

8 to 10 Year

Well Check Questionnaire

Please answer these questions about your child.

Skip any questions that you cannot answer or that do not apply.

Your answers will help us provide you and your child with the best possible care.

Do you have any questions or concerns that you would like to discuss with your doctor?

If yes, please describe:

NUTRITION

1. Does your child eat or drink 3 servings of calcium-rich foods daily, such as low-fat milk, cheese, yogurt, soy milk, or tofu?
2. Do you offer your child fruits or vegetables with most meals and snacks?
3. Does your child eat high-fat foods (such as fast food, chips, ice cream, or pizza)?
4. Does your child drink soda, juice, sports drinks, or other sweetened drinks?

☐ Yes ☐ No

☐ No ☐ Yes

☐ No ☐ Yes

☐ Yes ☐ No

☐ Yes ☐ No

PHYSICAL ACTIVITY

5. Do you limit your child's screen time (TV, video games, computer, smartphone, other) to 1 to 2 hours per day?
6. On a usual day, how much time does your child spend playing actively? Include physical activities such as walking, running, biking, and dancing. Do not include P.E. or recess.

☐ Less than half an hour ☐ Between half an hour and an hour ☐ 1 hour or more

☐ No ☐ Yes

7. Do you check TV programs for sex and violence and monitor which websites your child visits?

☐ No ☐ Yes

DENTAL HEALTH

8. Does your child see a dentist twice per year?

☐ No ☐ Yes

TUBERCULOSIS

9. Has your child had close contact with anyone who has tuberculosis (TB) or who has had a positive TB skin test?
10. Was your child born in a country at high risk for tuberculosis (including countries in South America, Central America, Africa, Asia [except Japan], Eastern Europe, Russia, and surrounding areas), or has anyone in your household (including your child) traveled to one of these countries?

☐ Yes ☐ No

☐ Yes ☐ No

SAFETY

11. Does your child use a seatbelt in the backseat for every car ride (or use a booster seat if under 4' 9")?
12. Does your child always wear a helmet when riding a bike, skateboard, or scooter?
13. Has your child ever been bullied or threatened on the internet, by text, or in person?
14. Has your child ever witnessed or been a victim of abuse or violence?

☐ No ☐ Yes

☐ No ☐ Yes

☐ Yes ☐ No

☐ Yes ☐ No

FAMILY LIFE

15. How often does the following statement apply? "In the last 7 days, my child could not stop feeling sad."

☐ Never ☐ Almost never ☐ Sometimes ☐ Often ☐ Almost always

16. Does your child have blood relatives who have had heart problems (heart attack, stroke, or bypass surgery) before age 55 for men or 65 for women? This includes your child's aunts, uncles, parents, and grandparents.

☐ Yes ☐ No

17. Since your child's last checkup, has your family or child experienced any major issues (such as illness, move, job change or loss, separation or divorce, death in the family)?

☐ Yes ☐ No

If yes, please list:

8至10歲

健康核査問卷

請回答以下有關您孩子的問題。

請跳過任何您無法回答或不適用的問題。

您的回答將幫助我們為您和孩子提供最佳護理。

您有任何疑問或顧慮想要諮詢醫生嗎？.....

如果回答「是」，請說明：.....

☐ 是 ☐ 否

營養

1. 您的孩子是否每天吃3份富含鈣食物，例如低脂牛奶、乳酪、酸奶、豆漿或豆腐？.....

☐ 否 ☐ 是

2. 您是否在大部分正餐和點心中都會給孩子水果或蔬菜？.....

☐ 否 ☐ 是

3. 您的孩子吃高脂肪食物（例如快餐、薯片、冰淇淋或披薩）嗎？.....

☐ 是 ☐ 否

4. 您的孩子喝汽水、果汁、運動飲料或其他含糖飲料嗎？.....

☐ 是 ☐ 否

體力活動

5. 您是否將孩子每天看螢幕的時間（電視、電遊、電腦、智能手機等）限制在1至2小時內？.....

☐ 否 ☐ 是

6. 通常來說，您的孩子一天活躍玩耍多長時間？包括走路、跑步、騎車和跳舞等體力活動。

不包括體育課或課間休息。

☐ 不到半小時 ☐ 半小時至1小時 ☐ 1小時或更久

7. 您是否檢查電視節目是否有性和暴力內容，並監控孩子上的網站？.....

☐ 否 ☐ 是

牙齒健康

8. 您的孩子每年看兩次牙醫嗎？.....

☐ 否 ☐ 是

結核病

9. 您的孩子曾經和任何結核病 (TB) 患者或結核病皮膚測試呈陽性的人有過近距離接觸嗎？.....

☐ 是 ☐ 否

10. 您的孩子是否出生在結核病高風險國家（包括中南美洲、非洲、亞洲 [日本除外]、東歐國家、俄羅斯及周邊地區），或者您家裡是否有人（包括您的孩子）曾到過這些國家或地區？.....

☐ 是 ☐ 否

安全

11. 您每次開車帶孩子出門時，是否讓孩子坐在後座且繫上安全帶（或者，如果您的孩子身高不到4呎9吋，是否使用兒童成長座椅）？.....

☐ 否 ☐ 是

12. 您的孩子在騎單車、溜滑板或玩滑板車時，是否一定戴安全帽？.....

☐ 否 ☐ 是

13. 您的孩子是否曾被他人使用互聯網、短信或當面欺凌或威脅？.....

☐ 是 ☐ 否

14. 您的孩子曾經目睹或遭受虐待或暴力對待嗎？.....

☐ 是 ☐ 否

家庭生活

15. 下述情況發生的頻率是？「過去7天來，我的孩子一直心情悲傷，無法停止。」

☐ 從未 ☐ 幾乎從未 ☐ 有時 ☐ 經常 ☐ 幾乎總是

16. 您的孩子有血親在55歲（男性）或65歲（女性）以前出現心臟問題（心臟病發作、中風或接受過搭橋手術）嗎？這包括孩子的姑姨、叔伯、父母和祖父母等。.....

☐ 是 ☐ 否

17. 從孩子上一次檢查至今，您的家人或孩子是否經歷任何重大變故（例如生病、搬家、換工作或失業、分居或離婚、家人去世）？.....

☐ 是 ☐ 否

如回答「是」，請列示：.....