Bright Futures Previsit Questionnaire
7 Year Visit

For us to provide your child with the best possible health care, we would like to know how things are going.
Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

School
- How your child is learning and doing in school
- Special education needs
- How your child acts
- Talking with your child's school

Your Growing Child
- How your child feels about herself
- Following rules
- Getting ready for puberty
- Feeling angry
- Your child's physical problems
- Becoming more independent

Staying Healthy
- Your child's weight
- 1 hour of physical activity daily
- Playing sports
- TV time
- Getting enough calcium
- Drinking enough water
- How much your child should eat at one time

Healthy Teeth
- Regular dentist visits
- Brushing teeth twice daily
- Flossing daily

Safety
- Booster seats
- Helmets and sports safety
- Swimming safety
- Wearing sunscreen
- Knowing your child's computer use
- Knowing your child's friends and their families
- Sun safety
- Smoke-free house and cars
- Preventing sexual abuse

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe:
- Yes
- No
- Unsure

Vision
- Do you have concerns about how your child sees?

Hearing
- Do you have concerns about how your child hears?

Tuberculosis
- Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?

Anemia
- Does your child have a strict vegetarian diet?

Does your child have any special health care needs?
- No
- Yes, describe:

Have there been any major changes in your family lately?
- Move
- Job change
- Separation
- Divorce
- Death in the family
- Any other changes?

Does your child live with anyone who uses tobacco or spend time in any place where people smoke?
- No
- Yes

Your Growing and Developing Child

Do you have specific concerns about your child's development, learning, or behavior?
- Yes
- No

Check off each of the following that are true for your child.
- Eats healthy meals and snacks
- Is doing well in school
- Participates in an after-school activity
- Does chores when asked
- Is vigorously active for 1 hour a day

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