

American Academy of Pediatrics



# BRIGHT FUTURES PREVISIT QUESTIONNAIRE

## 9 YEAR VISIT

To provide you and your child with the best possible health care, we would like to know how things are going. Please answer all the questions. Thank you.

### WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

Do you have any concerns, questions, or problems that you would like to discuss today? ☐ No ☐ Yes, describe:

### TELL US ABOUT YOUR CHILD AND FAMILY.

What excites or delights you most about your child?

Does your child have special health care needs? ☐ No ☐ Yes, describe:

Have there been major changes lately in your child's or family's life? ☐ No ☐ Yes, describe:

Have any of your child's relatives developed new medical problems since your last visit? ☐ No ☐ Yes ☐ Unsure If yes or unsure, please describe:

Does your child live with anyone who smokes or spend time in places where people smoke or use e-cigarettes? ☐ No ☐ Yes ☐ Unsure

### YOUR GROWING AND DEVELOPING CHILD

Do you have specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

Check off each of the items that are true for your child.

- ☐ Shows the ability to get along with others and control his emotions
- ☐ Chooses to eat healthy foods and participate in physical activity every day
- ☐ Forms caring, supportive relationships with family members, other adults, and peers

## 9 YEAR VISIT

### RISK ASSESSMENT

<b>Anemia</b>	Does your child's diet include iron-rich foods, such as meat, iron-fortified cereals, or beans?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
	Does your child eat a vegetarian diet (does not eat red meat, chicken, fish, or seafood)?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	If your child is a vegetarian (does not eat red meat, chicken, fish, or seafood), does your child take an iron supplement?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
	Do you ever struggle to put food on the table?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
<b>Hearing</b>	Do you have concerns about how your child hears?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do you have concerns about how your child speaks?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
<b>Oral health</b>	Does your child's primary water source contain fluoride?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
<b>Tuberculosis</b>	Was your child or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Is your child infected with HIV?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
<b>Vision</b>	Do you have concerns about how your child sees?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Has your child ever failed a school vision screening test?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Does your child tend to squint?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure

### ANTICIPATORY GUIDANCE

How are things going for you, your child, and your family?

#### YOUR FAMILY'S HEALTH AND WELL-BEING

<b>Neighborhood and Family Violence</b>		
Are there frequent reports of violence in your community or school?	<input type="radio"/> No	<input type="radio"/> Yes
Has your child ever been bullied or hurt physically by someone?	<input type="radio"/> No	<input type="radio"/> Yes
Has your child felt excluded or not a part of any group of friends?	<input type="radio"/> No	<input type="radio"/> Yes
Has your child ever told you she was touched in a way that made her uncomfortable or on her private parts?	<input type="radio"/> No	<input type="radio"/> Yes
<b>Food Security</b>		
Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more?	<input type="radio"/> No	<input type="radio"/> Yes
Within the past 12 months, did the food you bought not last, and you did not have money to get more?	<input type="radio"/> No	<input type="radio"/> Yes
<b>Tobacco, E-cigarettes, Alcohol, and Drugs</b>		
Is there anyone in your child's life whose alcohol or drug use concerns you?	<input type="radio"/> No	<input type="radio"/> Yes
Do any of your child's friends smoke, use or vape e-cigarettes, drink alcohol or beer, or use drugs?	<input type="radio"/> No	<input type="radio"/> Yes
<b>Harm From the Internet</b>		
Do you know about your child's Internet use?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have rules for the Internet?	<input type="radio"/> Yes	<input type="radio"/> No
Have you installed an Internet safety filter on your computers, tablets, and smartphones?	<input type="radio"/> Yes	<input type="radio"/> No
<b>Emotional Security and Self-esteem</b>		
Does your child usually seem happy?	<input type="radio"/> Yes	<input type="radio"/> No
Are there things your child is really good at doing or is proud of?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child have the chance to help others at home, at school, or in your community?	<input type="radio"/> Yes	<input type="radio"/> No

## 9 YEAR VISIT

### YOUR FAMILY'S HEALTH AND WELL-BEING (CONTINUED)

Connectedness With Family and Peers		
Do your family members get along well with each other?	<input type="radio"/> Yes	<input type="radio"/> No
Does your family do things together?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child have chores or responsibilities at home?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child have friends at school or in your neighborhood?	<input type="radio"/> Yes	<input type="radio"/> No

### YOUR GROWING CHILD

Temper Problems, Setting Reasonable Limits, and Friends		
Has your child experienced any recent stresses at home or in school?	<input type="radio"/> No	<input type="radio"/> Yes
Do you have clear rules and expectations for your child?	<input type="radio"/> Yes	<input type="radio"/> No
When your child breaks the rules, are you consistent with consequences and discipline?	<input type="radio"/> Yes	<input type="radio"/> No
Do you help your child control his anger, deal with worries, and solve problems?	<input type="radio"/> Yes	<input type="radio"/> No
Have you and your child talked about how to say no to smoking, alcohol, and drug use?	<input type="radio"/> Yes	<input type="radio"/> No
Onset of Puberty and Sexual Safety		
Have you talked with your child about the body changes that occur during puberty?	<input type="radio"/> Yes	<input type="radio"/> No
Have you discussed privacy and body safety with your child?	<input type="radio"/> Yes	<input type="radio"/> No
Have you and your child talked about sex?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child know to tell a trusted adult if someone touches her private parts or if someone encourages her to do other things that make her uncomfortable or she knows are wrong?	<input type="radio"/> Yes	<input type="radio"/> No

### SCHOOL

Do you have concerns about your child's school experience?	<input type="radio"/> No	<input type="radio"/> Yes
Has your child missed more than 2 days of school in any month?	<input type="radio"/> No	<input type="radio"/> Yes
Does your child have any difficulties at school or get extra help in any subjects?	<input type="radio"/> No	<input type="radio"/> Yes
Does your child participate in activities outside of school?	<input type="radio"/> Yes	<input type="radio"/> No

### STAYING HEALTHY

Healthy Teeth		
Does your child have a dentist?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child brush and floss his teeth every day?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child use a mouth guard when playing contact sports?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child regularly drink soda, juice, or other sugar-sweetened drinks?	<input type="radio"/> No	<input type="radio"/> Yes
Nutrition		
Do you have any concerns about your child's weight?	<input type="radio"/> No	<input type="radio"/> Yes
Do you have any concerns about her eating? This includes drinking enough milk and eating vegetables and fruits.	<input type="radio"/> No	<input type="radio"/> Yes
Do you eat family meals together?	<input type="radio"/> Yes	<input type="radio"/> No
Do you hear your child talking about how he looks or dieting?	<input type="radio"/> No	<input type="radio"/> Yes
Physical Activity		
Is your child physically active at least 1 hour a day? This includes running, playing sports, or active play with friends.	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any concerns about your child's physical activity level, such as it being either too much or too little?	<input type="radio"/> No	<input type="radio"/> Yes
Does your child have trouble going to sleep or does she wake up during the night?	<input type="radio"/> No	<input type="radio"/> Yes
How much time every day does your child spend watching TV, playing video games, or using computers, tablets, or smartphones (not counting schoolwork)?	_____ hours	
Does your child have a TV or an Internet-connected device in her bedroom?	<input type="radio"/> No	<input type="radio"/> Yes
Has your family made a family media use plan to help everyone balance time spent on media with other family and personal activities?	<input type="radio"/> Yes	<input type="radio"/> No

## 9 YEAR VISIT

### SAFETY

<b>Car Safety</b>		
Does your child always sit in a belt-positioning booster seat or lap and shoulder seat belt in the back seat every time he rides in a vehicle?	<input type="radio"/> Yes	<input type="radio"/> No
Does everyone in the vehicle always use a lap and shoulder seat belt?	<input type="radio"/> Yes	<input type="radio"/> No
<b>Outdoor Safety</b>		
Does your child always wear a helmet to protect her head when biking, skating, or doing other outdoor activities?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child know how to swim?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child know to always have an adult watching him in the water and never to swim alone?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child always use sunscreen when playing outside?	<input type="radio"/> Yes	<input type="radio"/> No
<b>Knowing Your Child's Friends and Their Families</b>		
Do you know your child's friends and their families?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child know how to get help in an emergency if you are not there?	<input type="radio"/> Yes	<input type="radio"/> No
<b>Gun Safety</b>		
Does anyone in your home or the homes where your child spends time have a gun?	<input type="radio"/> No	<input type="radio"/> Yes
If yes, is the gun unloaded and locked up?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, is the ammunition stored and locked up separately from the gun?	<input type="radio"/> Yes	<input type="radio"/> No
Have you talked with your child about gun safety?	<input type="radio"/> Yes	<input type="radio"/> No

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition  
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# Well Child | 9 and 10 Year Visits

Accompanied By:		Preferred Language:		Date/Time:	Name:		
Weight (%):	Height (%):	BMI (%):	BP (%):	ID Number:			
Vitals (if indicated): Temp:		HR:	Resp Rate:	SpO <sub>2</sub> :	Birth Date:	Age:	Sex: M F

## HISTORY

**Concerns and Questions:** ☐ None

**Interval History:** ☐ None

**Medical History:** ☐ Child has special health care needs.

Areas reviewed and updated as needed

☐ Past Medical History (See Initial History Questionnaire.)

☐ Surgical History (See Initial History Questionnaire.)

☐ Problem List (See Problem List.)

**Medications:** ☐ None

☐ Reviewed and updated (See Medication Record.)

**Allergies:** ☐ No known drug allergies

**Nutrition:** ☐ Good appetite ☐ Good variety

☐ Daily fruits and vegetables: \_\_\_\_\_

☐ Iron: Source: \_\_\_\_\_

☐ Calcium: Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Comments:

**Girls:** Menarche: ☐ No ☐ Yes: \_\_\_\_\_

**Dental Home:** ☐ No ☐ Yes: \_\_\_\_\_

Brushing twice daily: ☐ Yes ☐ No: \_\_\_\_\_

Fluoride: ☐ In water source ☐ Oral supplement ☐ Other: \_\_\_\_\_

Sugar-sweetened beverages: ☐ No ☐ Yes

**Elimination:** ☐ Regular soft stools: \_\_\_\_\_

**Sleep:** ☐ No concerns

**Physical Activity:**

Exercise (60 min/d): ☐ Yes ☐ No: \_\_\_\_\_

Screen time: h/d: \_\_\_\_\_

Source: \_\_\_\_\_

Family media use plan discussed: ☐ Yes ☐ No

**School:** Grade: \_\_\_\_\_ IEP/504/behavior plan: ☐ Yes ☐ No ☐ NA

Performance: ☐ NL \_\_\_\_\_

Parent/teacher concerns: ☐ None

**Behavior:** ☐ No concerns

Parent-child-sibling interaction: ☐ NL \_\_\_\_\_

Cooperation: ☐ Yes ☐ No Oppositional behavior: ☐ Yes ☐ No

## DEVELOPMENT

☒ = Normal development ☐ See Previsit Questionnaire.

Caregiver concerns about development: ☐ None ☐ Yes: \_\_\_\_\_

☐ Shows the ability to get along with others and control emotions

☐ Chooses to eat healthy foods and participate in physical activity every day

☐ Forms caring, supportive relationships with family members, other adults, and peers

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**SOCIAL AND FAMILY HISTORY**Areas reviewed and updated as needed (See Initial History Questionnaire.): ☐ Social History ☐ Family HistoryChanges since last visit: \_\_\_\_\_ ☐ No interval changeSmoking household: ☐ No ☐ Yes: \_\_\_\_\_ Firearms in home: ☐ No ☐ Yes: \_\_\_\_\_

Observation of parent-child interaction: \_\_\_\_\_

Parents working outside home: ☐ One parent ☐ Both parents After-school care: \_\_\_\_\_**REVIEW OF SYSTEMS**☐ A 10-point review of systems was performed and results were negative except for any positive results listed below.**Bold** = Focus area for this Bright Futures Visit

Constitutional: \_\_\_\_\_ Respiratory: \_\_\_\_\_ Skin: \_\_\_\_\_

Eyes: \_\_\_\_\_ Gastrointestinal: \_\_\_\_\_ Neurological: \_\_\_\_\_

Head, Ears, Nose, and Throat: \_\_\_\_\_ Genitourinary: \_\_\_\_\_ Other: \_\_\_\_\_

Cardiovascular: \_\_\_\_\_ Musculoskeletal: \_\_\_\_\_ Other: \_\_\_\_\_

**PHYSICAL EXAMINATION**☒ = System examined **Bold** = Focus area for this Bright Futures Visit

Normal examination findings in text. Cross out abnormalities. Describe other findings in the area provided.

☐ **General:** Well-appearing child. **Normal BMI and BP for age.** \_\_\_\_\_☐ Head: Normocephalic and atraumatic. \_\_\_\_\_☐ Eyes: Pupils equal, round, and reactive to light. Extraocular eye movements intact. Normal funduscopic examination findings. \_\_\_\_\_☐ Ears, nose, **mouth**, and throat: Tympanic membranes with visible light reflex bilaterally. Healthy-appearing teeth without visible caries. \_\_\_\_\_☐ Neck: Supple, with full range of motion and no significant adenopathy. \_\_\_\_\_☐ Heart: Regular rate and rhythm. No murmur. \_\_\_\_\_☐ Respiratory: Breath sounds clear bilaterally. Comfortable work of breathing. \_\_\_\_\_☐ Abdomen: Soft, with no palpable masses. \_\_\_\_\_☐ Genitourinary: \_\_\_\_\_☐ Normal female external genitalia. \_\_\_\_\_☐ Normal male external genitalia. \_\_\_\_\_**Sexual Maturity Rating**☐ **Female:** Breast development SMR \_\_\_\_\_, pubic hair SMR \_\_\_\_\_☐ **Male:** Testicular development SMR \_\_\_\_\_, pubic hair SMR \_\_\_\_\_☐ Musculoskeletal: Spine straight. Full range of motion in hips, knees, and ankles. \_\_\_\_\_☐ Neurological: Normal gait. Normal strength and tone. \_\_\_\_\_☐ **Skin:** Warm and well perfused. No rashes or bruising. **No signs of cutting or other self-injury.** \_\_\_\_\_

Other comments: \_\_\_\_\_

**ASSESSMENT**☐ Well child ☐ Normal interval growth (See growth chart.) ☐ Normal BMI percentile for age ☐ Normal BP percentile for age

## ANTICIPATORY GUIDANCE

☒ Discussed and/or handout given☐ **SOCIAL DETERMINANTS OF HEALTH**

- Neighborhood and family violence
- Food security
- Family substance use
- Harm from the Internet
- Emotional security and self-esteem
- Connectedness with family and peers

☐ **DEVELOPMENT AND MENTAL HEALTH**

- Temper problems, setting reasonable limits, and friends
- Sexuality

☐ **SCHOOL**

- School attendance
- School problems
- School performance and progress
- Transitions
- Co-occurrence of middle school and pubertal transitions

☐ **PHYSICAL GROWTH AND DEVELOPMENT**

- Oral health
- Nutrition
- Physical activity

☐ **SAFETY**

- Car safety
- Safety during physical activity
- Water safety
- Sun protection
- Knowing child's friends and their families
- Gun safety

## PLAN

**Immunizations:** ☐ Vaccine Administration Record reviewed Administered today: \_\_\_\_\_ ☐ Up-to-date for age
**Universal Screening:**

- ☐ Dyslipidemia (once between 9 y and 11 y): Completed age: \_\_\_\_\_ Result: ☐ Within reference range ☐ Abnormal: \_\_\_\_\_
- ☐ Hearing (age 10 y): Result: ☐ Normal hearing BL ☐ Abnormal: \_\_\_\_\_
- ☐ Vision (age 10 y): Result: ☐ Normal vision for age ☐ Abnormal: \_\_\_\_\_

**Selective Screening** (based on risk assessment) (See Previsit Questionnaire.):

- ☐ Anemia ☐ Hearing (age 9 y) ☐ Oral health ☐ Tuberculosis ☐ Vision (age 9 y)

Comments/results:

**Follow-up:**

- ☐ Routine follow-up in 1 year ☐ Next visit: \_\_\_\_\_ ☐ Referral to: \_\_\_\_\_

PRINT NAME.	SIGNATURE
Provider 1	
Provider 2	

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4th Edition*



# BRIGHT FUTURES HANDOUT ► PARENT

## 9 AND 10 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 independent and responsible. Hug and praise him.
- Spend time with your child. Get to know his friends and their families.
- Take pride in your child for good behavior and doing well in school.
- Help your child deal with conflict.
- 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.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs. If you're worried about a family member's use, let us know, or reach out to local or online resources that can help.
- Put the family computer in a central place.
- Watch your child's computer use.
  - Know who he talks with online.
  - Install a safety filter.

### ✓ STAYING HEALTHY

- Take your child to the dentist twice a year.
- Give your child a fluoride supplement if the dentist recommends it.
- Remind your child to brush his teeth twice a day
  - After breakfast
  - Before bed
- Use a pea-sized amount of toothpaste with fluoride.
- Remind your child to floss his teeth once a day.
- Encourage your child to always wear a mouth guard to protect his teeth while playing sports.
- Encourage healthy eating by
  - Eating together often as a family
  - Serving vegetables, fruits, whole grains, lean protein, and low-fat or fat-free dairy
  - Limiting sugars, salt, and low-nutrient foods
- Limit screen time to 2 hours (not counting schoolwork).
- Don't put a TV or computer in your child's bedroom.
- Consider making a family media use plan. It helps you make rules for media use and balance screen time with other activities, including exercise.
- Encourage your child to play actively for at least 1 hour daily.

### ✓ YOUR GROWING CHILD

- Be a model for your child by saying you are sorry when you make a mistake.
- Show your child how to use her words when she is angry.
- Teach your child to help others.
- Give your child chores to do and expect them to be done.
- Give your child her own personal space.
- Get to know your child's friends and their families.
- Understand that your child's friends are very important.
- Answer questions about puberty. Ask us for help if you don't feel comfortable answering questions.
- Teach your child the importance of delaying sexual behavior. Encourage your child to ask questions.
- Teach your child how to be safe with other adults.
  - No adult should ask a child to keep secrets from parents.
  - No adult should ask to see a child's private parts.
  - No adult should ask a child for help with the adult's own private parts.

### ✓ SCHOOL

- Show interest in your child's school activities.
- If you have any concerns, ask your child's teacher for help.
- Praise your child for doing things well at school.
- Set a routine and make a quiet place for doing homework.
- Talk with your child and her teacher about bullying.

**Helpful Resources:** Family Media Use Plan: [www.healthychildren.org/MediaUsePlan](http://www.healthychildren.org/MediaUsePlan)

Smoking Quit Line: 800-784-8669 | Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236



## 9 AND 10 YEAR VISITS—PARENT



### SAFETY

- The back seat is the safest place to ride in a car until your child is 13 years old.
- Your child should use a belt-positioning booster seat until the vehicle's lap and shoulder belts fit.
- Provide a properly fitting helmet and safety gear for riding scooters, biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
- Teach your child to swim and watch him in the water.
- Use a hat, sun protection clothing, and sunscreen with SPF of 15 or higher on his exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately from the gun.

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# BRIGHT FUTURES HANDOUT ► PATIENT

## 9 AND 10 YEAR VISITS

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

### ✓ TAKING CARE OF YOU

- Enjoy spending time with your family.
- Help out at home and in your community.
- If you get angry with someone, try to walk away.
- Say “No!” to drugs, alcohol, and cigarettes or e-cigarettes. Walk away if someone offers you some.
- Talk with your parents, teachers, or another trusted adult if anyone bullies, threatens, or hurts you.
- Go online only when your parents say it’s OK. Don’t give your name, address, or phone number on a Web site unless your parents say it’s OK.
- If you want to chat online, tell your parents first.
- If you feel scared online, get off and tell your parents.

### ✓ EATING WELL AND BEING ACTIVE

- Brush your teeth at least twice each day, morning and night.
- Floss your teeth every day.
- Wear your mouth guard when playing sports.
- Eat breakfast every day. It helps you learn.
- Be a healthy eater. It helps you do well in school and sports.
  - Have vegetables, fruits, lean protein, and whole grains at meals and snacks.
  - Eat when you’re hungry. Stop when you feel satisfied.
  - Eat with your family often.
- Drink 3 cups of low-fat or fat-free milk or water instead of soda or juice drinks.
- Limit high-fat foods and drinks such as candies, snacks, fast food, and soft drinks.
- Talk with us if you’re thinking about losing weight or using dietary supplements.
- Plan and get at least 1 hour of active exercise every day.

### ✓ GROWING AND DEVELOPING

- Ask a parent or trusted adult questions about the changes in your body.
- Share your feelings with others. Talking is a good way to handle anger, disappointment, worry, and sadness.
- To handle your anger, try
  - Staying calm
  - Listening and talking through it
  - Trying to understand the other person’s point of view
- Know that it’s OK to feel up sometimes and down others, but if you feel sad most of the time, let us know.
- Don’t stay friends with kids who ask you to do scary or harmful things.
- Know that it’s never OK for an older child or an adult to
  - Show you his or her private parts.
  - Ask to see or touch your private parts.
  - Scare you or ask you not to tell your parents.
  - If that person does any of these things, get away as soon as you can and tell your parent or another adult you trust.

### ✓ DOING WELL AT SCHOOL

- Try your best at school. Doing well in school helps you feel good about yourself.
- Ask for help when you need it.
- Join clubs and teams, faith groups, and friends for activities after school.
- Tell kids who pick on you or try to hurt you to stop. Then walk away.
- Tell adults you trust about bullies.

## 9 AND 10 YEAR VISITS—PATIENT



### PLAYING IT SAFE

- Wear your lap and shoulder seat belt at all times in the car. Use a booster seat if the lap and shoulder seat belt does not fit you yet.
- Sit in the back seat until you are 13 years old. It is the safest place.
- Wear your helmet and safety gear when riding scooters, biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
- Always wear the right safety equipment for your activities.
- Never swim alone. Ask about learning how to swim if you don't already know how.
- Always wear sunscreen and a hat when you're outside. Try not to be outside for too long between 11:00 am and 3:00 pm, when it's easy to get a sunburn.
- Have friends over only when your parents say it's OK.
- Ask to go home if you are uncomfortable at someone else's house or a party.
- If you see a gun, don't touch it. Tell your parents right away.

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