

PARENT Bright Futures 2022 Questionnaire for Adolescent Well Visit Age 15-21 Years

Lori McAuliffe MD PA

Patient's Name: _____

Date: _____

Patient's Age: _____

Date of birth: _____

Diet/Growth:

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

Sleep:

- My child sleeps well: Yes No
 - My child gets how many hours of uninterrupted sleep: _____ hours
 - My child snores: Yes No
 - My child has nightmares/sleepwalking/insomnia/sleep disturbance: Yes No
- My child looks at screens in the hour before bedtime: Yes No

Behavior:

- My child is well behaved/minds: Yes No
 - My child has trouble minding at: School Home Both
 - I worry my child Has anxiety Has depression Is being bullied Is a bully None of these
- My child understands reproduction: Yes No Unsure
 - My child understands contraception: Yes No Unsure
 - I suspect my child is sexually active: Yes No Unsure
- I suspect my child is smoking/vaping: Yes No Unsure
 - I suspect my child may be using drugs: Yes No Unsure
- I am proud of my child: Yes No

Learning:

- My child attends school: Yes No Where: _____ Grade: _____
- My child gets good grades: Yes No Typical marks/grades: A's B's C's D's F's Not graded
 - My child's learning is: Advanced On grade Level Behind
 - I worry that my child has a learning problem: Yes No
- I am teaching my child to drive: Yes No
- 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 Initials: _____ Reviewed by Doctor: McAuliffe Class Spector Bordon Smith Starr Kidder 1/2022