

Parent Questionnaire for Adolescent Health Care Visit

Your Child's Name: _____

Please take a moment to answer the following questions about your child and your family.
 Your answers are confidential. If you choose not to answer any question, just leave it blank.

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|---|-----|-----|--------|
| Are you concerned about your child's nutrition, weight, or level of physical activity? | No | Yes | Unsure |
| Do you have concerns about how your family gets along? | No | Yes | Unsure |
| Have you and your child discussed puberty and sexuality? | Yes | No | Unsure |
| Are you concerned about your child's ability to learn or performance at school? | No | Yes | Unsure |
| Do you have worries about your child's mood or behavior? | No | Yes | Unsure |
| Are you worried that your child or his/her friends may be using alcohol, tobacco, or other drugs? | No | Yes | Unsure |
| Do you have concerns about your child's friends? | No | Yes | Unsure |
| Has anyone in your family had a <i>heart attack or stroke before age 55</i> ? | No | Yes | Unsure |
| Has anyone in your family needed a <i>pacemaker</i> ? | No | Yes | Unsure |

RISK ASSESSMENT FOR TUBERCULOSIS EXPOSURE/INFECTION

- | | | |
|---|----|-----|
| Has a family member or contact had tuberculosis disease? | No | Yes |
| Has a family member had a positive tuberculin skin test? | No | Yes |
| Was your child born in a high-risk country? (<i>High risk countries are those other than the United States, Canada, Australia, New Zealand, or western European countries</i>) | No | Yes |
| Has your child traveled to a high risk country, or has your child had contact with people who live in a high-risk country, for more than one week? (<i>High risk countries are those other than the United States, Canada, Australia, New Zealand, or western European countries</i>) | No | Yes |

RISK ASSESSMENT FOR ABNORMAL LIPID PROFILE (SUCH AS HIGH CHOLESTEROL)

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|--|----|-----|--------|
| Did any of your child's parents or grandparents have significant heart disease at or before 55 years of age (had a heart attack, stroke, angioplasty, angina, or bypass surgery)? | No | Yes | Unsure |
| Do either of the child's parents have a cholesterol level of 240 or higher?
<i>Cholesterol screening may also be considered in anyone who is overweight, doesn't get much exercise, or who has high blood pressure or diabetes.</i> | No | Yes | Unsure |
| Do you have any other concerns you would like to discuss today? | No | Yes | |

If so, what are your concerns? _____

 Print Name

 Relationship to Patient

 Signature

 Date