



Health Questionnaire 8 to 12 Years Old

Imprint Area

This information is CONFIDENTIAL—it will not be shared with anyone. It helps your pediatrician choose the best topics to discuss with you at this visit. Thanks!

Date:

SAFETY

- Does your child use a seat belt for every ride? Yes No
- Have you taught your child safe street-crossing: stop at the curb, look both ways, then walk across the street? Yes No
- Does your child use a helmet for all bicycling, scooter riding and skating? Yes No
- Do you have smoke or fire detectors in the house? Yes No
- Do you check them regularly? Yes No
- Do you have a plan for escape from the house if there is an earthquake or fire? Yes No
- Do you keep a gun in your home? No Yes
If yes, do you unload and lock up your gun when not in use? Yes No
- Does your child know how to swim? Yes No
- Has your child ever witnessed or been a victim of abuse or violence? No Yes
- Has your child ever been molested or sexually abused? No Yes

HEALTH

- Does your child use sunscreen if he/she will be in the sun for more than 10 minutes? Yes No
- Have you told your child about the dangers of smoking and chewing tobacco? Yes No
- Have you told your child about the dangers of drinking alcohol and using drugs? Yes No
- Has your child had all three shots for the Hepatitis B (liver infection) vaccine? Yes No
- Has your child had chicken pox or the chicken pox vaccine? Yes No
- Does your child brush and floss his/her teeth every day? Yes No
- Does your child visit the dentist every year? Yes No
- Does your child have a TV in his/her bedroom? No Yes
- Have any of your child's parents or grandparents had a heart attack or stroke before they were 55 years old? No Yes
- Does your child spend time in a home with anyone who smokes? No Yes
- Does your child receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, curandero, or other healer)? No Yes

PREVENTING TUBERCULOSIS (TB)

- Has anyone who lives in your house, or a babysitter or housecleaner ever had a positive TB skin test or active TB? No Yes
- Have you or anyone who lives in your house recently traveled outside the U.S. to a developing country (Central or South America, Asia)? No Yes
- Has your child ever received BCG (a TB vaccine sometimes given in foreign countries)? No Yes
- Has your family ever lived in a homeless shelter? No Yes
- Was your child or another household member born outside the U.S.? No Yes
- Has your child lived outside the U.S. for more than one month? No Yes

Is there anything you would like to discuss today? _____

Parent Signature: _____

