



BRIGHT FUTURES HANDOUT ► PATIENT

18 THROUGH 21 YEAR VISITS

Here are some suggestions from Bright Futures experts that may be of value to you.

✓ HOW YOU ARE DOING

- Enjoy spending time with your family.
- Find activities you are really interested in, such as sports, theater, or volunteering.
- Try to be responsible for your schoolwork or work obligations.
- Always talk through problems and never use violence.
- If you get angry with someone, try to walk away.
- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help.
- Talk with us if you are worried about your living or food situation. Community agencies and programs such as SNAP can help.
- Don't smoke, vape, or use drugs. Avoid people who do when you can. Talk with us if you are worried about alcohol or drug use in your family.

✓ YOUR FEELINGS

- Most people have ups and downs. If you are feeling sad, depressed, nervous, irritable, hopeless, or angry, let us know or reach out to another health care professional.
- Figure out healthy ways to deal with stress.
- Try your best to solve problems and make decisions on your own.
- Sexuality is an important part of your life. If you have any questions or concerns, we are here for you.

✓ YOUR DAILY LIFE

- Visit the dentist at least twice a year.
- Brush your teeth at least twice a day and floss once a day.
- Be a healthy eater.
 - Have vegetables, fruits, lean protein, and whole grains at meals and snacks.
 - Limit fatty, sugary, salty foods that are low in nutrients, such as candy, chips, and ice cream.
 - Eat when you're hungry. Stop when you feel satisfied.
 - Eat breakfast.
- Drink plenty of water.
- Make sure to get enough calcium every day.
 - Have 3 or more servings of low-fat (1%) or fat-free milk and other low-fat dairy products, such as yogurt and cheese.
- Women: Make sure to eat foods rich in folate, such as fortified grains and dark-green leafy vegetables.
- Aim for at least 1 hour of physical activity every day.
- Wear safety equipment when you play sports.
- Get enough sleep.
- Talk with us about managing your health care and insurance as an adult.

✓ HEALTHY BEHAVIOR CHOICES

- Avoid using drugs, alcohol, tobacco, steroids, and diet pills. Support friends who choose not to use.
- If you use drugs or alcohol, let us know or talk with another trusted adult about it. We can help you with quitting or cutting down on your use.
- Make healthy decisions about your sexual behavior.
- If you are sexually active, always practice safe sex. Always use birth control along with a condom to prevent pregnancy and sexually transmitted infections.
- All sexual activity should be something you want. No one should ever force or try to convince you.
- Protect your hearing at work, home, and concerts. Keep your earbud volume down.

Helpful Resource: National Domestic Violence Hotline: 800-799-7233

18 THROUGH 21 YEAR VISITS—PATIENT



STAYING SAFE

- Always be a safe and cautious driver.
 - Insist that everyone use a lap and shoulder seat belt.
 - Limit the number of friends in the car and avoid driving at night.
 - Avoid distractions. Never text or talk on the phone while you drive.
- Do not 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.
- Wear helmets and protective gear while playing sports. Wear a helmet when riding a bike, a motorcycle, or an ATV or when skiing or skateboarding.
- Always use sunscreen and a hat when you're outside.
- Fighting and carrying weapons can be dangerous. Talk with your parents, teachers, or doctor about how to avoid these situations.

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

American Academy of Pediatrics

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The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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The CRAFFT Questionnaire (version 2.0)

Please answer all questions **honestly**; your answers will be kept **confidential**.

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.

of days

2. Use any **marijuana** (pot, weed, hash, or in foods) or "**synthetic marijuana**" (like "K2" or "Spice")? Put "0" if none.

of days

3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or "huff")? Put "0" if none.

of days

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 4, THEN STOP.
- If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 4-9.

	No	Yes
4. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you ever use alcohol or drugs while you are by yourself, or ALONE ?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you ever FORGET things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever gotten into TROUBLE while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.

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Patient Health Questionnaire (PHQ-9)

Patient Name: _____

Date: _____

	Not at all	Several days	More than half the days	Nearly every day
1. Over the <i>last 2 weeks</i> , how often have you been bothered by any of the following problems?				
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you checked off any problem on this questionnaire so far, 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>