COOKEVILLE PEDIATRIC ASSOCIATES
11-21 YEAR CHECKUP QUESTIONNAIRE

PATIENT:_____ GUARANTOR:_____
DOB: __/__/__ DATE: __/__/__

Source of information: (check one)
Patient ____ Mother ____ Father ____
Other (specify)_____
Which of the following do you have? (check one)
City water ____ Well water ____ Bottled water ____ Spring water ____
Has the child experienced any of the following?

Hearing loss:	Yes ____ No ____
Evidence of hearing loss:	Yes ____ No ____
Difficulty in speech:	Yes ____ No ____
Eyesight problems:	Yes ____ No ____
Family history of high cholesterol:	Yes ____ No ____
Family history of heart attacks before age 55:	Yes ____ No ____

DIETARY HISTORY:
Milk – type and amount _____
Fruit: _____
Vegetables _____
Meat _____
Snacks _____
Caloric beverages – type and amount _____
EDUCATION LEVEL: _____
GOOD SCHOOL PERFORMANCE Yes ____ No ____
DEVELOPMENTAL:

Appropriate home behavior	Yes ____ No ____
Appropriate school behavior	Yes ____ No ____
Appropriate behavior playing w/friend	Yes ____ No ____
Reading – doing math at grade level	Yes ____ No ____
Pride in achievement	Yes ____ No ____
Talks about what goes on in school	Yes ____ No ____
Completes school work	Yes ____ No ____
Delayed developmental milestones	Yes ____ No ____

FOR GIRLS: No period (check if correct) _____
Normal period Yes ____ No ____
Last menstrual period _____
How long do they last? _____ days
First period at age_____ yrs old
Any abnormal periods? Yes ____ No ____
If so, how often? _____
If so, how long do they last?_____

TUBERCULOSIS: (Mandatory questions)

Has the child been in close contact with a person with infectious tuberculosis?
Yes ____ No ____ Unsure ____
Does the child have HIV infection or considered at risk for HIV infection?
Yes ____ No ____ Unsure ____
Is the child foreign born (especially if born in Asia, Africa or Latin America), a refugee, or an immigrant?
Yes ____ No ____ Unsure ____
Is the child in contact with the following individuals? HIV infected, homeless, nursing home residents, institutionalized or incarcerated adolescents or adults, illicit drug users or immigrant farm workers?
Yes ____ No ____ Unsure ____
Does the child have a depressed immune system, either because of disease or treatment of disease?
Yes ____ No ____ Unsure ____
Does the child live in an established "high risk for tuberculosis" community or area?
Yes ____ No ____ Unsure ____

Risk Assessment Questionnaire

Patient's Name _____ **DOB** ___/___/___

Assessment Date ___/___/___

Lead (ages 6 – 72 months): Mandatory questions

	Yes	No	Unsure
Does the child live in or regularly visit a house/apartment built before 1950? This could include a daycare center, home of a baby sitter, or a relative.)			
Does the child live in or regularly visit a house/apartment built before 1978 with recent or ongoing remodeling?			
Does the child have a sibling or a playmate that has, or did have lead poisoning?			

Lead (ages 6 – 72 months):Optional questions

	Yes	No	Unsure
Does child live near or visit with someone who lives near a lead smelter, battery recycling plant or other industry that could release lead or has a hobby which uses lead such as welding, construction, or pottery making?			
Does your child frequently come in contact with an adult who works with lead (construction, welding, pottery, etc.)			
Have you ever been told that your child has low iron?			
Does your child live in or regularly visit a house(or daycare facility) built before 1960?			
Does your family use pottery ware or lead crystal for cooking, eating or drinking?			
Has child been seen eating paint chips, crayons, or soil/dirt?			
Is child given any home or folk remedies that may contain lead (may include moonshine Azarcon, Greta, Payloopah)?			
Does your home's plumbing have lead pipes or copper pipes with lead solder joints?			

Please note: Lead level laboratory tests are mandatory at 12 and 24 months.

Tuberculosis (Initiate @ one- year)

	Yes	No	Unsure
Has child been in close contact with a person with infectious tuberculosis?			
Does child have HIV infection or considered at risk for HIV infection?			
Is child foreign born (especially if born in Asia, Africa or Latin America), a refugee, or an immigrant?			
Is child in contact with the following individuals? HIV infected, homeless, nursing home residents, institutionalized or incarcerated adolescents or adults, illicit drug users, or migrant farm workers?			
Does child have a depressed immune system, either because of disease or treatment of disease?			
Does child live in an established "high risk for tuberculosis" community or area?			

Cholesterol (Initiate @ two- years)

	Yes	No	Unsure
Does child have risk factors for future coronary disease such as physical inactivity, obesity, or Diabetes Mellitus?			
Is there a family history (parents and grandparents) of coronary or peripheral vascular disease below age 55?			
Is there a family history (parents and grandparents) of elevated blood cholesterol?			

Cookeville Pediatric Associates

Smoking Questionnaire

Patient Name: _____

DOB: _____

Please answer the following questions.

1. Do you use tobacco products? Yes ☐

   No ☐

2. If you answered yes to the above question what type of tobacco products do you use?

   Cigarettes ☐

   Smokeless Tobacco ☐

   Cigars ☐

3. How often do you use tobacco products?

_____

4. Would you like to discuss treatment options for quitting with your doctor today?

   Yes ☐

   No ☐

Pediatric Symptom Checklist 17 (PSC-17)

Child's Name: _____ Date of Birth: _____

Filled out by: _____ Today's Date: _____

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child. **Please mark under the heading that best describes your child:**

		Never	Sometimes	Often
◆	Fidgety, unable to sit still	0	1	2
■	**Feels sad, unhappy**	0	1	2
◆	Daydreams too much	0	1	2
●	**Refuses to share**	0	1	2
●	Does not understand other people's feelings	0	1	2
■	**Feels hopeless**	0	1	2
◆	Has trouble concentrating	0	1	2
●	**Fights with other children**	0	1	2
■	Is down on him or herself	0	1	2
●	**Blames others for his or her troubles**	0	1	2
■	Seems to have less fun	0	1	2
●	**Does not listen to rules**	0	1	2
◆	Acts as if driven by a motor	0	1	2
●	**Teases others**	0	1	2
■	Worries a lot	0	1	2
●	***Takes things that do not belong to him or her***	0	1	2
◆	Distracted easily	0	1	2
	Total ◆ _____ **Total ●** _____ **Total ■** _____		◆ + ●	+ ■ = ___

*The tool above is reprinted with permission of Michael Jellinek, MD, & J. Michael Murphy, EdD. This 17-item version was developed by W. Gardner & K. Kelleher.

Name: _____

DOB: _____

Date: _____

PHQ9P

PATIENT HEALTH QUESTIONNAIRE-9

72883

THIS SECTION FOR USE BY STUDY PERSONNEL ONLY.

Were data collected? No ☐ *(provide reason in comments)*

If Yes, data collected on visit date ☐ or specify date: _____ DD-Mon-YYYY

Comments:

Only the patient (subject) should enter information onto this questionnaire.

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

SCORING FOR USE BY STUDY PERSONNEL ONLY

0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

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I confirm this information is accurate.	Patient's/Subject's Initials:	Date:

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Bright Futures

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

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VACCINE INFORMATION STATEMENT

HPV Vaccine Gardasil® (Human Papillomavirus)

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 What is HPV?

Genital **human papillomavirus (HPV)** is the most common sexually transmitted virus in the United States. More than half of sexually active men and women are infected with HPV at some time in their lives.

About 20 million Americans are currently infected, and about 6 million more get infected each year. HPV is usually spread through sexual contact.

Most HPV infections don't cause any symptoms, and go away on their own. But HPV can cause **cervical cancer** in women. Cervical cancer is the 2nd leading cause of cancer deaths among women around the world. In the United States, about 12,000 women get cervical cancer every year and about 4,000 are expected to die from it.

HPV is also associated with several less common cancers, such as vaginal and vulvar cancers in women, and anal and oropharyngeal (back of the throat, including base of tongue and tonsils) cancers in both men and women. HPV can also cause genital warts and warts in the throat.

There is no cure for HPV infection, but some of the problems it causes can be treated.

2 HPV vaccine: Why get vaccinated?

The HPV vaccine you are getting is one of two vaccines that can be given to prevent HPV. It may be given to both males and females.

This vaccine can prevent most cases of cervical cancer in females, if it is given before exposure to the virus. In addition, it can prevent vaginal and vulvar cancer in females, and genital warts and anal cancer in both males and females.

Protection from HPV vaccine is expected to be long-lasting. But vaccination is not a substitute for cervical cancer screening. Women should still get regular Pap tests.

3 Who should get this HPV vaccine and when?

HPV vaccine is given as a 3-dose series

1st Dose	Now
2nd Dose	1 to 2 months after Dose 1
3rd Dose	6 months after Dose 1

Additional (booster) doses are not recommended.

Routine vaccination

- This HPV vaccine is recommended for girls and boys **11 or 12 years of age.** It *may* be given starting at age 9.

Why is HPV vaccine recommended at 11 or 12 years of age?
HPV infection is easily acquired, even with only one sex partner. That is why it is important to get HPV vaccine before any sexual contact takes place. Also, response to the vaccine is better at this age than at older ages.

Catch-up vaccination

This vaccine is recommended for the following people who have not completed the 3-dose series:

- Females 13 through 26 years of age.
- Males 13 through 21 years of age.

This vaccine *may* be given to men 22 through 26 years of age who have not completed the 3-dose series.

It is *recommended* for men through age 26 who have sex with men or whose immune system is weakened because of HIV infection, other illness, or medications.

HPV vaccine may be given at the same time as other vaccines.

CDC
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4 Some people should not get HPV vaccine or should wait.

- Anyone who has ever had a life-threatening allergic reaction to any component of HPV vaccine, or to a previous dose of HPV vaccine, should not get the vaccine. Tell your doctor if the person getting vaccinated has any severe allergies, including an allergy to yeast.
- HPV vaccine is not recommended for pregnant women. However, receiving HPV vaccine when pregnant is not a reason to consider terminating the pregnancy. Women who are breast feeding may get the vaccine.
- People who are mildly ill when a dose of HPV vaccine is planned can still be vaccinated. People with a moderate or severe illness should wait until they are better.

5 What are the risks from this vaccine?

This HPV vaccine has been used in the U.S. and around the world for about six years and has been very safe.

However, any medicine could possibly cause a serious problem, such as a severe allergic reaction. The risk of any vaccine causing a serious injury, or death, is extremely small.

Life-threatening allergic reactions from vaccines are very rare. If they do occur, it would be within a few minutes to a few hours after the vaccination.

Several **mild** to **moderate** problems are known to occur with this HPV vaccine. These do not last long and go away on their own.

- Reactions in the arm where the shot was given:
  - Pain (about 8 people in 10)
  - Redness or swelling (about 1 person in 4)
- Fever:
  - Mild (100° F) (about 1 person in 10)
  - Moderate (102° F) (about 1 person in 65)
- Other problems:
  - Headache (about 1 person in 3)
- Fainting: Brief fainting spells and related symptoms (such as jerking movements) can happen after any medical procedure, including vaccination. Sitting or lying down for about 15 minutes after a vaccination can help prevent fainting and injuries caused by falls. Tell your doctor if the patient feels dizzy or light-headed, or has vision changes or ringing in the ears.

Like all vaccines, HPV vaccines will continue to be monitored for unusual or severe problems.

6 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

  Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation.**

8 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)
HPV Vaccine (Gardasil)

5/17/2013

42 U.S.C. § 300aa-26

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Bright Futures Patient Handout
15 to 17 Year Visits

Your Daily Life

PHYSICAL GROWTH AND DEVELOPMENT

- Visit the dentist at least twice a year.
- Brush your teeth at least twice a day and floss once a day.
- Wear your mouth guard when playing sports.
- Protect your hearing at work, home, and concerts.
- Try to eat healthy foods.
  - 5 fruits and vegetables a day
  - 3 cups of low-fat milk, yogurt, or cheese
- Eating breakfast is very important.
- Drink plenty of water. Choose water instead of soda.
- Eat with your family often.
- Aim for 1 hour of vigorous physical activity every day.
- Try to limit watching TV, playing video games, or playing on the computer to 2 hours a day (outside of homework time).
- Be proud of yourself when you do something good.

Healthy Behavior Choices

RISK REDUCTION

- Talk with your parents about your values and expectations for drinking, drug use, tobacco use, driving, and sex.
- Talk with your parents when you need support or help in making healthy decisions about sex.
- Find safe activities at school and in the community.
- Make healthy decisions about sex, tobacco, alcohol, and other drugs.
- Follow your family's rules.

Violence and Injuries

VIOLENCE AND INJURY PREVENTION

- Do not drink and drive or ride in a vehicle with someone who has been using drugs or alcohol.
  - If you feel unsafe driving or riding with someone, call someone you trust to drive you.
- Support friends who choose not to use tobacco, alcohol, drugs, steroids, or diet pills.
- Insist that seat belts be used by everyone.
- Always be a safe and cautious driver.
  - Limit the number of friends in the car, nighttime driving, and distractions.
- Never allow physical harm of yourself or others at home or school.
- Learn how to deal with conflict without using violence.
- Understand that healthy dating relationships are built on respect and that saying "no" is OK.
- Fighting and carrying weapons can be dangerous.

Your Feelings

EMOTIONAL WELL-BEING

- Talk with your parents about your hopes and concerns.
- Figure out healthy ways to deal with stress.
- Look for ways you can help out at home.
- Develop ways to solve problems and make good decisions.
- It's important for you to have accurate information about sexuality, your physical development, and your sexual feelings. Please ask me if you have any questions.

School and Friends

SOCIAL AND ACADEMIC COMPETENCE

- Set high goals for yourself in school, your future, and other activities.
- Read often.
- Ask for help when you need it.
- Find new activities you enjoy.
- Consider volunteering and helping others in the community with an issue that interests or concerns you.
- Be a part of positive after-school activities and sports.
- Form healthy friendships and find fun, safe things to do with friends.
- Spend time with your family and help at home.
- Take responsibility for getting your homework done and getting to school or work on time.

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families™

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