

BRIGHT FUTURES

Guidelines for Health Supervision of
Infants, Children and Adolescents

THIRD EDITION



Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™

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lth

...is a set of principles, strategies and tools that are theory - based, evidence - driven, and systems - oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.



Williams & Wilkins

Periodicity Schedule



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prevention and health promotion for infants,
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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN



Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics



Bright Futures™
prevention and health promotion for infants,
children, adolescents, and their families™

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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AGE ¹	INFANCY									EARLY CHILDHOOD						MIDDLE CHILDHOOD						ADOLESCENCE										
	Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY (Initial/Interval)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																
Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Weight for Length	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Body Mass Index ⁵		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure ⁶		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																
Vision		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hearing		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																																
Developmental Screening ⁷									●		●		●		●		●		●		●		●		●		●		●		●	
Autism Screening ⁸											●		●		●		●		●		●		●		●		●		●		●	
Developmental Surveillance		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment ⁹																																
Depression Screening ¹⁰																																
PHYSICAL EXAMINATION¹¹		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES¹²																																
Newborn Blood Screening ¹³	←	●	→																													
Critical Congenital Heart Defect Screening ¹⁴		●																														
Immunization ¹⁵		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin ¹⁶		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Lead Screening ¹⁷						●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tuberculosis Testing ¹⁸				●					●																							
Dyslipidemia Screening ¹⁹																																
STI/HIV Screening ²⁰																																
Cervical Dysplasia Screening ²¹																																
ORAL HEALTH²²							●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, perinatal medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per the 2009 AAP statement "The Prenatal Visit" (<http://pediatrics.aappublications.org/content/124/4/1277.full>).
3. Every infant should have a newborn evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered). Every infant should have an evaluation within 48 to 72 hours after discharge from the hospital to include evaluation of feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in the 2012 AAP statement "Breastfeeding and the Use of Human Milk" (<http://pediatrics.aappublications.org/content/129/5/1077.full>). Newborn infants discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement "Hospital Stay for Healthy Term Newborns" (<http://pediatrics.aappublications.org/content/125/2/205.full>).
4. Screen, per the 2007 AAP statement "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (<http://pediatrics.aappublications.org/content/120/5/e164.full>).
5. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
6. If the patient is uncooperative, reassess within 6 months, per the 2007 AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (<http://pediatrics.aappublications.org/content/114/6/902.full>).
7. All newborns should be screened, per the AAP statement "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<http://pediatrics.aappublications.org/content/120/4/699.full>).
8. See 2005 AAP statement "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (<http://pediatrics.aappublications.org/content/116/1/476.full>).
9. Screening should occur per the 2007 AAP statement "Identification and Evaluation of Children with Autism Spectrum Disorders" (<http://pediatrics.aappublications.org/content/120/5/1183.full>).

11. A recommended screening tool is available at <http://www.pearsoned.com/cdr/DAFT/index.php>.
12. Recommended screening using the Patient Health Questionnaire (PHQ-2) or other tools available in the GLAD-PC toolkit and at <http://www.aap.org/childcare/anticipatoryguidance/healthsupervision/mentalhealth/parenting/ScreeningTool.pdf>.
13. At each visit, age-appropriate physical examination is essential, with infant fully undressed and older children undressed and suitably draped. See 2011 AAP statement "Use of Chaperones During the Physical Examination of the Pediatric Patient" (<http://pediatrics.aappublications.org/content/127/5/921.full>).
14. These may be modified, depending on entry point into schedule and individual need.
15. The Recommended Uniform Newborn Screening Panel (<http://www.hhs.gov/advisorycommittees/taskforces/interagency/interagencynewbornscreeningpanel/informalconferencepanel.pdf>), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<http://www.aap.org/childcare/anticipatoryguidance/healthsupervision/mentalhealth/parenting/ScreeningTool.pdf>).
16. These may be modified, depending on entry point into schedule and individual need.
17. Follow-up must be provided, as appropriate, by the pediatrician.
18. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (<http://pediatrics.aappublications.org/content/127/1/1502.full>).
19. Schedules, per the AAP Committee on Infectious Diseases, are available at <http://www.aap.org/childcare/anticipatoryguidance/healthsupervision/mentalhealth/parenting/ScreeningTool.pdf>. Every visit should be an opportunity to update and complete a child's immunizations.
20. See 2010 AAP statement "Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Anemia in Infants and Young Children (0-3 Years of Age)" (<http://pediatrics.aappublications.org/content/125/6/1240.full>).
21. For children at risk of lead exposure, see the 2012 CDC Advisory Committee on Childhood Lead Poisoning Prevention statement "Low Level Lead: Exposure Harms Children: A Renewed Call for Primary Prevention" (http://www.cdc.gov/leadpoisoning/ACCP/PCPP-final_Document_030712.pdf).

20. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
21. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *AAP Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
22. See AAP-endorsed 2011 guidelines from the National Heart Blood and Lung Institute, "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/publications/sci_edu/heartdisease.pdf).
23. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the *AAP Red Book: Report of the Committee on Infectious Diseases*. Additionally, all adolescents should be screened for HIV according to the AAP statement (<http://pediatrics.aappublications.org/content/126/5/1033.full>), once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
24. See USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/06/06a/06a01.htm>). Indications for pelvic examinations prior to age 21 are noted in the 2010 AAP statement "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (<http://pediatrics.aappublications.org/content/126/5/1033.full>).
25. Refer to a dental home, if available. If not available, perform a risk assessment.
26. If the water source is deficient in fluoride, consider oral fluoride supplementation. For those at high risk, consider application of fluoride varnish for caries prevention. See 2008 AAP statement "Preventive Oral Health Intervention for Pediatricians" (<http://pediatrics.aappublications.org/content/122/6/1247.full>) and 2009 AAP statement "Oral Health Risk Assessment: Timing and Establishment of the Dental Home" (<http://pediatrics.aappublications.org/content/119/1/113.full>).

KEY ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← ● → = range during which a service may be provided



Affordable Care Act – Section 2713

...requires all health plans to cover, with no cost-sharing,

“with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration,”



the services outlined in *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. (Hagan J, Shaw JS, Duncan PM eds.)



Part I—Themes

- 10 chapters highlighting key health promotion themes
- Emphasizes “significant challenges”—mental health and healthy weight

Part II—Visits

- 31 age-specific visits (+prenatal visit)
- 5 health supervision priorities for each visit
 - Designed to focus visit on most important issues for child that age
 - Include health risks, developmental issues, positive reinforcement
- Sample questions and anticipatory guidance for parent and child



Third Edition

- Child Development
- Family Support
- Mental Health and Emotional Well-Being
- Nutritional Health
- Physical Activity
- Healthy Weight
- Oral Health
- Healthy Sexuality
- Safety and Injury Prevention
- Community Relationships and Resources



Fourth Edition

- ~~Child~~ **Healthy** Development
- Family Support
- Mental Health and Emotional Well-Being
- Nutritional Health
- Physical Activity
- Healthy Weight
- **Promoting Lifelong Health for Families and Communities**
- Oral Health
- Healthy Sexuality
- Safety and Injury Prevention
- ~~Community Relationships and Resources~~
- **Promoting the Healthy and Safe Use of Social Media**
- **Children and Youth with Special Health Care Needs**



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Effects of Toxic Stress

- Impairs connection of brain circuits, changes overall brain architecture, and activates physiologic stress response system
- Causes an individual to develop a low threshold for stress and be overly reactive to adverse experiences through life
- Persistent elevation of cortisol, can disrupt the developing brain's architecture and therefore **ultimately can impact learning, memory, and behavioral and emotional adaptation.**
- Suppresses the immune response, thus more vulnerable to infections and chronic health problems
- Different exposures to stressors at critical times can affect how a gene is expressed or how a pathway develops and subsequently the behaviors and health conditions that are manifested over the life of that person

Three Levels of Stress Response

Positive

Brief increases in heart rate,
mild elevations in stress hormone levels.

Tolerable

Serious, temporary stress responses,
buffered by supportive relationships.

Toxic

Prolonged activation of stress response systems
in the absence of protective relationships.

Trauma has the most severe effects when...

- It happens again and again
- Different toxic stressors are present and add up
- It happens to a young infant or young child (but has effects at any age)
- The child or youth has fewer social supports (less healthy personal relationships with caregivers or adults)
- The child or youth has fewer coping skills (more limited language skills, intellectual or cognitive delay, poor health, or poor self-esteem)

Adverse Childhood Experiences (ACE) Study

- Largest scientific research study of its kind- 17,000 adults; collaboration between Kaiser and CDC
- Links adverse childhood experiences and later life chronic health conditions, poor quality of life, and death
- As the number of ACE's a person experiences increase, the risk for many health and behavioral problems also increases in children, adolescents and adults

Adverse Childhood Experiences

- Recurrent and severe physical abuse
- Recurrent and severe emotional abuse
- Sexual abuse
- Neglect (physical and/or emotional)
- Alcoholic or substance abuse in household family member
- Imprisoned household family member
- Mentally ill, depressed, or institutionalized household family member
- Mother treated violently
- Parental separation or divorce

What We Know

- Common sense dictates and research shows that children do best in strong and healthy families and communities because they provide a buffer against life stresses and are fundamental to healthy brain development.
- Positive youth development is based on the elements necessary for thriving: competence, confidence, connection, character, caring, compassion, and contribution. [62-64](#)
- Research has identified that the more strengths or developmental assets young people have in their lives, the less likely they are to engage in health risk behaviors. [65,66](#)

Social Determinants of Health

- **Social Determinants of Health:** Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.
- —Healthy People 2020, US HHS, [HealthyPeople.gov](https://www.healthypeople.gov).⁵

What are the Social
Determinants of Health?

Examples of Social Determinants That Are Risks to Health

- Interpersonal violence
- Substance use (parental/family, youth)
- Homelessness, poor housing, food insecurity
- Environmental toxins (mold, lead, tobacco smoke)
- Unsafe or violent neighborhood
- Death of a loved one or loss of parent through divorce

Examples of Social Determinants That Protect Health

- Safe and good housing
- Stable/secure home life
- High school education level or higher for parents/caregivers
- Opportunities for stable income/employment for household
- Food security for household
- Safe neighborhood with no violence
- Community resources for fresh produce, exercise, social interactions

Good News: Life Trajectories are NOT Set in Stone

- Interactive processes
 - The development of health over a lifetime is an interactive process, combining genes, environment and behaviors
 - *Children and families have varying abilities and strengths that can be developed to increase their protective factors*
- Lifelong development/lifelong intervention
 - At all stages of life, even for those whose trajectories seem limited, risk factors can be reduced and protective factors enhanced, to improve current and subsequent health and well-being

Developmental Tasks → Protective Factors for Youth

- Demonstrating social and emotional competence (including self-regulation)
- Exhibiting resiliency when confronted with life stressors
- Using independent decision-making skills (including problem-solving skills)
- Displaying a sense of self confidence and hopefulness
- Forming caring and supportive relationships with family members, other adults, and peers
- Engaging in a positive way with the life of the community
- Exhibiting compassion and empathy
- Engaging in healthy nutrition and physical activity behaviors
- Choosing safety (bike helmets, seat belts, avoidance of alcohol and drugs)

How does this translate into the
Fourth Edition of Bright Futures?



**Bright
Futures**

Bright Futures Previsit Questionnaire 15 to 17 Year Visits

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 shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

What changes or challenges have there been at home since last year?

Do you have any special health care needs? ☐ No ☐ Yes ☐ Unsure, describe:

Do you live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes, describe:

How many hours per day do you watch TV, play video games, and use the computer (not for schoolwork)?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Growing and Changing Body

- ☐ How your body is changing ☐ Teeth ☐ Appearance or body image ☐ How you feel about yourself
☐ Healthy eating ☐ Good ways to keep active ☐ Protecting your ears from loud noise

School and Friends

- ☐ Your relationship with your family ☐ Your friends ☐ Girlfriend or boyfriend ☐ How you are doing in school
☐ Organizing your time to get things done ☐ Plans after high school

How You Are Feeling

- ☐ Dealing with stress ☐ Keeping under control ☐ Sexuality ☐ Feeling sad ☐ Feeling anxious
☐ Feeling irritable ☐ Keeping a positive attitude



file includes fillable form fields.
can print the completed form and save it to your device or Acrobat.com.  Highlight

Violence and Injuries	<input type="checkbox"/> How to follow through with decisions you have made about sex, alcohol, and drugs
	<input type="checkbox"/> Car safety <input type="checkbox"/> Using a helmet <input type="checkbox"/> Driving rules for new teen drivers <input type="checkbox"/> Gun safety <input type="checkbox"/> Dating violence or abuse
	<input type="checkbox"/> Bullying or trouble with other kids <input type="checkbox"/> Keeping yourself and your friends safe in risky situations

Questions

Vision	Do you complain that the blackboard has become difficult to see?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you ever failed a school vision screening test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you hold books close to your eyes to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have trouble recognizing faces at a distance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you tend to squint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Hearing	Do you have a problem hearing over the telephone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have trouble following the conversation when 2 or more people are talking at the same time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have trouble hearing with a noisy background?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you find yourself asking people to repeat themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you misunderstand what others are saying and respond inappropriately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Tuberculosis	Were you born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you ever been incarcerated (in jail)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Are you infected with HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Dyslipidemia	Do you have parents or grandparents who have had a stroke or heart problem before age 55?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you smoke cigarettes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Anemia	Does your diet include Iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
	Have you ever been diagnosed with Iron deficiency anemia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

includes fillable form fields.
print the completed form and save it to your device or Acrobat.com.

Highlight Exi



Bright Futures Previsit Questionnaire
15 to 17 Year Visits

Alcohol or Drug Use	Have you ever had an alcoholic drink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you ever used marijuana or any other drug to get high?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
STIs	Do you now use or have you ever used injectable drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
For Females Only				
Anemia	Do you have excessive menstrual bleeding or other blood loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your period last more than 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
STIs	Have you ever had sex (including intercourse or oral sex)? (If no, skip to Growing and Developing)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have any of your past or current sex partners been infected with HIV, bisexual, or injection drug users?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you ever been treated for a sexually transmitted infection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Are you having unprotected sex with multiple partners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you trade sex for money or drugs or have sex partners who do?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Cervical Dysplasia	Was your first time having sexual intercourse more than 3 years ago?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Pregnancy	Have you been sexually active without using birth control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you been sexually active and had a late or missed period within the last 2 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
For Males Only				
STIs	Have you ever had sex (including intercourse or oral sex)? (If no, skip to Growing and Developing)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you ever been treated for a sexually transmitted infection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Are you having unprotected sex with multiple partners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you ever had sex with other men?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you trade sex for money or drugs or have sex partners who do?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have any of your past or current sex partners been infected with HIV, bisexual, or injection drug users?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure



Bright Futures Adolescent Supplemental Questionnaire 15 to 17 Year Visits

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.

Your Name _____ Today's Date _____

Your Age _____ Your Sex (circle one): M F Your Grade (in school) _____

Your Growing and Changing Body: Physical Growth and Development

1.	Do you live in your parents' home?	Yes		No
2.	Do you go to school?	Yes		No
3.	Are you having any problems in school or at work?	No		Yes
	Circle all that apply: grades worse than last year fighting homework suspension in the last year missing school or work other _____			
4.	Do you receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, or other healer)?	No		Yes
5.	Do you brush your teeth twice a day?	Yes		No
6.	Do you floss your teeth once a day?	Yes		No
7.	Have you been to the dentist in the last year?	Yes		No



	suspension in the last year	missing school or work	other			
4.	Do you receive health care from anyone besides a medical doctor (such as an acupuncturist, herbalist, or other healer)?	No			Yes	
5.	Do you brush your teeth twice a day?	Yes			No	
6.	Do you floss your teeth once a day?	Yes			No	
7.	Have you been to the dentist in the last year?	Yes			No	
8.	Do you eat 5 or more helpings of fruits and vegetables each day?	Yes			No	
9.	Do you drink milk and eat yogurt, cheese, or other calcium-rich foods (such as dark-green leafy vegetables, or calcium-fortified orange juice or cereal) at least 3 times each day?	Yes	Sometimes		No	
10.	Do you eat more than 1 fast food meal per week?	No	Sometimes		Yes	
11.	Do you participate in any physical activities, such as walking, skateboarding, dancing, swimming, or playing basketball, for a total of 1 hour on a daily basis?	Yes			No	
12.	Do you drink more than 1 soda or juice drink each day?	No			Yes	
13.	Do you watch TV, play video games, or spend time on the computer for more than 2 hours per day (not including computer time for homework)?	No			Yes	
14.	Do you have any concerns or questions about the size or shape of your body or your physical appearance?	No			Yes	
15.	In the past year have you tried to lose weight or control your weight by vomiting, taking diet pills or laxatives, or starving yourself?	No			Yes	
16.	Do you eat meals together as a family?	Yes			No	