



ABC Pediatrics

13-18 year Pre-visit Questionnaire

Patient Name _____

Date _____

Academics: (Above average) (Average) (Below average) _____

Socialization: Interacts well with family? YES NO Interacts well with peers? YES NO

Bathes: Daily Every other day Appetite: Good Fair Poor

Diet: Balanced? ____ Eats fast food? ____ Skips Meals? ____

Type of water (bottled/well/city): _____ # of hours sleeping at ONE time _____

Is there any secondhand smoke exposure in your home or car? _____

Check all that apply:

- My child engages in behavior that supports a healthy lifestyle such as health diet and staying active
- My child has at least one responsible adult in their life who cares about them and who they can go to for help
- My child has at least one friend or one group of friends that they are comfortable with
- My child helps others individually or by working with a group in school, such as church or in the community
- My child is able to bounce back from life's disappointments
- My child has a sense of hopefulness and self confidence
- My child has become more independent and is making more of their own decisions as they become older
- My child is particularly good at doing certain things like math, cooking, theater, hunting:

Describe _____

TB Screen	Has a family member or contact been diagnosed with TB?	YES	NO
	Was you child born in a country at high risk for TB?	YES	NO
	Has your child traveled to a country at high risk for TB?	YES	NO

Are there any other questions or concerns you would like to discuss?

Wt _____ Ht _____ BP _____ P _____ T _____ Vision _____ Hearing _____