



## Well Child Check: School Aged Child (13-14 years)

Your Child's Name: \_\_\_\_\_

Do you have any concerns about your teen's behavior, learning, or development? If yes, please describe:

\_\_\_\_\_

Does your teen take any medications or supplements, including vitamins? If yes, please list.  No  Yes: \_\_\_\_\_

Does your teen have known allergies to foods/medicines? If yes, please list.  No  Yes: \_\_\_\_\_

Does your teen see any specialists outside of Oberlin?  No  Yes: \_\_\_\_\_

What things delight you the most about your teen?

\_\_\_\_\_

### Dental Health:

Does your teen see a dentist 1-2 times a year?  Yes  No  
Does your water source contain fluoride?  Yes (=city water)  No (=well water)

### Tuberculosis screen:

Has your teen had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test?  No  Yes

Was your teen or any household member born in or traveled to a high-risk country? (This includes countries in Africa, Asia, Latin America, and Eastern Europe)?  No  Yes

### Nutrition:

Does your teen's diet include iron-rich foods daily (meat, beans, enriched cereals/cheerios)?  Yes  No

If your teen is female, does she have excessive menstrual bleeding?  No  Yes

Does your teen have interests outside of school?  Yes  No

Is your teen having any problems at school?  No  Yes

Is your teen frequently irritated?  No  Yes

Does your teen worry too much or appear overly anxious?  No  Yes

Do you have concerns about your teen's emotional health, such as being sad or depressed?  No  Yes

Have you discussed ways to deal with stress?  Yes  No

Do you help your teen make decisions and solve problems?  Yes  No

Does your family get along well with each other?  Yes  No

Do you take time to talk with your teen every day?  Yes  No

Does your family do things together?  Yes  No

Does your teen have chores and responsibilities at home?  Yes  No

Do you have rules and expectations for your teen?  Yes  No

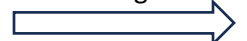
Do you have house rules about curfews, dating, friends?  Yes  No

Do you have any concerns about your teen's nutrition, weight, or physical activity?  No  Yes

Does your teen talk about getting "fat" or dieting to lose weight?  No  Yes

Do you think your teen eats healthy foods?  Yes  No

Do you have any concerns about your teen's eating habits or nutrition?  No  Yes



Do you eat meals as a family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child drink sugar sweetened beverages: juice/soda/sports drinks daily?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is your teen physically active at least 1 hour a day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This includes running, playing sports, or doing physically active things with friends.		
Do you and your teen participate in physical activities together?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How much time does your teen spend on recreational screen time each day?	<hr/>	
Does your teen have a TV, computer, tablet, or smartphone in his bedroom?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have rules about screen time for your teen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your teen ever bullied or been bullied?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you feel safe in your home and community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your partner or another significant person in your life ever hurt you or your teen?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have the things you need to take care of your teen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your home have enough heat/AC, hot water, electricity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Within the past 12 months, were you ever worried whether your food would run out?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is there anyone in your teen's life whose alcohol/drug use concerns you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes