



Patient Name _____

Date of Birth _____

Where Babies go to Grow

Risk Assessment 8 Year

	No	Yes	Unknown	Comments
Any relatives developed new medical problems since your last visit?				Comments
Born in country outside of the United States				Comments
Traveled or had contact with high TB risk populations longer than a week				Comment
Family member or contact had tuberculosis or positive TB skin test.				Comment
Is the child HIV infected				Comment
Parent or Grandparent have stroke or heart problems before age 55				Comment
Parent has elevated cholesterol (>240mg/dl) or is taking cholesterol medication				Comment
Diet included iron-rich foods such as meat, eggs, iron fortified cereal, or beans	Yes	No		Comment
Does child eat strict vegetarian diet?	No	Yes		Comment
Does child like school	Yes	No		Comment
Is child involved with school activities	Yes	No		Comment
Does child get into fights on playground or elsewhere	No	Yes		Comment
Do you talk to child about what happens when he/she breaks the rules	Yes	No		Comment
Do you feel comfortable answering questions about child's changing body	Yes	No		Comment
Does child have at least 3 servings of low fat milk, cheese, or yogurt per day	Yes	No		Comment
Do you limit foods like candy, soft drinks, salty snacks and fast food	Yes	No		Concerns
Do you eat meals together as a family at least once per week	Yes	No		Comment
Does child eat breakfast every day	Yes	No		Comment

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Does child brush teeth twice per day	Yes	No	Comment
Does child see dentist at least twice a year	Yes	No	Comment
Does child know to dial 911 in an emergency	Yes	No	Comment
Taught child that it is not ok for adult to ask to keep secrets from parents	Yes	No	Comment
Taught child that it is not ok for older child or adult to ask to see his/her privates	Yes	No	Comment
Always uses safety or booster seat in the back seat of car or all vehicles	Yes	No	Comment
Wears helmet/protective gear when biking, skating, skiing, or snowboarding	Yes	Sometimes	No Comment
Do you put sunscreen on child before he/she goes out	Yes	No	Comment
Does anyone smoke around child	No	Yes	Comment

Servings of fruits & vegetables each day	More than 4 per day	3-4 per day	1-2 per day	0-1 per day
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Eats out each week	0-1 time per week	1-2 times per week	3-4 times per week	More than 4 times per week
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Activity level	More than 60 Minutes per day	30-60 minutes/day	Less than 30 minutes per day	Not very often
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Sweet drinks per day	Not very often	1 per day	2per day	More than 3 per day
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Watches TV or spends time on computer or video games	Not very often	30-60 Minutes/day	1-2 hours per day	More than 2 hours per day
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Have you thought about trying a new healthy habit for your family or child	Not at all	Just thinking about it	We've tried to make changes	We've been making healthy choices
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DEVELOPMENT 8 YEARS

Has friends	Yes	No	Comment
Is doing well in school	Yes	No	Comment
Feels good about him/her self	Yes	No	Comment
Gets along with family	Yes	No	Comment
Getting chances to make own decisions	Yes	No	Comment
Does an activity really well; describe	Yes	No	Comment