Well child

Pre-visit questionnaire

18–21 years

General

1.	List any concerns you want to discuss today:		
2.	Do you feel significantly stressed out, anxious, worried, moody or angry?	No	Yes

Nutrition

3.	Do you eat 5 or more servings of fruits and vegetables daily?	Yes	No
4.	When you eat grains (cereal, bread, pasta, crackers, waffles, rice, etc.), are they mostly whole grains?	Yes	No
5.	Do you eat junk food more than 2-3 times a week? (Examples: candy, chips, cookies, sweet cereal, fast food.)	No	Yes
6.	Do you drink juice, soda, energy drinks, or other sweetened drinks more than 1-2 times per week?	No	Yes
7.	Do you have concerns about the size or shape of your body?	No	Yes
8.	In the past year, have you tried to control your weight by vomiting, taking diet pills or laxatives, or starving yourself?	No	Yes
9.	Are you taking any vitamins or supplements (including protein powders)?	No	Yes

Activity

10.	Do you play any competitive sports?	No	Yes
11.	Is there anyone in your family with heart problems, or sudden death from a heart problem?	No	Yes
12.	Have you had chest pain with activity, unusual shortness of breath, or irregular heartbeat?	No	Yes
13.	Are you active (exercising, heart rate elevated) for at least 1 hour every day?	Yes	No
14.	Do you watch TV, play video games, or spend time on the computer more than 2 hours per day (not including screen time for schoolwork)?	No	Yes
15.	Are you sleeping 8–10 hours a night?	Yes	No
16.	Do you work?	No	Yes
	a. If yes, how many hours per week?		

Oral health

17. Do you see a dentist at least 2 times a year?	Yes	No	

Tuberculosis

18. Are you at risk for infection with tuberculosis? (Includes people born in Africa, Asia, Latin America, or eastern Europe; people who have stayed with family in one of those places for more than a week, or if exposed to anyone with active TB.)	No	Yes	Not sure

Adolescence

If appropriate:

19. Do you get your periods every 21–42 days?	Yes	No
20. Do you have concerns about menstruation (getting periods)?	No	Yes

Safety checklist

Check all that apply.

	True	I have questions
21. I always wear a seatbelt in the car.	☐	☐
22. I do not text, use a phone or headphones while driving (or I don't drive).	☐	☐
23. I wear a helmet when skating, skateboarding, biking, skiing, snowboarding, or while on a motorcycle, ATV, minibike or snow mobile.	☐	☐
24. Our gun is locked up, with the ammunition separate (or we don't have a gun).	☐	☐