11 Year Parent Questionnaire

Date:

Scan this code for age specific health information

Do you have any concerns about your child's:

No | Yes	eating/nutrition?	No | Yes	height or weight?	No | Yes	sleeping?
No | Yes	vision?	No | Yes	hearing?	No | Yes	screen time?

Do you have any concerns about:

No | Yes	recent changes or stress (job change, move, divorce, illness)?	No | Yes	your child feeling safe at school, home, in your neighborhood?
No | Yes	any injury since the last visit? ☐ No injuries	No | Yes	your child being bullied?
No | Yes	how your child is doing in school?	No | Yes	use of tobacco/alcohol/drugs by your child or your child's friends?
No | Yes	your child's friends?		
No | Yes	your child's emotions or behavior?	No | Yes	conflict or violence that your child is exposed to?

Does your child:

No | Yes	eat fast food more than once a week	No | Yes	have a TV, game console, computer in their room?
No | Yes	get less than 1 hour of exercise per day?	No | Yes	use a tanning bed?

Do you:

Yes | No	take your child to the dentist each year?	Yes | No	discuss the risks of tobacco, drugs, alcohol and sex with your child?
Yes | No	enforce the use of seatbelts?		
Yes | No	enforce the use of sunscreen?	Yes | No	discuss the risks of exposure to inappropriate on-line material, bullying, predators with your child?
Yes | No	always supervise your child around water?		
Yes | No	have working smoke alarms and carbon monoxide detectors in your home?	Yes | No	If you own a gun, is it locked, with bullets stored separately? ☐ No gun in home
Yes | No	make sure your child uses a helmet when they are on anything with wheels, skis or snow board?	Yes | No	have internet access to view health information from our website?

Family Medical History

No | Yes	Have there been any changes to your family medical history?	No | Yes	Is there a family history of early heart disease? (under age 65 for women, age 55 for men)
No | Yes	Does your child have a parent with total cholesterol over 240 mg/dL?		

Tuberculosis (TB) Risk

No | Yes	Has your child had recent close contact with someone with active TB disease?	No | Yes	Was your child born in or had extensive travel to Asia, Africa, Eastern Europe or Latin America?
No | Yes	Does your child have any chronic illnesses (including HIV, diabetes, cancer, kidney disease, intestinal disease)?	No | Yes	Has your child been exposed to homeless shelters, refugee camps or prison/jail?

Please continue to the questions on Page 2

Name: _____

Birthdate: _____

11 Year Parent Questionnaire continued

Social Determinants of Health

Within the past 12 months, you worried that your food would run out before you got money to buy more. ❒ Often true ❒ Sometimes true ❒ Never true

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more. ❒ Often true ❒ Sometimes true ❒ Never true

In the past 12 months, has lack of transportation kept you from medical appointments, meetings, working or from getting things needed for daily living? *(check all that apply)*

- ☐ Yes, it has kept me from medical appointments or getting medication
- ☐ Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need
- ☐ No

Would you like information regarding these concerns? *(check all that apply)*

☐ Yes, have someone contact me ☐ Yes, I would like written information ☐ No

Pediatric Symptom Checklist (PSC-17)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please indicate how each of these statements best describes your child.

	Never	Sometimes	Often
1. Feels, sad, unhappy	☐	☐	☐
2. Feels hopeless	☐	☐	☐
3. Is down on self	☐	☐	☐
4. Worries a lot	☐	☐	☐
5. Seems to be having less fun	☐	☐	☐
6. Fidgety, unable to sit still	☐	☐	☐
7. Daydreams too much	☐	☐	☐
8. Distracted easily	☐	☐	☐
9. Has trouble concentrating	☐	☐	☐
10. Acts as if driven by a motor	☐	☐	☐
11. Fights with other children	☐	☐	☐
12. Does not listen to rules	☐	☐	☐
13. Does not understand other people's feelings	☐	☐	☐
14. Teases others	☐	☐	☐
15. Blames others for their troubles	☐	☐	☐
16. Refuses to share	☐	☐	☐
17. Takes things that do not belong to them	☐	☐	☐

I ≥ 5, A ≥ 7, E ≥ 7, T ≥ 15 **Total Score:**

Please write down any questions or concerns that you would like to talk about today:

Name: _____

Birthdate: _____

_____ Provider initials