



Date:

Scan this code for age  
specific health information

★ **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   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 conflict or violence that your child is exposed to?                 |
| No   Yes your child's emotions or behavior?                             |  |

★ **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? |   |

★ **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? <input type="checkbox"/> No gun in home |
| Yes   No make sure your child uses a helmet when they are on anything with wheels, skis or snow board? |  |

★ **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: \_\_\_\_\_

12 – 14 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) Z59.41  
Z59.82

- ☐ 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

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

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

\_\_\_\_\_ Provider initials