BRIGHT FUTURES HANDOUT ► PARENT 11 THROUGH 14 YEAR VISITS

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





HOW YOUR FAMILY IS DOING

- Encourage your child to be part of family decisions. Give your child the chance to make more of her own decisions as she grows older.
- Encourage your child to think through problems with your support.
- Help your child find activities she is really interested in, besides schoolwork.
- Help your child find and try activities that help others.
- Help your child deal with conflict.
- Help your child figure out nonviolent ways to handle anger or fear.
- If you are worried about your living or food situation, talk with us. Community
 agencies and programs such as SNAP can also provide information
 and assistance.



YOUR CHILD'S FEELINGS

- Find ways to spend time with your child.
- If you are concerned that your child is sad, depressed, nervous, irritable, hopeless, or angry, let us know.
- Talk with your child about how his body is changing during puberty.
- If you have questions about your child's sexual development, you can always talk with us.



YOUR GROWING AND CHANGING CHILD

- Help your child get to the dentist twice a year.
- Give your child a fluoride supplement if the dentist recommends it.
- Encourage your child to brush her teeth twice a day and floss once a day.
- Praise your child when she does something well, not just when she looks good.
- Support a healthy body weight and help your child be a healthy eater.
 - Provide healthy foods.
 - Eat together as a family.
 - Be a role model.
- Help your child get enough calcium with low-fat or fat-free milk, low-fat yogurt, and cheese.
- Encourage your child to get at least 1 hour of physical activity every day. Make sure she uses helmets and other safety gear.
- Consider making a family media use plan. Make rules for media use and balance your child's time for physical activities and other activities.
- Check in with your child's teacher about grades. Attend back-to-school events, parent-teacher conferences, and other school activities if possible.
- Talk with your child as she takes over responsibility for schoolwork.
- · Help your child with organizing time, if she needs it.
- Encourage daily reading.



HEALTHY BEHAVIOR CHOICES

- Help your child find fun, safe things to do.
- Make sure your child knows how you feel about alcohol and drug use.
- Know your child's friends and their parents. Be aware of where your child is and what he is doing at all times.
- Lock your liquor in a cabinet.
- Store prescription medications in a locked cabinet.
- Talk with your child about relationships, sex, and values.
- If you are uncomfortable talking about puberty or sexual pressures with your child, please ask us or others you trust for reliable information that can help.
- Use clear and consistent rules and discipline with your child.
- Be a role model.

Helpful Resource: Family Media Use Plan: www.healthychildren.org/MediaUsePlan

11 THROUGH 14 YEAR VISITS—PARENT



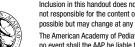
- Make sure everyone always wears a lap and shoulder seat belt in the car.
- Provide a properly fitting helmet and safety gear for biking, skating, in-line skating, skiing, snowmobiling, and horseback riding.
- Use a hat, sun protection clothing, and sunscreen with SPF of 15 or higher on her exposed skin. Limit time outside when the sun is strongest (11:00 am-3:00 pm).
- Don't allow your child to ride ATVs.
- Make sure your child knows how to get help if she feels unsafe.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately from the gun.

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:

 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?		
5. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?		
6. Do you ever use alcohol or drugs while you are by yourself, or ALONE?		
7. Do you ever FORGET things you did while using alcohol or drugs?		
8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?		
9. Have you ever gotten into TROUBLE while you were using alcohol or drugs?		

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.

Nutrition Questions

Here are some statements that people have made about their child's nutrition. For each please decide how often the statement is true in the past year:

1) Do you think that your child is under or over eating? (please underline which applies)	YES	NO	SOMETIMES
2) Is your child eating three meals a day with limited snacking?	YES	NO	SOMETIMES
3) Are your child's meals rich in iron and calcium?	YES	NO	SOMETIMES
4) Does your child eat 5 or more servings of fruits and vegetables?	YES	NO	SOMETIMES
5) In the last 12 months, were you worried whether food would run out before having the money available to buy more?	YES	NO	SOMETIMES
6) In the last 12 months, the food you bought did not last, and finances were limited to prevent buying more food:	YES	NO	SOMETIMES

Patient Health Questionnaire (PHQ-9)

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