Name:_____ DOB: _____ Today's Date: _____

SIXTEEN YEAR WELL CHILD CHECK

INTERVAL / BEHAVIOR / DEPRESSION / DEVELOPMENT

Any new changes in your life since last year? Do you have special health care needs?	▢ No ▢ Yes, describe: ▢ No ▢ Yes, describe:
Any concerns about your behavior?	▢ No ▢ Yes, describe:
In the last 2 weeks, how often have you had: Little interest or pleasure in doing things Feeling down, depressed, or hopeless	 ▢ Not at all ▢ Several days ▢ More than half the days ▢ Nearly everyday ▢ Not at all ▢ Several days ▢ More than half the days ▢ Nearly everyday

▢ I live a healthy lifestyle: I eat healthy, exercise, & keep myself safe.
▢ If something bad happens in my life, I'm able to get back on my feet.
▢ I feel I am good at something (like math, soccer, cooking, etc).
▢ I feel there is an adult who cares for me who I can go to for help.
▢ I have a friend or a group who I feel comfortable with.
▢ I have hope and confidence in myself.
▢ I help others on my own or with a church, school, or club.
▢ I'm more independent and make more decisions on my own.

VISION / HEARING / ANEMIA / TB / CHOLESTEROL / FLUORIDE / SUBSTANCE / STD RISK ASSESSMENT

Do you complain that the blackboard has become difficult to see?	▢ No	▢ Yes	
Have you ever failed a school vision screening test?	▢ No	▢ Yes	
Do you hold books close to your eyes to read?	▢ No	▢ Yes	
Do you have trouble recognizing faces at a distance	▢ No	▢ Yes	
Do you tend to squint?	▢ No	▢ Yes	
Do you have a problem hearing over the telephone?	▢ No	▢ Yes	
Do you have trouble following the conversation when 2 or more people are talking at the same time?	▢ No	▢ Yes	
Do you have trouble hearing with a noisy background?	▢ No	▢ Yes	
Do you find yourself asking people to repeat themselves?	▢ No	▢ Yes	
Do you misunderstand what others are saying and respond inappropriately?	▢ No	▢ Yes	
Have you ever been diagnosed with iron deficiency anemia?	▢ No	▢ Yes	
Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	▢ No	▢ Yes	
If you are female, do you have heavy periods or periods that last more than 5 days?	▢ No	▢ Yes	▢ N/A
Were you born in a country where tuberculosis is prevalent (outside the US)?	▢ No	▢ Yes	
Have you traveled (>1 week) to a country at high risk of tuberculosis?	▢ No	▢ Yes	
Have you had contact with anyone with tuberculosis or a positive PPD test?	▢ No	▢ Yes	
Have you ever been in jail?	▢ No	▢ Yes	
Do you have HIV?	▢ No	▢ Yes	
Do you have parents or grandparents who've had stroke or heart problems before age 55?	▢ No	▢ Yes	
Do you have parents with high cholesterol (>240 mg/dL) or taking cholesterol medication?	▢ No	▢ Yes	
Does your primary water source have fluoride (i.e. city water)?	▢ No	▢ Yes	
Do you smoke cigarettes, cigars, hookah, or other tobacco products?	▢ No	▢ Yes	
In the past year, did you drink alcohol (more than a few sips)?	▢ No	▢ Yes	
In the past year, did you smoke weed or other drug to get high?	▢ No	▢ Yes	
Have you ever driven or been driven in a car by someone who was using alcohol or drugs?	▢ No	▢ Yes	
If you use alcohol or drugs, do you use it to relax, feel better about yourself, or fit in?	▢ No	▢ Yes	▢ N/A
If you use alcohol or drugs, do you use it alone, by yourself?	▢ No	▢ Yes	▢ N/A
If you use alcohol or drugs, do you forget things you did while using it?	▢ No	▢ Yes	▢ N/A
If you use alcohol or drugs, do your family or friends tell you you should cut down or quit?	▢ No	▢ Yes	▢ N/A
If you use alcohol or drugs, do you ever get into trouble while using alcohol or drugs?	▢ No	▢ Yes	▢ N/A
Have you ever used injectable drugs (like cocaine, heroin, meth through needles)?	▢ No	▢ Yes	
Have you ever had sex (including oral)?	▢ No	▢ Yes	
Have any of your past or current sex partners been infected with HIV or was injectable drug user?	▢ No	▢ Yes	
Have you ever been treated for a sexually transmitted disease?	▢ No	▢ Yes	
Are you having unprotected sex (without a condom)?	▢ No	▢ Yes	
Do you trade sex for money or drugs or have sex partners who do?	▢ No	▢ Yes	
Have you ever had sex with men who've had sex with other men?	▢ No	▢ Yes	

ANTICIPATORY GUIDANCE:

- Visit the dentist at least twice a year. Brush your teeth at least twice a day and floss once a day.
- Drink water instead of soda, Kool-Aid, gatorade, sweet tea, juices, or other sugary drinks. Exercise at least 1 hour per day.
- Spend no more than 2 hours a day on TV, video games, phone, tablet, or computer (outside of homework time).
- Talk with your parents about alcohol, drugs, smoking, driving, and sex. Make the right choices for yourself.
- Drinking and driving is dangerous and not cool, and don't get into a car with someone who does this.
- Only go out with people who respect you. It is ok to say "no" to your date.
- Feel free to talk with us if you have any questions about gender identity and sexual orientation. It's ok to be who you are.
- Set high goals for yourself in school, your future, and other activities, and work hard to achieve them. It will pay off.