## Parent and Patient Survey 8, 9, 10 years

Name:	——	Ο,	, 10	DOB:
What grade are you in?				
What do you like most about school?				
What were your grades on your last report card or progress report?				
Do you have friends at school?				
What kinds of activities are you involved in or after school?				
Have you ever done something you think you shouldn't have or gotten in trouble?				
What are you best at?				
What are you really proud of?				
Do you have close friends?				
What do you like to do with your friends?				
Does anyone in your family have	Diabetes	N	Y	Who?
	Skin cancer	N	Y	Who?
	High Cholesterol	N	Y	Who?
	High Blood Pressure	N	Y	Who?
Do you have any worries about your body or your health?				
What type of foods do you most enjoy?				
Do you exercise regularly, as in playing a sport or dancing or gymnastics?				
Do you take a medicine every day?				
Do you brush your teeth twice a day?				
Does a dentist clean your teeth twice a year?				
What are your thoughts about smoking?				
Do you and your friends talk about drugs and alcohol?				
During the past month, have you often been bothered by feeling down or hopeless?				
During the past month, have you often been bothered by little interest or pleasure in doing things?				
	Signature:			