



Bright Futures Medical Screening Questionnaire

15 to 21 Year Visits

For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

Please answer the following questions by circling Y, N, or Unsure.

Do you tend to squint?	Y	N	Unsure
Do you have trouble recognizing faces at a distance?	Y	N	Unsure
Do you hold books close to your eyes to read?	Y	N	Unsure
Do you complain that the blackboard has become difficult to see?	Y	N	Unsure
Have you ever failed a school vision screening test?	Y	N	Unsure
Do you have a problem hearing over the telephone?	Y	N	Unsure
Do you have trouble following the conversation when 2 or more people are talking at the same time?	Y	N	Unsure
Do you have trouble hearing with a noisy background?	Y	N	Unsure
Do you find yourself asking people to repeat themselves?	Y	N	Unsure
Do you misunderstand what others are saying and respond inappropriately?	Y	N	Unsure
Are you infected with HIV?	Y	N	Unsure
Have you ever been incarcerated (in jail)?	Y	N	Unsure
Were you born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	Y	N	Unsure
Have you traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	Y	N	Unsure
Has a family member or contact had tuberculosis or a positive tuberculin skin test?	Y	N	Unsure
Do you have parents or grandparents who have had a stroke or heart problem before age 55?	Y	N	Unsure
Do you have a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	Y	N	Unsure
Do you smoke cigarettes?	Y	N	Unsure
Have you ever had an alcoholic drink?	Y	N	Unsure
Have you ever used marijuana or any other drug to get high?	Y	N	Unsure
Do you now or have you ever used injectable drugs?	Y	N	Unsure



Have you ever been diagnosed with iron deficiency anemia?	Y	N	Unsure
Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	N	Y	Unsure

FOR FEMALES ONLY

Does your period last more than 5 days?	Y	N	Unsure
Do you have excessive menstrual bleeding or other blood loss?	Y	N	Unsure
Have you ever had sex (including intercourse or oral sex)?	Y	N	Unsure
Are you having unprotected sex with multiple partners?	Y	N	Unsure
Do you trade sex for money or drugs or have sex partners who do?	Y	N	Unsure
Have any of your past or current sex partners been infected with HIV, bisexual, or injection drug users?	Y	N	Unsure
Have you ever been treated for a sexually transmitted infection?	Y	N	Unsure
Was your first time having sexual intercourse more than 3 years ago?	Y	N	Unsure
Have you been sexually active and had a late or missed period within the last 2 months?	Y	N	Unsure
Have you been sexually active without using birth control?	Y	N	Unsure

FOR MALES ONLY

Have you ever had sex (including intercourse or oral sex)?	Y	N	Unsure
Are you having unprotected sex with multiple partners?	Y	N	Unsure
Do you trade sex for money or drugs or have sex partners who do?	Y	N	Unsure
Have any of your past or current sex partners been infected with HIV, bisexual, or injection drug users?	Y	N	Unsure
Have you ever been treated for a sexually transmitted infection?	Y	N	Unsure
Have you ever had sex with other men?	Y	N	Unsure



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

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