child infected with HIV?	☐ Yes	☐ No	☐ Unsure
Dyslipidemia	Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	☐ Yes	☐ No	☐ Unsure
	Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	☐ Yes	☐ No	☐ Unsure
Anemia	Does your child eat a strict vegetarian diet?	☐ Yes	☐ No	☐ Unsure
	If your child is a vegetarian, does your child take an iron supplement?	☐ No	☐ Yes	☐ Unsure
	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ 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 specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

_____

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

- ☐ Eats healthy meals and snacks
- ☐ Has friends
- ☐ Is doing well in school
- ☐ Feels good about himself
- ☐ Gets along with family
- ☐ Participates in an after-school activity
- ☐ Vigorously exercises for 1 hour a day
- ☐ Does chores when asked
- ☐ Getting chances to make own decisions
- ☐ Does an activity really well; describe: _____

_____

_____

_____

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ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	Name

DRUG ALLERGIES	CURRENT MEDICATIONS	ID NUMBER

WEIGHT (%)	HEIGHT (%)	BMI (%)	BLOOD PRESSURE	BIRTH DATE	AGE
See growth chart.					☐ M ☐ F

History

☐ Previsit Questionnaire reviewed
☐ Child has a dental home
☐ Child has special health care needs

Concerns and questions ☐ None ☐ Addressed (see other side)

Follow-up on previous concerns ☐ None ☐ Addressed (see other side)

Interval history ☐ None ☐ Addressed (see other side)

☐ Medication Record reviewed and updated

Social/Family History

See Initial History Questionnaire. ☐ No interval change

Family situation

After-school care: ☐ Yes ☐ No

Changes since last visit

Review of Systems

See Initial History Questionnaire and Problem List.

☐ No interval change

Changes since last visit

Nutrition

Physical activity

Play time (60 min/d) ☐ Yes ☐ No

Screen time (<2 h/d) ☐ Yes ☐ No

School: Grade

Social interaction ☐ NL

Performance ☐ NL

Behavior ☐ NL

Attention ☐ NL

Homework ☐ NL

Parent/Teacher concerns ☐ None

Home: Cooperation ☐ NL

Parent-child interaction ☐ NL

Sibling interaction ☐ NL

Oppositional behavior ☐ None

Development (if not reviewed in Previsit Questionnaire)

- Eats healthy meals and snacks
- Participates in an after-school activity
- Has friends
- Is vigorously active for 1 hour a day
- Has a caring/supportive family
- Is doing well in school
- Is getting chances to make own decisions
- Feels good about self
- Does an activity really well; describe:

Physical Examination

☑=NL

Bright Futures Priority

- ☐ **SKIN (tattoos, piercing, bruising, nevi)**
- ☐ **BACK (scoliosis)**
- ☐ **BREASTS/GENITALIA SEXUAL MATURITY RATING**

Additional Systems

- ☐ GENERAL APPEARANCE
- ☐ HEAD
- ☐ EYES
- ☐ EARS
- ☐ NOSE
- ☐ MOUTH, THROAT, TEETH
- ☐ NECK
- ☐ LUNGS
- ☐ HEART
- ☐ ABDOMEN
- ☐ SKIN
- ☐ EXTREMITIES
- ☐ NEUROLOGIC

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ SCHOOL
- Show interest in school
- Quiet space for homework
- Address bullying

☐ DEVELOPMENT AND MENTAL HEALTH
- Encouraging independence and self-responsibility
- Be a positive role model—discuss respect, anger
- Know child's friends and importance of peers
- Expect preadolescent behaviors
- Answer questions and discuss puberty
- Safety rules with adults

☐ NUTRITION AND PHYSICAL ACTIVITY
- Encourage proper nutrition
- 60 minutes of physical activity daily
- Limit TV and screen time

☐ ORAL HEALTH
- Dental visits twice a year
- Brush teeth twice a day
- Floss teeth daily
- Wear mouth guards during sports

☐ SAFETY
- Booster seat
- Teach to swim/water safety
- Sunscreen
- Avoid tobacco, alcohol, drugs
- Guns

Plan

Immunizations (See Vaccine Administration Record.)

Laboratory/Screening results: ☐ **Vision** ☐ **Hearing**

☐ Referral to

Follow-up/Next visit

☐ See other side

Print Name	Signature
PROVIDER 1	
PROVIDER 2	

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This American Academy of Pediatrics Visit Documentation Form is consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 3rd Edition.

Bright Futures Patient Handout
9 and 10 Year Visits

SCHOOL

Doing Well at 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.

SAFETY

Playing It Safe

- 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.

NUTRITION AND PHYSICAL ACTIVITY

Eating Well, Being Active

- 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.

ORAL HEALTH

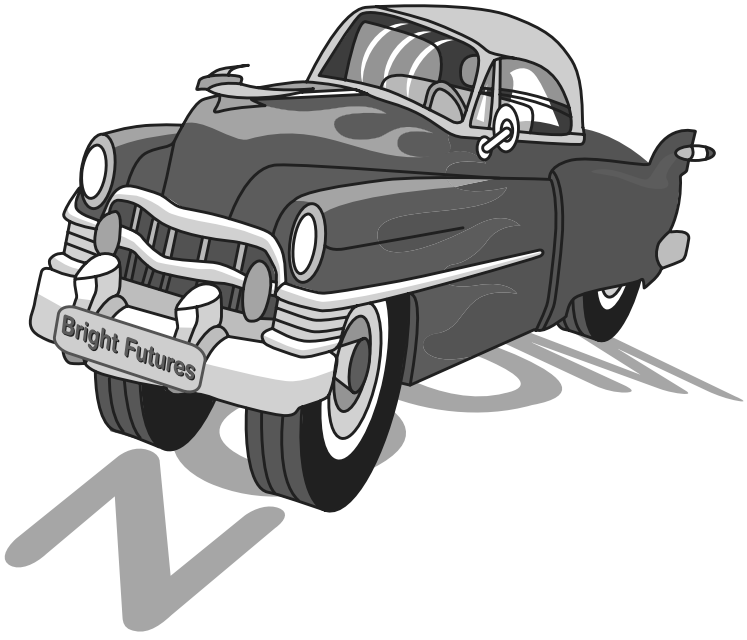
Healthy Teeth

- 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

Growing and Developing

- 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 Parent Handout
9 and 10 Year Visits

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

NUTRITION AND PHYSICAL ACTIVITY

Staying Healthy

- Encourage your child to eat healthy.
- Buy fat-free milk and low-fat dairy foods, and encourage 3 servings each day.
- Include 5 servings of vegetables and fruits at meals and for snacks daily.
- Limit TV and computer time to 2 hours a day.
- Encourage your child to be active for at least 1 hour daily.
- Eat as a family often.

SAFETY

Safety

- The back seat is the safest place to ride in a car until your child is 13 years old.
- Use a booster seat until the vehicle's safety belt fits. The lap belt can be worn low and flat on the upper thighs. The shoulder belt can be worn across the shoulder and the child can bend at the knees while sitting against the vehicle seat back.
- Teach your child to swim and watch her in the water.
- Your child needs sunscreen (SPF 15 or higher) when outside.
- Your child needs a helmet and safety gear for biking, skating, in-line skating, skiing, snowmobiling, and horseback riding.
- Talk to your child about not smoking cigarettes, using drugs, or drinking alcohol.
- Make a plan for situations in which your child does not feel safe.
- Get to know your child's friends and their families.
- Never have a gun in the home. If necessary, store it unloaded and locked with the ammunition locked separately from the gun.

DEVELOPMENT AND MENTAL HEALTH

Your Growing Child

- Be a model for your child by saying you are sorry when you make a mistake.
- Show your child how to use his words when he is angry.
- Teach your child to help others.
- Give your child chores to do and expect them to be done.
- Give your child his own space.
- Still watch your child and your child's friends when they are playing.
- Understand that your child's friends are very important.
- Answer questions about puberty.
- Teach your child the importance of delaying sexual behavior. Encourage your child to ask questions.
- 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 your child's private parts.
  - No adult should ask for help with his private parts.

SCHOOL

School

- Show interest in school activities.
- If you have any concerns, ask your child's teacher for help.
- Praise your child for doing things well at school.
- Set a routine and make a quiet place for doing homework.
- Talk with your child and her teacher about bullying.

ORAL HEALTH

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 his 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.

Poison Help: 1-800-222-1222

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

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