PARENT Bright Futures Questionnaire for Adolescent Well Visit Age 15-21 Years

Lori McAuliffe MD PA

Child's Name: _____ Date: _____

Child's Age: _____ Date of birth: _____

Diet/Growth:

1. My child eats healthy foods: □ Yes □ No
    a. I wish my child ate more _____
    b. I wish my child ate less _____
2. I feel that my child is: □ Too heavy □ Too light □ Just right
3. I feel that my child is: □ Too tall □ Too short □ Just right
4. My child is experiencing normal puberty: □ Yes □ No □ Unsure
    a. My child seems happy with the appearance of his/her body and skin: □ Yes □ No □ Unsure
5. My child drinks milk: □ Yes □ No
    a. _____ ounces per day
    b. □ Whole □ 2% □ 1% □ Skim □ Almond □ Soy □ Other _____
6. My child has a family history of high cholesterol: □ Yes □ No
    a. Who has high cholesterol? □ Mom □ Dad □ Aunt/Uncle □ Grandparent
    b. This is being treated with: □ Dietary changes □ Exercise □ Medications □ Not treated
7. My child gets exercise: □ Yes □ No
    a. At least 30 minutes a day? □ Yes □ No
    b. What sport or activity? _____
    c. My child complains of dizziness, shortness of breath, fatigue or chest pain during exercise? □ Yes □ No
    d. Is there a family history of cardiac (or unexplained) death before age 50? □ Yes □ No Who? _____

Sleep:

1. My child sleeps well: □ Yes □ No
    a. My child gets how many hours of uninterrupted sleep: _____ hours
    b. My child snores: □ Yes □ No
    c. My child has nightmares/sleepwalking/insomnia/sleep disturbance: □ Yes □ No
2. My child looks at screens in the hour before bedtime: □ Yes □ No

Behavior:

1. My child is well behaved/minds: □ Yes □ No
    a. My child has trouble minding at: □ School □ Home □ Both
    b. I am concerned about my child's behavior: □ Yes □ No
2. My child understands reproduction: □ Yes □ No □ Unsure
    a. My child understands contraception: □ Yes □ No □ Unsure
    b. I suspect my child is sexually active: □ Yes □ No □ Unsure
3. I suspect my child is smoking/vaping: □ Yes □ No □ Unsure
    a. I suspect my child may be using drugs: □ Yes □ No □ Unsure
4. I am proud of my child: □ Yes □ No

Learning:

1. My child attends school: □ Yes □ No Where: _____ Grade: _____
2. My child gets good grades: □ Yes □ No Typical marks/grades: □ A's □ B's □ C's □ D's □ F's □ Not graded
    a. My child's learning is: □ Advanced □ On grade Level □ Behind
    b. I worry that my child has a learning problem: □ Yes □ No
3. I feel like my child has a plan for the future: □ Yes □ No □ Unsure

Other concerns/worries I have: _____

_____

I understand that the doctor may ask to speak with my child alone and I give my permission to do so: □ Yes □ No

Parent Signature: _____