

# 11-13 Years Questions



|               |      |       |
|---------------|------|-------|
| Patient Name: | DOB: | Date: |
|---------------|------|-------|

**Any questions or concerns today? Please circle all that apply.**

|                                |   |   |          |   |   |
|--------------------------------|---|---|----------|---|---|
| Eating                         | Y | N | Speech   | Y | N |
| Elimination (voiding/stooling) | Y | N | Behavior | Y | N |
| Sleeping                       | Y | N | School   | Y | N |
| Height/Weight                  | Y | N | Other    | Y | N |
| Hearing/Vision                 | Y | N |          |   |   |

**Any family changes or stressors since last visit?** Y N

**Any illnesses or injuries since your last visit?** Y N

**Does your child have close friends?** Y N

**Are you comfortable with your child's friends?** Y N

**Do any of your child's friends use drugs, alcohol, or smoke?** Y N

**Does your child often feel sad or alone?** Y N

**Does your child often seem stressed, anxious or angry?** Y N

**Does your child wear a seatbelt at all times when riding in a car?** Y N

**Does your child go to the dentist twice a year?** Y N

**Does your child spend time with anyone who smokes?** Y N

**Does your child know how to swim?** Y N

**Does your child wear a helmet when:**

Riding a bike or scooter? Y N

Rollerblading or skateboarding? Y N

Riding an ATV? Y N

**Has your child experienced any problems with bullying at school?** Y N

**Does your child have a computer or TV in his/her room?** Y N

**Does your child spend 2+ hours per day total combined with TV, video games, computer?** Y N

**Have you talked to your child about the risks of inappropriate sexual or violent material, potential child molesters or harassment on the internet?** Y N

**Does your child know not to give personal information via the internet?** Y N

**Do you monitor your child's phone/computer/social media use?** Y N

**Do you have carbon monoxide and smoke detectors in your home?** Y N

**If there is a gun in your home, is it unloaded and locked, stored separately from locked ammunition?** Y N

**SEE REVERSE FOR ADDITIONAL QUESTIONS**

# 11-13 Years Questions



Patient Name:

DOB:

Date:

## Food Insecurity & Transportation Questions (mark your answer):

- Within the past 12 months, you worried that your food would run out before you got money to buy more.
  - Often true
  - Sometimes true
  - Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
  - Often true
  - Sometimes true
  - Never true
- In the past 12 months, has lack of transportation kept you from medical appointments, meetings, working or from getting things needed for daily living (mark all that apply)?
  - Yes, it has kept me from medical appointments or getting medications
  - Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need
  - No

# PHQ 9



|               |      |       |
|---------------|------|-------|
| Patient Name: | DOB: | Date: |
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OVER THE PAST TWO WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS? (Use "X" to indicate your answer)

|  | Not at all | Several days | More than half the days | Nearly every day |
|--|------------|--------------|-------------------------|------------------|
| 1) Little Interest or pleasure in doing things   |            |              |                         |                  |
| 2) Feeling down, depressed, or hopeless  |            |              |                         |                  |
| 3) Trouble falling or staying asleep, or sleeping too much   |            |              |                         |                  |
| 4) Feeling tired or having little energy   |            |              |                         |                  |
| 5) Poor appetite or overeating   |            |              |                         |                  |
| 6) Feeling bad about yourself-or that you are a failure or have let yourself or your family down   |            |              |                         |                  |
| 7) Trouble concentrating on things, such as reading the newspaper or watching television   |            |              |                         |                  |
| 8) Moving or speaking so slowly that other people could have noticed. Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual |            |              |                         |                  |
| 9) Thoughts that you would be better off dead, or of hurting yourself in some way?   |            |              |                         |                  |





# BRIGHT FUTURES HANDOUT ► PARENT

## 11 THROUGH 14 YEAR VISITS

Here are some suggestions from Bright Futures experts that may be of value to your family.

### ✓ HOW YOUR FAMILY IS DOING

- Encourage your child to be part of family decisions. Give your child the chance to make more of her own decisions as she grows older.
- Encourage your child to think through problems with your support.
- Help your child find activities she is really interested in, besides schoolwork.
- Help your child find and try activities that help others.
- Help your child deal with conflict.
- Help your child figure out nonviolent ways to handle anger or fear.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as SNAP can also provide information and assistance.

### ✓ YOUR CHILD'S FEELINGS

- Find ways to spend time with your child.
- If you are concerned that your child is sad, depressed, nervous, irritable, hopeless, or angry, let us know.
- Talk with your child about how his body is changing during puberty.
- If you have questions about your child's sexual development, you can always talk with us.

### ✓ YOUR GROWING AND CHANGING CHILD

- Help your child get to the dentist twice a year.
- Give your child a fluoride supplement if the dentist recommends it.
- Encourage your child to brush her teeth twice a day and floss once a day.
- Praise your child when she does something well, not just when she looks good.
- Support a healthy body weight and help your child be a healthy eater.
  - Provide healthy foods.
  - Eat together as a family.
  - Be a role model.
- Help your child get enough calcium with low-fat or fat-free milk, low-fat yogurt, and cheese.
- Encourage your child to get at least 1 hour of physical activity every day. Make sure she uses helmets and other safety gear.
- Consider making a family media use plan. Make rules for media use and balance your child's time for physical activities and other activities.
- Check in with your child's teacher about grades. Attend back-to-school events, parent-teacher conferences, and other school activities if possible.
- Talk with your child as she takes over responsibility for schoolwork.
- Help your child with organizing time, if she needs it.
- Encourage daily reading.

### ✓ HEALTHY BEHAVIOR CHOICES

- Help your child find fun, safe things to do.
- Make sure your child knows how you feel about alcohol and drug use.
- Know your child's friends and their parents. Be aware of where your child is and what he is doing at all times.
- Lock your liquor in a cabinet.
- Store prescription medications in a locked cabinet.
- Talk with your child about relationships, sex, and values.
- If you are uncomfortable talking about puberty or sexual pressures with your child, please ask us or others you trust for reliable information that can help.
- Use clear and consistent rules and discipline with your child.
- Be a role model.

**Helpful Resource:** Family Media Use Plan: [www.healthychildren.org/MediaUsePlan](http://www.healthychildren.org/MediaUsePlan)

# 11 THROUGH 14 YEAR VISITS—PARENT



## SAFETY

- Make sure everyone always wears a lap and shoulder seat belt in the car.
- Provide a properly fitting helmet and safety gear for biking, skating, in-line skating, skiing, snowmobiling, and horseback riding.
- Use a hat, sun protection clothing, and sunscreen with SPF of 15 or higher on her exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Don't allow your child to ride ATVs.
- Make sure your child knows how to get help if she feels unsafe.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately from the gun.

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

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# BRIGHT FUTURES HANDOUT ► PATIENT 11 THROUGH 14 YEAR VISITS

Here are some suggestions from Bright Futures experts that may be of value to you and your family.

## ✓ HOW YOU ARE DOING

- Enjoy spending time with your family. Look for ways to help out at home.
- Follow your family's rules.
- Try to be responsible for your schoolwork.
- If you need help getting organized, ask your parents or teachers.
- Try to read every day.
- Find activities you are really interested in, such as sports or theater.
- Find activities that help others.
- Figure out ways to deal with stress in ways that work for you.
- Don't smoke, vape, use drugs, or drink alcohol. Talk with us if you are worried about alcohol or drug use in your family.
- Always talk through problems and never use violence.
- If you get angry with someone, try to walk away.

## ✓ YOUR GROWING AND CHANGING BODY

- Brush your teeth twice a day and floss once a day.
- Visit the dentist twice a year.
- Wear a mouth guard when playing sports.
- Be a healthy eater. It helps you do well in school and sports.
  - Have vegetables, fruits, lean protein, and whole grains at meals and snacks.
  - Limit fatty, sugary, salty foods that are low in nutrients, such as candy, chips, and ice cream.
  - Eat when you're hungry. Stop when you feel satisfied.
  - Eat with your family often.
  - Eat breakfast.
- Choose water instead of soda or sports drinks.
- Aim for at least 1 hour of physical activity every day.
- Get enough sleep.

## ✓ HEALTHY BEHAVIOR CHOICES

- Find fun, safe things to do.
- Talk with your parents about alcohol and drug use.
- Say "No!" to drugs, alcohol, cigarettes and e-cigarettes, and sex. Saying "No!" is OK.
- Don't share your prescription medicines; don't use other people's medicines.
- Choose friends who support your decision not to use tobacco, alcohol, or drugs. Support friends who choose not to use.
- Healthy dating relationships are built on respect, concern, and doing things both of you like to do.
- Talk with your parents about relationships, sex, and values.
- Talk with your parents or another adult you trust about puberty and sexual pressures. Have a plan for how you will handle risky situations.

## ✓ YOUR FEELINGS

- Be proud of yourself when you do something good.
- It's OK to have up-and-down moods, but if you feel sad most of the time, let us know so we can help you.
- It's important for you to have accurate information about sexuality, your physical development, and your sexual feelings toward the opposite or same sex. Ask us if you have any questions.

# 11 THROUGH 14 YEAR VISITS—PATIENT



## STAYING SAFE

- Always wear your lap and shoulder seat belt.
- Wear protective gear, including helmets, for playing sports, biking, skating, skiing, and skateboarding.
- Always wear a life jacket when you do water sports.
- Always use sunscreen and a hat when you're outside. Try not to be outside for too long between 11:00 am and 3:00 pm, when it's easy to get a sunburn.
- Don't ride ATVs.
- Don't ride in a car with someone who has used alcohol or drugs. Call your parents or another trusted adult if you are feeling unsafe.
- Fighting and carrying weapons can be dangerous. Talk with your parents, teachers, or doctor about how to avoid these situations.

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