

Parent of Teen

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 teen's doctor?
If yes, please describe: _____

☐ Yes ☐ No

NUTRITION

1. Do you offer your child fruits or vegetables with most meals and snacks?

☐ No ☐ Yes

PHYSICAL ACTIVITY

2. Do you limit your child's screen time (TV, video games, computer, smartphone, other) to 1 to 2 hours per day?

☐ No ☐ Yes

3. Do you have rules about which websites your child can visit?

☐ No ☐ Yes

DENTAL HEALTH

4. Does your child see a dentist at least twice a year?

☐ No ☐ Yes

TUBERCULOSIS

5. Has your child had close contact with anyone who had tuberculosis (TB) or who has had a positive TB skin test?

☐ Yes ☐ No

6. 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

YOUR GROWING CHILD

7. Does your child typically sleep for at least 8 hours each night?

☐ No ☐ Yes

FAMILY LIFE

8. 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

9. 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)?
If yes, please list: _____

☐ Yes ☐ No

10. Have you noticed any recent changes in your child's behavior, such as unusual anger or irritability, withdrawal, secrecy, sadness, or problems at school?
If yes, please describe: _____

☐ Yes ☐ No

青少年家長

健康核查問卷

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孩子的醫生嗎？.....
如果回答「是」，請說明：_____

☐ 是 ☐ 否

營養

1. 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

體力活動

2. 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

3. 您是否規定孩子只能上哪些網站？

☐ 否 ☐ 是

牙齒健康

4. 您的孩子一年至少看兩次牙醫嗎？

☐ 否 ☐ 是

結核病

5. 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

6. 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

成長中的孩子

7. 您的孩子平常每晚是否至少睡8小時？

☐ 否 ☐ 是

家庭生活

8. 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手術）嗎？這包括孩子的姑姨、叔伯、父母和祖父母等。

☐ 是 ☐ 否

9. 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： _____

10. 您是否注意到孩子最近的行為有任何改變，例如莫名生氣或易怒、孤僻、神秘、悲傷，或在學校惹麻煩？

☐ 是 ☐ 否

如果回答「是」，請說明： _____