

14-18 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 teen have close friends? Y N

Are you comfortable with your teen's friends? Y N

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

Does your teen often feel sad or alone? Y N

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

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

Have you talked to your teen about drinking and driving? Y N

Does your teen have a job? Y N

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

Does your teen spend time with anyone who smokes? Y N

Does your teen know how to swim? Y N

Does your teen wear a helmet when:

Riding a bike or scooter? Y N

Rollerblading or skateboarding? Y N

Riding an ATV? Y N

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

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

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

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

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

Do you monitor your teen'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

14-18 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

14-18 Years Teen Questions



Patient Name:	Date:
---------------	-------

In order you help you the best we can, we would like you to answer the questions below. We ask all teenagers these questions because we believe they are things that affect your health and well-being. All the questions may not fit you. You may skip any question(s) that do not apply. ***Your answers are confidential and a private part of your medical record and are not shared with your parents unless you consent to share this information. However, for your safety, we are required by law to share information involving physical/sexual abuse and suicide.***

In general, are you happy with the way things are going for you?	Y	N	Do you use drugs (coke, pot, etc.)?	Y	N
Do you get along with your family?	Y	N	Are you worried about friends/family and how much they drink or use drugs?	Y	N
Do you and your family have dinner together at night?	Y	N	Have you ever used steroids or performance enhancing supplements?	Y	N
Do you have at least one friend who you really like and feel like you can talk to?	Y	N	Do you have a job?	Y	N
Have you ever seriously thought about running away from home?	Y	N	Do you feel like you get enough sleep?	Y	N
Are you comfortable with your weight?	Y	N	Have you had sex (oral, vaginal, anal)?	Y	N
Do you ever fast, vomit, or take laxatives or diet pills to control your weight?	Y	N	If yes, do you use condoms or other forms of protection?	Y	N
Do you wear a seatbelt when riding in a car?	Y	N	Have you ever been tested for or treated for STDs?	Y	N
Have you ever had a concussion or other injury playing sports?	Y	N	Are you or have you ever wondered if you are gay/lesbian/bisexual/transgender?	Y	N
Do you use sunscreen?	Y	N	Have you ever gambled	Y	N
Do you smoke tobacco, other tobacco products, or vapor-related products?	Y	N	Do you ever feel sad, alone, anxious?	Y	N
Do you drink alcohol?	Y	N	Have you ever thought about killing yourself?	Y	N
If yes, have you ever passed out from drinking?	Y	N	Have you ever been threatened with violence or the victim of violence?	Y	N
Do you wear a helmet when:			Have you ever been physically or sexually abused by anyone?	Y	N
Riding a bike or scooter?	Y	N	Do you own a gun or have access to one?	Y	N
Rollerblading or skateboarding?	Y	N	If yes, is it unloaded and locked away from ammunition?	Y	N
Riding an ATV?	Y	N	Have you passed a gun safety course?	Y	N

PHQ 9



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

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 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.

✓ 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.

✓ 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

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>.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this handout and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.



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.

✓ 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 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.

✓ 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.

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

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

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this handout. Web site addresses are as current as possible but may change at any time.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this handout and in no event shall the AAP be liable for any such changes.

© 2019 American Academy of Pediatrics. All rights reserved.