

## Risk Assessment 12-18 Years Appropriate

Do you have any questions or concerns about your child that you would like to discuss today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any major changes in your family (i.e., divorce, separation, job changes, moving)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child eat healthy foods like vegetables and fruits daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you limit sweets, fruit juices and junk foods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child limit screen time to less than 2 hours a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have some close friends at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child express sadness, anger or frustration with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about your child's development or behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you talked to your child about his or her body changing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you talked to your child about preventing drug and alcohol use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been the victim of bullying at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have more than 30 min of vigorous activity daily such as playing at the park, swimming, soccer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child wear a bike helmet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child apply sunscreen daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child seen a dentist in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any smokers in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a gun in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child traveled to a country at high risk for Tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No