



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

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Born in country outside of the United States No Yes Unknown Comments  
 Traveled or had contact with high TB risk populations No Yes Unknown Comment  
 longer than a week  
 Family member or contact had tuberculosis or No Yes Unknown Comment  
 positive TB skin test.  
 Is the child HIV infected No Yes Unknown Comment  
 Parent or Grandparent have stroke or heart No Yes Comment  
 problems before age 55  
 Diet included iron-rich foods such as meat, eggs, Yes No Comment  
 iron fortified cereal, or beans  
 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 Yes No Comment  
 he/she breaks the rules  
 Do you feel comfortable answering questions Yes No Comment  
 about child's changing body  
 Does child have at least 3 servings of Yes No Comment  
 low fat milk, cheese, or yogurt per day  
 Do you limit foods like candy, soft drinks, salty snacks Yes No Concerns  
 and fast food

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