RESET PRINT

Risk Assessment 9-11 Years Appropriate

Do you have any questions or concerns about your child that you would like to discuss today?	☐ Yes ☐ No
Have there been any major changes in your family (i.e., divorce, separation, job changes, moving)?	☐ Yes ☐ No
Does your child eat healthy foods like vegetables and fruits daily?	☐ Yes ☐ No
Do you limit sweets, fruit juices and junk foods and sodas?	☐ Yes ☐ No
Do you limit screen time for your child to less than 2 hours a day?	☐ Yes ☐ No
Is your child becoming more independent?	☐ Yes ☐ No
Does your child have some close friends at school?	☐ Yes ☐ No
Does your child know how to express their sadness, anger or frustrations?	☐ Yes ☐ No
Do you have any concerns about your child's development or behavior?	☐ Yes ☐ No
Have you talked to your child about his or her body changing?	☐ Yes ☐ No
Has your child been the victim of bullying at school?	☐ Yes ☐ No
Does your child have more than 30 min of vigorous activity daily such as playing at the park, swimming, soccer?	☐ Yes ☐ No
Does your child wear a bike helmet?	☐ Yes ☐ No
Does your child apply sunscreen daily?	☐ Yes ☐ No
Has your child seen a dentist in the past year?	☐ Yes ☐ No
Do you have any questions about fire safety, pool safety, preventing falls, choking, poisonings and drownings?	☐ Yes ☐ No
Are there any smokers in the home?	☐ Yes ☐ No
Is there a gun in the home?	☐ Yes ☐ No
Has your child traveled to a country at high risk for Tuberculosis?	☐ Yes ☐ No