

## **Bright Futures Previsit Questionnaire 15 to 17 Year Visits**

Futures... 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.

What would you like to talk about today?								
Do you have any	concerns, questions	s, or problems that you would like to discuss today?						
What changes or	challenges have the	ere been at home since last year?						
Do you have any	special health care	needs? □ No □ Yes □ Unsure, describe:						
Do you live with a	How your body is changing   Teeth   Appearance or body image   How you feel about yourself   Healthy eating   Good ways to keep active   Protecting your ears from loud noise							
How many hours	per day do you wat	ch TV, play video games, and use the computer (not for schoolwork)?						
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		☐ Healthy eating ☐ Good ways to keep active ☐ Protecting your ears from loud noise						
School and Friends								
How You Are Fee	eling	· · · · · · · · · · · · · · · · · · ·	☐ Feeling	anxious				
Healthy Behavior Choices		☐ How to avoid risky situations ☐ Decisions about sex, alcohol, and drugs ☐ How to support friends who don't use alcohol and drugs						
Violence and Injuries		☐ Car safety ☐ Using a helmet ☐ Driving rules for new teen drivers ☐ Gun safety ☐ Dating violence or abuse ☐ Bullying or trouble with other kids ☐ Keeping yourself and your friends safe in risky situations						
		Questions						
	Do you complain th	at the blackboard has become difficult to see?	☐ Yes	□ No	☐ Unsure			
Vision	Have you ever failed a school vision screening test?			☐ No	☐ Unsure			
	Do you hold books close to your eyes to read?			☐ No	□ Unsure			
	Do you have trouble recognizing faces at a distance?			☐ No	☐ Unsure			
	Do you tend to squint?			☐ No	□ Unsure			
	Do you have a problem hearing over the telephone?			☐ No	☐ Unsure			
Hearing	Do you have trouble following the conversation when 2 or more people are talking at the same time?			☐ No	☐ Unsure			
	Do you have trouble hearing with a noisy background?			☐ No	☐ Unsure			
	Do you find yourself asking people to repeat themselves?			☐ No	☐ Unsure			
	Do you misunderstand what others are saying and respond inappropriately?			☐ 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☐ Yes☐	☐ No	☐ Unsure			
	Have you ever been incarcerated (in jail)?			☐ No	☐ Unsure			
	Are you infected with HIV?			□ No	☐ Unsure			
<b>Dyslipidemia</b>	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?			☐ No	☐ Unsure			
Anemia	Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?			☐ Yes	☐ Unsure			
	Have you ever been diagnosed with iron deficiency anemia?			☐ 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?		☐ 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 <b>first</b> time having sexual intercourse more than 3 years ago?		□ 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 hopefulness 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:



American Academy of Pediatrics



The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Bright Futures Tool and Resource Kit.* Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.