Bright Futures Parent Supplemental Questionnaire 7 and 8 Year Visits

For us to provide your child with the best possible health care, we would like to know how things are going.
Please circle Yes or No for each question. Thank you.

School		
Does your child like school?	Yes	No
Is your child involved with school activities?	Yes	No
Does your child get into fights on the playground or elsewhere?	No	Yes

Your Growing Child: Developmental and Mental Health		
Do you let you child know when he is doing a good job?	Yes	No
Do you show affection toward and praise your child?	Yes	No
Do you talk with your child about what happens when she breaks the rules?	Yes	No
Do you feel comfortable answering your child's questions about his changing body simply and honestly?	Yes	No

Staying Healthy: Nutrition and Physical Activity		
Does your child eat at least 5 servings of fruits and vegetables a day?	Yes	No
Does your child drink at least 3 servings of low-fat milk a day or eat yogurt or cheese?	Yes	No
Do you limit foods that are high in fat like candy, soft drinks, salty snacks, or fast food?	Yes	No
Do you eat meals together as a family at least once a week?	Yes	No
Is your child active at least 60 minutes every day?	Yes	No
Does your child watch TV, play video games, or use the computer (not for schoolwork) more than 2 hours a day?	No	Yes
Does your child regularly eat breakfast?	Yes	No

Healthy Teeth: Oral Health		
Does your child brush her teeth twice a day?	Yes	No
Does your child floss once a day?	Yes	No
Does your child visit the dentist twice a year?	Yes	No

Safety

Does your child have reliable after-school care?		Yes	No
Does your child know how to get help in an emergency if you are not there?		Yes	No
Does your child know to dial 911 in an emergency?		Yes	No
Do you know your child's friends and their families?		Yes	No
Have you taught your child that it is never OK for an adult to tell a child to keep secrets from his parents?		Yes	No
Does your child know that is it never OK for an older child or adult to ask to see her private parts?		Yes	No
Does your child always sit in a booster seat in the back seat of the car?		Yes	No
Does your child always wear a helmet and other protective gear when biking, skating, or skiing?		Yes	No
Do you always put sunscreen on your child before he goes outside to play or swim?		Yes	No
Does your child know how to swim and only swim when an adult is watching?		Yes	No
Do you have safety filters installed on your computer?		Yes	No
Do you check your child's Internet history regularly?		Yes	No
Is your family computer in a place you can easily see?	N/A	Yes	No
Does anyone smoke around your child?		No	Yes
Are your cars and home smoke free?		Yes	No
If you smoke, would you like information on how to stop?		Yes	No
Does anyone in your home or the homes where your child spends time have a gun?		No	Yes
If so, are the guns unloaded and locked away with the ammunition locked seperately from the gun?	N/A	Yes	No

Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

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