

# PARENT Bright Futures 2023 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/prevention of pregnancy:  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:  McAuliffeMD  ClassMD  SpectorMD  BordonMD  SmithMD  KidderMD  CrocusMD  ShahDO

11/2022