

Bright Futures Patient Handout

7 and 8 Year Visits

SCHOOL

Doing Well at School

- Try your best at school. Doing well in school is important to how you feel about yourself.
- Ask for help when you need it.
- Join clubs and teams you like.
- Tell kids who pick on you or try to hurt you to stop it. Then walk away.
- Tell adults you trust about bullies.

Playing It Safe

- Don't open the door to anyone you don't know.
- Have friends over only when your parents say it's OK.
- Wear your helmet for biking, skating, and skateboarding.
- Ask a grown-up for help if you are scared or worried.
- It is OK to ask to go home and be with your Mom or Dad.
- Keep your private parts, the parts of your body covered by a bathing suit, covered.
- Tell your parent or another grown-up right away if an older child or grown-up shows you their private parts, asks you to show them yours, or touches your private parts.
- Always sit in your booster seat and ride in the back seat of the car.

SAFETY

NUTRITION AND PHYSICAL ACTIVITY

Eating Well, Being Active

- Eat breakfast every day.
- Aim for eating 5 fruits and vegetables every day.
- Only drink 1 cup of 100% fruit juice a day.
- Limit high-fat foods and drinks such as candies, snacks, fast food, and soft drinks.
- Eat healthful snacks like fruit, cheese, and yogurt.
- Eating healthy is important to help you do well in school and sports.
- Eat with your family often.
- Drink at least 2 cups of milk daily.
- Match every 30 minutes of TV or computer time with 30 minutes of active play.

ORAL HEALTH

Healthy Teeth

- Brush your teeth at least twice each day, morning and night.
- Floss your teeth every day.
- Wear your mouth guard when playing sports.

DEVELOPMENT AND MENTAL HEALTH

Handling Feelings

- Talk about feeling mad or sad with someone who listens well.
- Talk about your worries. It helps.
- Ask your parent or other trusted adult about changes in your body.
- Even embarrassing questions are important. It's OK to talk about your body and how it's changing.





Child's Name: _____

DOB: _____

Date: _____

Bright Futures Parent Supplemental Questionnaire 7 and 8 Year Visits

For us to provide your child with the best possible health care, we would like to know how things are going.
Please circle Yes or No for each question. Thank you.

School

Does your child like school?	Yes	No
Is your child involved with school activities?	Yes	No
Does your child get into fights on the playground or elsewhere?	No	Yes

Your Growing Child: Developmental and Mental Health

Do you let your child know when he is doing a good job?	Yes	No
Do you show affection toward and praise your child?	Yes	No
Do you talk with your child about what happens when she breaks the rules?	Yes	No
Do you feel comfortable answering your child's questions about his changing body simply and honestly?	Yes	No

Staying Healthy: Nutrition and Physical Activity

Does your child eat at least 5 servings of fruits and vegetables a day?	Yes	No
Does your child drink at least 3 servings of low-fat milk a day or eat yogurt or cheese?	Yes	No
Do you limit foods that are high in fat like candy, soft drinks, salty snacks, or fast food?	Yes	No
Do you eat meals together as a family at least once a week?	Yes	No
Is your child active at least 60 minutes every day?	Yes	No
Does your child watch TV, play video games, or use the computer (not for schoolwork) more than 2 hours a day?	No	Yes
Does your child regularly eat breakfast?	Yes	No

Healthy Teeth: Oral Health

Does your child brush her teeth twice a day?	Yes	No
Does your child floss once a day?	Yes	No
Does your child visit the dentist twice a year?	Yes	No



Safety

Does your child have reliable after-school care?	Yes	No
Does your child know how to get help in an emergency if you are not there?	Yes	No
Does your child know to dial 911 in an emergency?	Yes	No
Do you know your child's friends and their families?	Yes	No
Have you taught your child that it is never OK for an adult to tell a child to keep secrets from his parents?	Yes	No
Does your child know that it is never OK for an older child or adult to ask to see her private parts?	Yes	No
Does your child always sit in a booster seat in the back seat of the car?	Yes	No
Does your child always wear a helmet and other protective gear when biking, skating, or skiing?	Yes	No
Do you always put sunscreen on your child before he goes outside to play or swim?	Yes	No
Does your child know how to swim and only swim when an adult is watching?	Yes	No
Do you have safety filters installed on your computer?	Yes	No
Do you check your child's Internet history regularly?	Yes	No
Is your family computer in a place you can easily see?	N/A	Yes No
Does anyone smoke around your child?	No	Yes
Are your cars and home smoke free?	Yes	No
If you smoke, would you like information on how to stop?	Yes	No
Does anyone in your home or the homes where your child spends time have a gun?	No	Yes
If so, are the guns unloaded and locked away with the ammunition locked separately from the gun?	N/A	Yes No



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DEDICATED TO THE HEALTH OF ALL CHILDREN™

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Bright Futures Medical Screening Questionnaire 7 and 9 Year Visits

Please answer the following questions about your child's health by circling Y, N, or Unsure.

Do you have concerns about how your child sees?	Y	N	Unsure
Has your child ever failed a school vision screening test?	Y	N	Unsure
Does your child tend to squint?	Y	N	Unsure
Do you have concerns about how your child speaks?	Y	N	Unsure
Do you have concerns about how your child hears?	Y	N	Unsure
Does your child have trouble hearing with a noisy background or over the telephone?	Y	N	Unsure
Does your child have trouble following the conversation when 2 or more people are talking at the same time?	Y	N	Unsure
Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	Y	N	Unsure
Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	Y	N	Unsure
Has a family member or contact had tuberculosis or a positive tuberculin skin test?	Y	N	Unsure
Is your child infected with HIV?	Y	N	Unsure
Does your child eat a strict vegetarian diet?	Y	N	Unsure
If your child is a vegetarian, does your child take an iron supplement?	N	Y	Unsure
Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	N	Y	Unsure



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Bright Futures Parent Handout 7 and 8 Year Visits

Here are some suggestions from Bright Futures experts that may be of value to your family.

Staying Healthy

NUTRITION AND PHYSICAL ACTIVITY

- Eat together often as a family.
- Start every day with breakfast.
- Buy fat-free milk and low-fat dairy foods, and encourage 3 servings each day.
- Limit soft drinks, juice, candy, chips, and high-fat food.
- Include 5 servings of vegetables and fruits at meals and for snacks daily.
- Limit TV and computer time to 2 hours a day.
- Do not have a TV or computer in your child's bedroom.
- Encourage your child to play actively for at least 1 hour daily.

SAFETY

- Watch your child's computer use.
 - Know who she talks to online.
 - Install a safety filter.
- Know your child's friends and their families.
- Teach your child plans for emergencies such as a fire.
 - Teach your child how and when to dial 911.
- Teach your child how to be safe with other adults.
 - No one should ask for a secret to be kept from parents.
 - No one should ask to see private parts.
 - No adult should ask for help with his private parts.

Safety

SAFETY

- Your child should always ride in the back seat and use a booster seat until the vehicle's lap and shoulder belt fit.
- Teach your child to swim and watch her in the water.
- Use sunscreen when outside.
- Provide a good-fitting helmet and safety gear for biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
- Keep your house and cars smoke free.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.

DEVELOPMENT AND MENTAL HEALTH

Your Growing Child

- Give your child chores to do and expect them to be done.
- Hug, praise, and take pride in your child for good behavior and doing well in school.
- Be a good role model.
- Don't hit or allow others to hit.
- Help your child to do things for himself.
- Teach your child to help others.
- Discuss rules and consequences with your child.
- Be aware of puberty and body changes in your child.
- Answer your child's questions simply.
- Talk about what worries your child.

School

SCHOOL

- Attend back-to-school night, parent-teacher events, and as many other school events as possible.
- Talk with your child and child's teacher about bullies.
- Talk to your child's teacher if you think your child might need extra help or tutoring.
- Your child's teacher can help with evaluations for special help, if your child is not doing well.

Healthy Teeth

ORAL HEALTH

- Help your child brush teeth twice a day.
 - After breakfast
 - Before bed
- Use a pea-sized amount of toothpaste with fluoride.
- Help your child floss her teeth once a day.
- Your child should visit the dentist at least twice a year.
- Encourage your child to always wear a mouth guard to protect teeth while playing sports.

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



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