

14-18 Years Questions



Patient Name:	DOB:	Date:
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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:

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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:
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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



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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

15 THROUGH 17 YEAR VISITS

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

✓ HOW YOUR FAMILY IS DOING

- Set aside time to be with your teen and really listen to her hopes and concerns.
- Support your teen in finding activities that interest him. Encourage your teen to help others in the community.
- Help your teen find and be a part of positive after-school activities and sports.
- Support your teen as she figures out ways to deal with stress, solve problems, and make decisions.
- Help your teen deal with conflict.
- 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 TEEN'S FEELINGS

- If you are concerned that your teen is sad, depressed, nervous, irritable, hopeless, or angry, let us know.
- If you have questions about your teen's sexual development, you can always talk with us.

✓ YOUR GROWING AND CHANGING TEEN

- Make sure your teen visits the dentist at least twice a year.
- Give your teen a fluoride supplement if the dentist recommends it.
- Support your teen's healthy body weight and help him be a healthy eater.
 - Provide healthy foods.
 - Eat together as a family.
 - Be a role model.
- Help your teen get enough calcium with low-fat or fat-free milk, low-fat yogurt, and cheese.
- Encourage at least 1 hour of physical activity a day.
- Praise your teen when she does something well, not just when she looks good.

✓ HEALTHY BEHAVIOR CHOICES

- Know your teen's friends and their parents. Be aware of where your teen is and what he is doing at all times.
- Talk with your teen about your values and your expectations on drinking, drug use, tobacco use, driving, and sex.
- Praise your teen for healthy decisions about sex, tobacco, alcohol, and other drugs.
- Be a role model.
- Know your teen's friends and their activities together.
- Lock your liquor in a cabinet.
- Store prescription medications in a locked cabinet.
- Be there for your teen when she needs support or help in making healthy decisions about her behavior.

15 THROUGH 17 YEAR VISITS—PARENT



SAFETY

- Encourage safe and responsible driving habits.
 - Lap and shoulder seat belts should be used by everyone.
 - Limit the number of friends in the car and ask your teen to avoid driving at night.
 - Discuss with your teen how to avoid risky situations, who to call if your teen feels unsafe, and what you expect of your teen as a driver.
 - Do not tolerate drinking and driving.
- 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

15 THROUGH 17 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 you can help at home.
- Find ways to work with your family to solve problems. Follow your family's rules.
- Form healthy friendships and find fun, safe things to do with friends.
- Set high goals for yourself in school and activities and for your future.
- Try to be responsible for your schoolwork and for getting to school or work on time.
- Find ways to deal with stress. Talk with your parents or other trusted adults if you need help.
- Always talk through problems and never use violence.
- If you get angry with someone, walk away if you can.
- Call for help if you are in a situation that feels dangerous.
- Healthy dating relationships are built on respect, concern, and doing things both of you like to do.
- When you're dating or in a sexual situation, "No" means NO. NO is OK.
- Don't smoke, vape, use drugs, or drink alcohol. Talk with us if you are worried about alcohol or drug use in your family.

✓ YOUR FEELINGS

- Be proud of yourself when you do something good.
- Figure out healthy ways to deal with stress.
- Develop ways to solve problems and make good decisions.
- It's OK to feel up sometimes and down others, 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. Please consider asking us if you have any questions.

✓ HEALTHY BEHAVIOR CHOICES

- Choose friends who support your decision to not use tobacco, alcohol, or drugs. Support friends who choose not to use.
- Avoid situations with alcohol or drugs.
- Don't share your prescription medicines. Don't use other people's medicines.
- Not having sex is the safest way to avoid pregnancy and sexually transmitted infections (STIs).
- Plan how to avoid sex and risky situations.
- If you're sexually active, protect against pregnancy and STIs by correctly and consistently using birth control along with a condom.
- Protect your hearing at work, home, and concerts. Keep your earbud volume down.

✓ YOUR DAILY LIFE

- Visit the dentist at least twice a year.
- Brush your teeth at least twice a day and floss once a day.
- 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, and 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.
- Drink plenty of water. Choose water instead of soda or sports drinks.
- Make sure to get enough calcium every day.
- Have 3 or more servings of low-fat (1%) or fat-free milk and other low-fat dairy products, such as yogurt and cheese.
- Aim for at least 1 hour of physical activity every day.
- Wear your mouth guard when playing sports.
- Get enough sleep.

15 THROUGH 17 YEAR VISITS—PATIENT



STAYING SAFE

- Always be a safe and cautious driver.
 - Insist that everyone use a lap and shoulder seat belt.
 - Limit the number of friends in the car and avoid driving at night.
 - Avoid distractions. Never text or talk on the phone while you drive.
- Do not ride in a vehicle with someone who has been using drugs or alcohol.
 - If you feel unsafe driving or riding with someone, call someone you trust to drive you.
- Wear helmets and protective gear while playing sports. Wear a helmet when riding a bike, a motorcycle, or an ATV or when skiing or skateboarding. Wear a life jacket when you do water sports.
- Always use sunscreen and a hat when you're outside.
- Fighting and carrying weapons can be dangerous. Talk with your parents, teachers, or doctor about how to avoid these situations.

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