Bright Futures Previsit Questionnaire
7 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: ☐ Yes ☐ No ☐ Unsure

_____

Vision	Do you have concerns about how your child sees?	☐ Yes	☐ No	☐ Unsure
	Has your child ever failed a school vision screening test?	☐ Yes	☐ No	☐ Unsure
	Does your child tend to squint?	☐ Yes	☐ No	☐ Unsure
Hearing	Do you have concerns about how your child speaks?	☐ Yes	☐ No	☐ Unsure
	Do you have concerns about how your child hears?	☐ Yes	☐ No	☐ Unsure
	Does your child have trouble hearing with a noisy background or over the telephone?	☐ Yes	☐ No	☐ Unsure
	Does your child have trouble following the conversation when 2 or more people are talking at the same time?	☐ 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
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
- ☐ Gets along with family
- ☐ Is doing well in school
- ☐ Participates in an after-school activity
- ☐ Is vigorously active for 1 hour a day
- ☐ Does chores when asked

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ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	Name

DRUG ALLERGIES	CURRENT MEDICATIONS	ID NUMBER

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

Sleep: ☐ NL

Physical activity

Play time (60 min/d) ☐ Yes ☐ No

Screen time (<2 h/d) ☐ Yes ☐ No

School: Grade Special education ☐ Yes ☐ No

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
- Is doing well in school
- Does chores when asked
- Gets along with family

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Physical Examination

☑=NL

Bright Futures Priority

☐ **MUSCULOSKELETAL (hip, knee, ankle)**
☐ **MOUTH/TEETH (caries, gingival)**
☐ **BREASTS/GENITALIA SEXUAL MATURITY RATING** _____

Additional Systems

☐ GENERAL APPEARANCE
☐ NECK
☐ HEAD
☐ EYES
☐ EARS
☐ NOSE
☐ LUNGS
☐ THROAT
☐ HEART
☐ ABDOMEN
☐ BACK
☐ SKIN
☐ NEUROLOGIC

Abnormal findings and comments

Assessment

☐ Well child

Anticipatory Guidance

☐ Discussed and/or handout given

☐ SCHOOL
- Show interest in school
- Communicate with teachers

☐ DEVELOPMENT AND MENTAL HEALTH
- Encourage independence
- Praise strengths
- Be a positive role model
- Discuss expected body changes

☐ NUTRITION AND PHYSICAL ACTIVITY
- Encourage proper nutrition
- Eat meals as a family
- 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 guard during sports

☐ SAFETY
- Know child's friends
- Home emergency plan
- Safety rules with adults
- Appropriate vehicle restraint
- Helmets and pads
- Supervise around water
- Smoke-free environment
- Guns
- Monitor computer use

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	

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
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

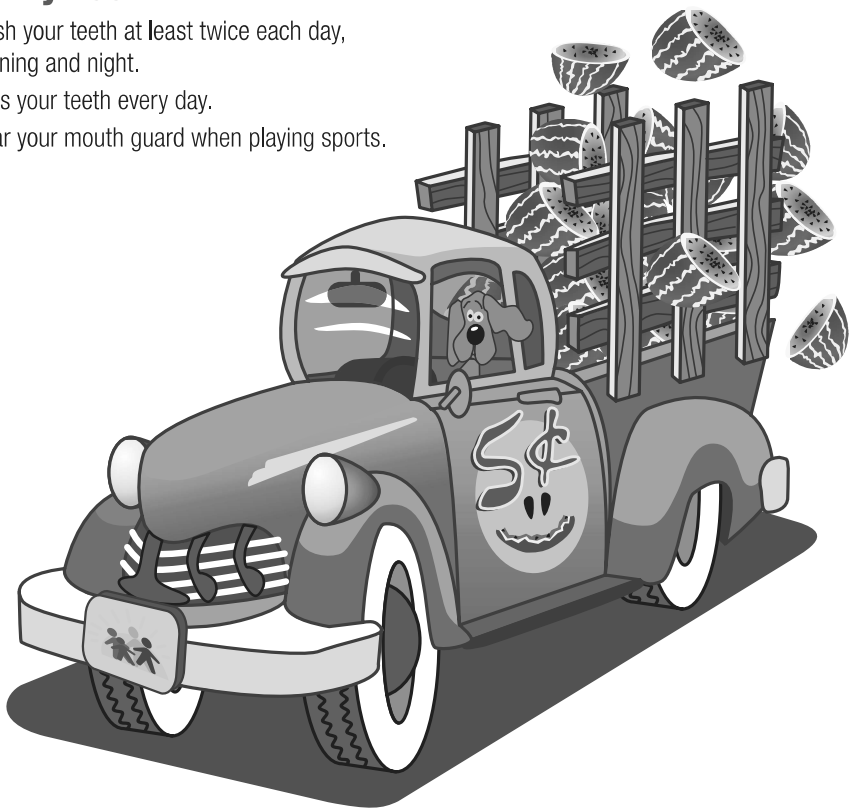
Healthy Teeth

- 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

- 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.

DEVELOPMENT AND MENTAL HEALTH

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.

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 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.

Poison Help: 1-800-222-1222

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

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