

**Risk Assessment 10 Year****Where Babies go to Grow**

Any relatives developed new medical problems since your last visit?	No	Yes	Unknown	Comment
Born in country outside of the United States	No	Yes	Comment	
Traveled or had contact with high TB risk populations longer than a week	No	Yes	Unknown	Comment
Family member or contact had tuberculosis or positive TB skin test.	No	Yes	Unknown	Comment
Is the child HIV infected	No	Yes	Unknown	Comment
Parent or Grandparent have stroke or heart problems before age 55	No	Yes	Comment	
Parent has elevated cholesterol (>240mg/dl) or is taking cholesterol medication	No	Yes	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	
Concerns about school	No	Yes	Concerns	
Does child do simple chores around house	Yes	No	Comment	
Has child been having any recent problems at home or school	No	Yes	Comment	
Child knows it is not ok for an older child or adult to ask to see his/her privates.	Yes	No	Comment	
Child knows it is not ok for an older child or adult to ask to keep secrets from parents	Yes	No	Comment	
Concerns about child's weight	No	Yes	Comment	
Does child brush teeth twice per day	Yes	No	Comment	
Does child see dentist at least twice a year	Yes	No	Comment	
Does anyone smoke around child	No	Yes	Comment	

Patient Name _____

Do you tell child that using drugs is bad	Yes	No	Comment
Always sits in back seat in booster seat or with seat belt on in all vehicles	Yes	No	Comment
Wears helmet/protective gear when biking, skating, skiing, or snowboarding	Yes	Sometimes	No Comments
Do you put sunscreen on child before he/she goes out	Yes	No	Comment
Have a gun in home, or any home child spends time	No	Yes	Comment
If so are guns unloaded and locked away	Yes	No	N/A
Servings of fruits & vegetables each day	More than 4 per day	3-4 per day	1-2 per day 0-1 per day
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
Activity level	More than 60 Minutes per day	30-60 minutes/day	Less than 30 minutes per day Not very often
Sweet drinks per day	Not very often	1 per day	2per day More than 3 per day
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
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

DEVELOPMENT 10 years

Has friends	Yes	No	Comments
Is doing well in school	Yes	No	Comments
Gets along with family	Yes	No	Comments
Participates in after-school activity	Yes	No	Comments
Vigorously exercises 1 hour per day	Yes	No	Comments
Does chores when asked	Yes	No	Comments
Getting chances to make own decisions	Yes	No	Comments
Does an activity really well; describe	Yes	No	Comments