Patient Name_____

Date of Birth _____

Risk Assessment 9 Year

Is doing well in school	Yes	No	Comments	
Gets along with family	Yes	No	Comments	
Has friends	Yes	No	Comments	
Feels good about him/herself	Yes	No	Comments	
Does an activity really well; describe	Yes	No	Comments	
Concerns about how child speaks	No	Yes	Comment	
Concerns about how child hears	No	Yes	Comment	
Concerns about how child sees	No	Yes	Concerns	
Does your child squint	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

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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
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	
Does 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 an adult to ask to keep secrets from parents	Yes	No	Comment	
Does child eat breakfast every 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/wk	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	Comments
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