



Risk Assessment 11-14 Years

Do you:

Have at least one responsible adult in life who cares and can go to if needed for help Yes No Comment

Have at least one friend or group of friends with whom you are comfortable Yes No Comment

Have you become more independent and made more of his/her own decisions Yes No Comment

Have concerns about body image? Yes No Comment

Is blackboard at school difficult to see No Yes Comment

Has child failed a school vision screen No Yes Comment

Does your child tend to squint No Yes Comment

Does child have problems hearing over the telephone No Yes Comment

Does child ask people to repeat themselves No Yes Comment

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

TB RISK

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

ANEMIA RISK

Diet includes iron-rich foods such as meat, eggs, iron fortified cereal, or beans Yes No Comment

Has child ever been diagnosed with iron deficiency anemia No Yes Comment

Females; Does child have excessive menstrual bleeding or other blood loss No Yes Comment N/A

Females: Does child's period last more than 5 days No Yes Comment N/A

Does child live in parents' home Yes Sometimes No

Do you eat meals together as a family at least once per week	Yes	No	Comment
Have you discussed physical and emotional changes of puberty with your child	Yes	No	Comment
Does child have TV in bedroom	No	Yes	Comment
Does child go to school	Yes	No	Comment
Having any problems in school	No	Sometimes	Yes
Is doing well in school important to you and your child	Yes	No	Comment
Do you know your child's friends and their families	Yes	No	Comment
Always wears a seat belt when riding in car, truck or van	Yes	Sometimes	No
Wears helmet/protective gear when biking, skating, skiing, or snowboarding	Yes	Sometimes	No
Does child wear protective gear when playing team sports	Yes	No	Comment
Do you praise child when he does something good or learns something new	Yes	No	Comment
Do you spend time talking to your child everyday	Yes	No	Comment
Do you talk to your child about relationships and sex	Yes	No	Comment
Do you talk to your child about alcohol and drugs	Yes	No	Comment
Does anyone you live with smoke cigarettes/cigars or use chewing tobacco?	No	Sometimes	Yes

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