



Bright Futures Medical Screening Questionnaire

Early Adolescent Visits

For Parents

Please answer the following questions by circling Y, N, or Unsure.

Does your child complain that the blackboard has become difficult to see?	Y	N	Unsure
Has your child ever failed a school vision screening test?	Y	N	Unsure
Does your child hold books close to read?	Y	N	Unsure
Does your child have trouble recognizing faces at a distance?	Y	N	Unsure
Does your child tend to squint?	Y	N	Unsure
Does your child have a problem hearing over the telephone?	Y	N	Unsure
Does your child have trouble following the conversation when 2 or more people are talking at the same time?	Y	N	Unsure
Does your child have trouble hearing with a noisy background?	Y	N	Unsure
Does your child ask people to repeat themselves?	Y	N	Unsure
Does your child misunderstand what others are saying and respond inappropriately?	Y	N	Unsure
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)?	Y	N	Unsure
Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	Y	N	Unsure
Has a family member or contact had tuberculosis or a positive tuberculin skin test?	Y	N	Unsure
Is your child infected with HIV?	Y	N	Unsure
Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	Y	N	Unsure
Does your child have a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	Y	N	Unsure
Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	N	Y	Unsure
Has your child ever been diagnosed with iron deficiency anemia?	Y	N	Unsure

FOR FEMALES ONLY

Does your child have excessive menstrual bleeding or other blood loss?	Y	N	Unsure
Does your child's period last more than 5 days?	Y	N	Unsure



For Patients

For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

Please answer the following questions by circling Y, N, or Unsure.

Do you smoke cigarettes?	Y	N	Unsure
Have you ever had an alcoholic drink?	Y	N	Unsure
Have you ever used marijuana or any other drug to get high?	Y	N	Unsure
Have you ever been diagnosed with iron deficiency anemia?	Y	N	Unsure
Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	N	Y	Unsure
Have you ever had sex (including intercourse or oral sex)?	Y	N	Unsure

FOR FEMALES ONLY

Does your period last more than 5 days?	Y	N	Unsure
Do you have excessive menstrual bleeding or other blood loss?	Y	N	Unsure



American Academy
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