Bright Futures Proximal Questionnaire
9 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 doing in school ☐ Homework ☐ Bullying

Your Growing Child
☐ How your child feels about herself ☐ Dealing with your child’s anger ☐ Setting limits for your child
☐ Your child’s friends ☐ Readiness for middle school ☐ Your child’s sexuality ☐ Puberty

Staying Healthy
☐ Your child’s weight ☐ Your child’s body image ☐ Eating breakfast ☐ Limiting soft drinks
☐ Eating together as a family ☐ Drinking enough water ☐ Limiting high-fat foods ☐ 1 hour of physical activity daily

Healthy Teeth
☐ Regular dental visits ☐ Brushing teeth twice daily ☐ Flossing daily

Safety
☐ Bicycles and sports safety and helmets ☐ Car safety ☐ Swimming safety ☐ Sunscreen
☐ Knowing your child’s interests and their families ☐ Preventing cigarette, alcohol, and drug use ☐ Gun safety

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?
☐ Has your child ever failed a school vision screening test?
☐ Does your child tend to squint?

Hearing
☐ Do you have concerns about how your child speaks?
☐ Do you have concerns about how your child hears?
☐ Does your child have trouble hearing with a noisy background or over the telephone?
☐ Does your child have trouble following the conversation when 2 or more people are talking at the same time?

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)?
☐ Has your child traveled to a country at high risk for tuberculosis?
☐ Has a family member or contact had tuberculosis or a positive tuberculin skin test?
☐ Is your child infected with HIV?

Anemia
☐ Does your child eat a strict vegetarian diet?
☐ If your child is a vegetarian, does your child take an iron supplement?
☐ Does your child’s diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?

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? ☐ No ☐ Yes, describe:

Check off each of the following that are true for your child.
☐ Eats healthy meals and snacks ☐ Feels good about himself
☐ Has friends ☐ Participates in an after-school activity
☐ Is doing well in school ☐ Is vigorously active for 1 hour a day
☐ Gets along with family ☐ Gets along with family