# Bright Futures Previsit Questionnaire
## 18 to 21 Year 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.

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### 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 your last visit?

**Do you have any special health care needs?**

- [ ] No
- [ ] Yes, describe:

**Do you live with anyone who uses tobacco or spend time in any place where people smoke?**

- [ ] No
- [ ] Yes, describe:

**How many hours per day do you watch TV, play video games, and use the computer (not for schoolwork)?**

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### 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

- [ ] How your body is changing
- [ ] Teeth
- [ ] Appearance or body image
- [ ] How you feel about yourself
- [ ] Healthy eating
- [ ] Good ways to be active
- [ ] Protecting your ears from loud noise

#### School and Friends

- [ ] How you are doing in school
- [ ] Organizing your time to get things done
- [ ] Your job
- [ ] Your future plans
- [ ] Your friends
- [ ] Girlfriend or boyfriend
- [ ] Your relationship with your family

#### How You Are Feeling

- [ ] Dealing with stress
- [ ] Keeping under control
- [ ] Making decisions on your own
- [ ] Sexuality
- [ ] Depression
- [ ] Feeling anxious
- [ ] Feeling irritable
- [ ] Feeling sad

#### Healthy Behavior Choices

- [ ] Pregnancy
- [ ] Sexually transmitted infections (STIs)
- [ ] Smoking cigarettes
- [ ] Drinking alcohol
- [ ] Using drugs
- [ ] How to avoid risky situations
- [ ] How to support friends who don’t use alcohol and drugs
- [ ] How to follow through with decisions you have made about sex and drugs

#### Violence and Injuries

- [ ] Avoiding driving distractions
- [ ] Drinking and driving
- [ ] Gun safety
- [ ] Dating violence or abuse

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### Questions

#### Vision

- **Do you complain that the blackboard has become difficult to see?**
  - [ ] Yes
  - [ ] No
  - [ ] Unsure
- **Have you ever failed a school vision screening test?**
  - [ ] Yes
  - [ ] No
  - [ ] Unsure
- **Do you hold books close to your eyes to read?**
  - [ ] Yes
  - [ ] No
  - [ ] Unsure
- **Do you have trouble recognizing faces at a distance?**
  - [ ] Yes
  - [ ] No
  - [ ] Unsure
- **Do you tend to squint?**
  - [ ] Yes
  - [ ] No
  - [ ] Unsure

#### Hearing

- **Do you have a problem hearing over the telephone?**
  - [ ] Yes
  - [ ] No
  - [ ] Unsure
- **Do you have trouble following the conversation when 2 or more people are talking at the same time?**
  - [ ] Yes
  - [ ] No
  - [ ] Unsure
- **Do you have trouble hearing with a noisy background?**
  - [ ] Yes
  - [ ] No
  - [ ] Unsure
- **Do you find yourself asking people to repeat themselves?**
  - [ ] Yes
  - [ ] No
  - [ ] Unsure
- **Do you misunderstand what others are saying and respond inappropriately?**
  - [ ] Yes
  - [ ] No
  - [ ] Unsure

#### Tuberculosis

- **Were you 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
- **Have you 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
- **Have you ever been incarcerated (in jail)?**
  - [ ] Yes
  - [ ] No
  - [ ] Unsure
- **Are you infected with HIV?**
  - [ ] Yes
  - [ ] No
  - [ ] Unsure

#### Dyslipidemia

- **Do you have parents or grandparents who have had a stroke or heart problem before age 55?**
  - [ ] Yes
  - [ ] No
  - [ ] Unsure
- **Do you have a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?**
  - [ ] Yes
  - [ ] No
  - [ ] Unsure
- **Do you smoke cigarettes?**
  - [ ] 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
### 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
- Do you now use or have you ever used injectable drugs? □ 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

#### STIs
- Have you ever had sex (including intercourse or oral sex)? (If no, skip to Growing and Developing) □ Yes □ No □ Unsure
- Have any of your past or current sex partners been infected with HIV, bisexual, or injection drug users? □ Yes □ No □ Unsure
- Have you ever been treated for a sexually transmitted infection? □ Yes □ No □ Unsure
- Are you having unprotected sex with multiple partners? □ Yes □ No □ Unsure
- Do you trade sex for money or drugs or have sex partners who do? □ Yes □ No □ Unsure

#### Cervical Dysplasia
- Was your first time having sexual intercourse more than 3 years ago? □ Yes □ No □ Unsure

#### Pregnancy
- Have you been sexually active without using birth control? □ Yes □ No □ Unsure
- Have you been sexually active and had a late or missed period within the last 2 months? □ Yes □ No □ Unsure

### For Males Only

#### STIs
- Have you ever had sex (including intercourse or oral sex)? (If no, skip to Growing and Developing) □ Yes □ No □ Unsure
- Have you ever been treated for a sexually transmitted infection? □ Yes □ No □ Unsure
- Are you having unprotected sex with multiple partners? □ Yes □ No □ Unsure
- Have you ever had sex with other men? □ Yes □ No □ Unsure
- Do you trade sex for money or drugs or have sex partners who do? □ Yes □ No □ Unsure
- Have any of your past or current sex partners been infected with HIV, bisexual, or injection drug users? □ Yes □ No □ Unsure

### Growing and Developing

Check off all 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 helpfulness 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:
**History**

- Previsit Questionnaire reviewed
- Teen 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)

- Menarche: Age
- Regularity

- Menstrual problems
- Medication Record reviewed and updated

**Social/Family History**

- See Initial History Questionnaire.
- No interval change

Changes since last visit

- Teen lives with

- Relationship with parents/siblings

**Risk Assessment**

- HOME
  - Eats meals with family: Yes
  - Has family member/adult to turn to for help: Yes
  - Is permitted and is able to make independent decisions: Yes

- EDUCATION
  - Grade: NL
  - Performance: NL
  - Behavior/Attention: NL
  - Homework: NL

- EATING
  - Eats regular meals including adequate fruits and vegetables: Yes
  - Drinks non-sweetened liquids: Yes
  - Calcium source: Yes
  - Has concerns about body or appearance: Yes

- ACTIVITIES
  - Has friends: Yes
  - At least 1 hour of physical activity/day (including homework): Yes
  - Screen time (except for homework): less than 2 hours/day: Yes
  - Has interests/participates in community activities/volunteers: Yes

- DRUGS (Substance use/abuse)
  - Uses tobacco/alcohol/drugs: Yes

- SAFETY
  - Home is free of violence: Yes
  - Uses safety belts/safety equipment: Yes
  - Impaired/Distracted driving: Yes
  - Has relationships free of violence: Yes

- SEX
  - Has had oral sex: Yes
  - Has had sexual intercourse (vaginal, anal): Yes

- SUICIDALITY/MENTAL HEALTH
  - Has ways to cope with stress: Yes
  - Displays self-confidence: Yes
  - Has problems with sleep: Yes
  - Gets depressed, anxious, or irritable/has mood swings: Yes
  - Has thought about hurting self or considered suicide: Yes

**Physical Examination**

- SKIN
  - BACK/SPINE
  - BREASTS
  - GENITALIA

- SEXUAL MATURITY RATING

**Anticipatory Guidance**

- PHYSICAL GROWTH AND DEVELOPMENT
  - Stature/diet
  - Physical activity
  - Leaning TV
  - Protect hearing
  - Brush/fix teeth
  - Regular dentist visits

- SOCIAL AND ACADEMIC COMPETENCE
  - Age-appropriate limits

- EMOTIONAL WELL-BEING
  -Dealing with stress
  - Decision-making
  - Mood changes
  - Sexuality/Reproductive

- OTHER
  - Friends/relationships
  - Family time
  - Community involvement
  - Encourage reading/school
  - Rules/Expectations
  - Planning for after high school

- RISK REDUCTION
  - Tobacco, alcohol, drugs
  - Prescription drugs
  - Sex
  - VIOLENCE AND INJURY PREVENTION
  - Seat belts
  - Guns
  - Conflict resolution
  - Driving restriction
  - Sports/Recreation safety

**Plan**

- Immunizations (See Vaccine Administration Record)
- Laboratory/Screening results:
  - Vision
  - Cholesterol (18–21 years)

- Referral to

- Follow-up/Next visit

**Print Name**

**Signature**

**WELL CHILD/15 to 21 years**
Psychosocial Risks
Confidential (To be completed confidentially for teens with identified risk)

**Home**

Relationship with parents/guardians ____________________________

Violence in home ____________________________

Teen’s concerns ____________________________

Autonomy ____________________________

Counseling/Recommendations ____________________________

**Drugs (Substance Use/Abuse)**

Tobacco use ____________________________

Alcohol ____________________________

Drugs (street/prescription) ____________________________

Steroids ____________________________

CRAFFT (+2 indicates need for follow-up)

C – Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs? □ Yes □ No

R – Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? □ Yes □ No

A – Do you ever use alcohol or drugs while you are by yourself, ALONE? □ Yes □ No

F – Do you ever FORGET things you did while using alcohol or drugs? □ Yes □ No

F – Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use? □ Yes □ No

T – Have you gotten into TROUBLE while you were using alcohol or drugs? □ Yes □ No

Counseling/Recommendations ____________________________

**Education**

Teen’s concerns ____________________________

Social interactions ____________________________

Conflicts ____________________________

Counseling/Recommendations ____________________________

**Eating**

Usual diet ____________________________

Attempts to lose weight by dieting, laxatives, or self-induced vomiting ____________________________

Regular meals (includes breakfast, limits fast food) ____________________________

Counseling/Recommendations ____________________________

**Safety**

Impaired/Distracted driving ____________________________

Sports/recreation safety ____________________________

Guns ____________________________

Peer violence ____________________________

Dating violence ____________________________

Counseling/Recommendations ____________________________

**Activities**

Clubs/Extra-curricular ____________________________

Music/Art ____________________________

Sports ____________________________

Religious/Community ____________________________

TV/Electronics _______ hours/day ____________________________

Gangs ____________________________

Counseling/Recommendations ____________________________

**Suicidality/Mental Health**

Depression □ No □ Yes—when? ____________________________

Anxiety □ No □ Yes—when? ____________________________

Suicide ideation □ No □ Yes—when? ____________________________

Suicide attempts □ No □ Yes—when? ____________________________

History of psychologic counseling □ No □ Yes—when? ____________________________

Other mental health diagnosis ____________________________

Counseling/Recommendations ____________________________

Confidentiality discussed □ With teen □ With parent(s)
Your Daily Life
- Visit the dentist at least twice a year.
- Protect your hearing at work, home, and concerts.
- Eat a variety of healthy foods.
- Eat breakfast every morning.
- Drink plenty of water.
- Make sure to get enough calcium.
- Have 3 or more servings of low-fat (1%) or fat-free milk and other low-fat dairy products each day.
- Aim for 1 hour of vigorous physical activity.
- Be proud of yourself when you do something well.

Healthy Behavior Choices
- Support friends who choose not to use drugs, alcohol, tobacco, steroids, or diet pills.
- If you use drugs or alcohol, you can talk to us about it. We can help you with quitting or cutting down on your use.
- Make healthy decisions about your sexual behavior.
- If you are sexually active, always practice safe sex. Always use a condom to prevent STIs.
- All sexual activity should be something you want. No one should ever force or try to convince you.
- Find safe activities at school and in the community.

Violence and Injuries
- Do not drink and drive or ride in a vehicle with someone who has been using drugs or alcohol.
- If you feel unsafe driving or riding with someone, call someone you trust to drive you.
- Always wear a seat belt in the car.
- Know the rules for safe driving.
- Never allow physical harm of yourself or others at home or school.
- Always deal with conflict using nonviolence.
- Remember that healthy dating relationships are built on respect and that saying “no” is OK.
- Fighting and carrying weapons can be dangerous.

Your Feelings
- Figure out healthy ways to deal with stress.
- Try your best to solve problems and make decisions on your own.
- Most people have daily ups and downs. But if you are feeling sad, depressed, nervous, irritable, hopeless, or angry, talk with me or another health professional.
- We understand sexuality is an important part of your development. If you have any questions or concerns, we are here for you.

School and Friends
- Take responsibility for being organized enough to succeed in work or school.
- Find new activities you enjoy.
- Consider volunteering and helping others in the community on an issue that interests or concerns you.
- Form healthy friendships and find fun, safe things to do with friends.
- As you get older, making and keeping friends is important. You may find that you drift away from some of your old friends—that’s normal.
- Evaluate your friendships and keep those that are healthy.
- It is still important to stay connected with your family.