BRIGHT FUTURES HANDOUT ▶ **PATIENT**

15 THROUGH 17 YEAR VISITS

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

HOW YOU ARE DOING

- Enjoy spending time with your family. Look for ways you can help at home.
- Find ways to work with your family to solve problems. Follow your family's rules.
- Form healthy friendships and find fun, safe things to do with friends.
- Set high goals for yourself in school and activities and for your future.
- Try to be responsible for your schoolwork and for getting to school or work on time.
- Find ways to deal with stress. Talk with your parents or other trusted adults if you need help.
- Always talk through problems and never use violence.
- If you get angry with someone, walk away if you can.
- Call for help if you are in a situation that feels dangerous.
- Healthy dating relationships are built on respect, concern, and doing things both of you like to do.
- When you're dating or in a sexual situation, "No" means NO. NO is OK.
- Don't smoke, vape, use drugs, or drink alcohol. Talk with us if you are worried about alcohol or drug use in your family.

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. It helps you do well in school and sports.
  - Have vegetables, fruits, lean protein, and whole grains at meals and snacks.
  - Limit fatty, sugary, and 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 with your family often.
  - Eat breakfast.
- Drink plenty of water. Choose water instead of soda or sports drinks.
- 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.
- Aim for at least 1 hour of physical activity every day.
- Wear your mouth guard when playing sports.
- Get enough sleep.

YOUR FEELINGS

- Be proud of yourself when you do something good.
- Figure out healthy ways to deal with stress.
- Develop ways to solve problems and make good decisions.
- It's OK to feel up sometimes and down others, but if you feel sad most of the time, let us know so we can help you.
- It's important for you to have accurate information about sexuality, your physical development, and your sexual feelings toward the opposite or same sex. Please consider asking us if you have any questions.

HEALTHY BEHAVIOR CHOICES

- Choose friends who support your decision to not use tobacco, alcohol, or drugs. Support friends who choose not to use.
- Avoid situations with alcohol or drugs.
- Don't share your prescription medicines. Don't use other people's medicines.
- Not having sex is the safest way to avoid pregnancy and sexually transmitted infections (STIs).
- Plan how to avoid sex and risky situations.
- If you're sexually active, protect against pregnancy and STIs by correctly and consistently using birth control along with a condom.
- Protect your hearing at work, home, and concerts. Keep your earbud volume down.

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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. Wear a life jacket when you do water sports.
- 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
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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?	☐	☐
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.

Patient Health Questionnaire (PHQ-9)

Patient Name: _____ **Date:** _____

	Not at all	Several days	More than half the days	Nearly every day
1. Over the *last 2 weeks*, 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	☐	☐	☐	☐
f. 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.	☐	☐	☐	☐
i. 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
	☐	☐	☐	☐