Adolescent Well visit question	ons Name, Date of birth
Who is here with child today?	
Nutrition: (circle one)	Needs improvement, Generally Healthy
Activity: (circle one)	60 minutes per day most days, Less than 60 minutes per day
What grade/year in school ?	
Good grades? YES, NO	
Good set of friends? YES, NO	
Positive feedback from teachers? YES, NO	
Sleeps how many hours per r	night?
Snoring? YES, NO	
Sleep apnea? YES, NO	
Alcohol? YES, NO	
Tobacco? YES, NO	
Prescription drug use? YES, NO	
Drug use? YES, NO	
Sexually active? YES, NO	
SAFETY:	
Seatbelt? YES, NO	
Bike Helmet? YES, NO	
Safe driver? YES, NO, or Not applicable	
Vision concerns? YES, NO	
Hearing concerns? YES, NO	
Do you see a dentist regularly? YES, NO	

TB Questions

Does your child have any symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss or fatigue) or abnormal chest x-ray?

YES, NO, UNKNOWN

Has your child been in close contact with a person sick with active TB? YES, NO, UNKNOWN

Has your child been exposed to anyone who has been in jail or prison in the past 5 years? YES, NO, UNKNOWN

Was your child born outside of the U.S. or has your child traveled outside the U.S.? YES, NO, UNKNOWN

Does your child have a household member who was born outside the U.S. or who has traveled outside the U.S.? YES, NO, UNKNOWN

Has your child been exposed to any of the following?

HIV infected individuals? YES, NO, UNKNOWN

Homeless persons YES, NO, UNKNOWN

Users of IV and/or other street drugs? YES, NO, UNKNOWN

Residents of nursing homes or group home? YES, NO, UNKNOWN

Migrant workers? YES, NO, UNKNOWN

Does your child have HIV, or risk factors for HIV or any other health problem that could lower the immune system? YES, NO, UNKNOWN

Has your child ever been in jail? YES, NO, UNKNOWN

{International Travel: Exposure to anyone who has traveled outside the United States in last 60 days: YES, NO,