



Patient Name _____



Date of Birth _____

Risk Assessment 8 Year

Is doing well in school Yes No Comment

Gets along with family Yes No Comment

Has friends Yes No Comment

Feels good about him/herself Yes No Comment

Does an activity really well; describe Yes No 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

Born in country outside of the United States No Yes Unknown Comments

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

Does your child like school Yes No Comment

Is child involved with school activities Yes No Comment

Does child get into fights on playground or elsewhere No Yes Comment

Do you talk to child about what happens when he/she breaks the rules Yes No Comment

Do you feel comfortable answering questions about child's changing body Yes No Comment

Does child have at least 3 servings of low fat milk, cheese, or yogurt per day Yes No Comment

Do you limit foods like candy, soft drinks, salty snacks and fast food Yes No Concerns

Do you eat meals together as a family at least once per week	Yes	No	Comment	
Does child eat breakfast every day	Yes	No	Comment	
Does child brush teeth twice per day	Yes	No	Comment	
Does child see dentist at least twice a year	Yes	No	Comment	
Does child know to dial 911 in an emergency	Yes	No	Comment	
Taught child that it is not ok for adult to ask to keep secrets from parents	Yes	No	Comment	
Taught child that it is not ok for older child or adult to ask to see his/her privates	Yes	No	Comment	
Always uses safety or booster seat in the back seat of car or all vehicles	Yes	No	Comment	
Wears helmet/protective gear when biking, skating, skiing, or snowboarding	Yes	Sometimes	No	Comment
Do you put sunscreen on child before he/she goes out	Yes	No	Comment	
Does anyone smoke around child	No	Yes	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