



Risk Assessment 10 Year

Is doing well in school Yes No Comments

Participates in after-school activity Yes No Comments

Gets along with family Yes No Comments

Does chores when asked Yes No Comments

Has friends Yes No Comments

Does an activity really well; describe Yes No Comments

| | | | | |
|--|--------------------------|-------------------|--------------------------|---------------------|
| Servings of fruit & vegetables per day | More than 4 per day | 3-4 per day | 1-2 per day | 0-1 per day |
| Eats out each week | 0-1 times | 1-2 times | 3-4 times | More than 4 times |
| Activity level | More than 60 min per day | 30-60 min per day | Less than 30 min per day | Not very often |
| Sweet drinks per day | Not very often | 1 per day | 2 per day | More than 3 per day |
| TV/screen time | Not very often | 30-60 min/d | 1-2hr/d | More than 2hr/d |

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

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

Patient Name _____

Does your 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

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

Do you put sunscreen on child before he/she goes out Yes No Comment

Cardiac Risk: Has your child ever had:

Fainting during or after exercise, emotion or startle? No Yes

Extreme shortness of breath with exercise? No Yes

Discomfort, pain or pressure in chest during exercise? No Yes