

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 ► PATIENT

18 THROUGH 21 YEAR VISITS

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



HOW YOU ARE DOING

- Enjoy spending time with your family.
- Find activities you are really interested in, such as sports, theater, or volunteering.
- Try to be responsible for your schoolwork or work obligations.
- Always talk through problems and never use violence.
- If you get angry with someone, try to walk away.
- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help.
- Talk with us if you are worried about your living or food situation. Community agencies and programs such as SNAP can help.
- Don't smoke, vape, or use drugs. Avoid people who do when you can. Talk with us if you are worried about alcohol or drug use in your family.



YOUR FEELINGS

- Most people have ups and downs. If you are feeling sad, depressed, nervous, irritable, hopeless, or angry, let us know or reach out to another health care professional.
- Figure out healthy ways to deal with stress.
- Try your best to solve problems and make decisions on your own.
- Sexuality is an important part of your life. If you have any questions or concerns, we are here for you.



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.
 - 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 breakfast.
- Drink plenty of water.
- 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.
- Women: Make sure to eat foods rich in folate, such as fortified grains and dark-green leafy vegetables.
- Aim for at least 1 hour of physical activity every day.
- Wear safety equipment when you play sports.
- Get enough sleep.
- Talk with us about managing your health care and insurance as an adult.



HEALTHY BEHAVIOR CHOICES

- Avoid using drugs, alcohol, tobacco, steroids, and diet pills. Support friends who choose not to use.
- If you use drugs or alcohol, let us know or talk with another trusted adult about it. We can help you with quitting or cutting down on your use.
- Make healthy decisions about your sexual behavior.
- If you are sexually active, always practice safe sex. Always use birth control along with a condom to prevent pregnancy and sexually transmitted infections.
- All sexual activity should be something you want. No one should ever force or try to convince you.
- Protect your hearing at work, home, and concerts. Keep your earbud volume down.

Helpful Resource: National Domestic Violence Hotline: 800-799-7233

18 THROUGH 21 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.
- 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.

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.