**Bright Futures Previsit Questionnaire**

**9 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
- [ ] 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

### Your Growing Child

- [ ] 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

### Staying Healthy

- [ ] Regular dentist visits
- [ ] Brushing teeth twice daily
- [ ] Flossing daily
- [ ] 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

### Vision

- [ ] Do you have concerns about how your child sees?
- [ ] Has your child ever failed a school vision screening test?
- [ ] Does your child tend to squint?
- [ ] Yes
- [ ] No
- [ ] Unsure

### Hearing

- [ ] Do you have concerns about how your child speaks?
- [ ] Do you have concerns about how your child hears?
- [ ] Does your child have trouble hearing with a noisy background or over the telephone?
- [ ] 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)?
- [ ] Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?
- [ ] Has a family member or contact had tuberculosis or a positive tuberculin skin test?
- [ ] Is your child infected with HIV?
- [ ] Yes
- [ ] No
- [ ] Unsure

### Anemia

- [ ] Does your child eat a strict vegetarian diet?
- [ ] If your child is a vegetarian, does your child take an iron supplement?
- [ ] Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?
- [ ] Yes
- [ ] No
- [ ] Unsure

Does your child have any special health care needs?  
- [ ] No
- [ ] Yes
- [ ] 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:

---

**American Academy of Pediatrics**  
DEDICATED TO THE HEALTH OF ALL CHILDREN™
ACCOMPLAINT BY INFORMANT | PREFERRED LANGUAGE | DATE/TIME

DRUG ALLERGIES | CURRENT MEDICATIONS

WEIGHT (%) | HEIGHT (%) | BMI (%) | BLOOD PRESSURE

BIRTH DATE | AGE

NAME

ID NUMBER

PHYSICAL EXAMINATION

□ Previsit Questionnaire reviewed
□ 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 after-school activity
- Has friends
- Is vigorously active for 1 hour a day
- Has a caring/supportive family

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

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

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

WELL CHILD/9 to 10 years
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.

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.

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.

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.

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.
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.

**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**
- 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.

**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.

**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

**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.