Allegro PEDIATRICS

## Teen Questionnaire - CONFIDENTIAL

Name:_____ Date of Birth:_____ Date: _____

Preferred Name:_____ Preferred Pronouns:_____ Teen Cell: _____

**Your answers will only been seen by your doctor and his/her/their staff. We will not show your parents. It's okay to skip a question if you don't want to talk about something.**

| | | |
|---|---|---|
| What three words best describe you? _____ | | |
| Are you happy with your current weight? | ☐ NO | ☐ YES |
| Do you have concerns or questions about the shape or size of your body or physical appearance? | ☐ YES | ☐ NO |
| Have you tried to control your weight by exercising too much, vomiting, taking diet pills, or starving yourself? | ☐ YES | ☐ NO |
| Have you ever worried about having enough food to eat? | ☐ YES | ☐ NO |
| Are you having problems in school this year? | ☐ YES | ☐ NO |
| Approximately how many days of school have you missed this year? | _____DAYS | |
| Do you have at least one friend who you really like and feel you can talk to? | ☐ NO | ☐ YES |
| Do you think that your parent(s) usually listen to you and take your feelings seriously? | ☐ NO | ☐ YES |
| Have you ever hurt yourself intentionally (for example, cutting, pinching, punching)? | ☐ YES | ☐ NO |
| Have you ever thought seriously about running away from home? | ☐ YES | ☐ NO |
| What is the most stressful thing in your life right now? _____ | | |
| Do you, or anyone you live with, have a gun, rifle, or other firearm? | ☐ YES | ☐ NO |
| Have you ever felt unsafe at school or home? | ☐ YES | ☐ NO |
| For drivers: do you ever use your cell phone while driving? ☐ N/A | ☐ YES | ☐ NO |
| Does anyone who lives with you smoke cigarettes, e-cig devices, vape, use marijuana, or other drugs? | ☐ YES | ☐ NO |
| Do any of your friends smoke cigarettes, e-cig devices, vape, use marijuana, other drugs, or pills not prescribed to them? | ☐ YES | ☐ NO |
| Have you ever tried cigarettes, e-cig devices, vape, marijuana, other drugs, or pills not prescribed to you? | ☐ YES | ☐ NO |
| Have any of your friends been buzzed or drunk from beer, wine, or other alcohol? | ☐ YES | ☐ NO |
| Have you ever tried beer, wine, or other alcohol? | ☐ YES | ☐ NO |
| Have you ever gotten into trouble because of drinking alcohol or using other drugs? | ☐ YES | ☐ NO |
| Have you ever been the driver or passenger when someone in the car was under the influence of drugs or alcohol? | ☐ YES | ☐ NO |
| Do you identify or think you might identify as LGBTQI+? | ☐ YES | ☐ NO |
| Have any of your close friends had sex? | ☐ YES | ☐ NO |
| Have you ever had sex? | ☐ YES | ☐ NO |
| Have you ever felt uncomfortable in a sexual situation? | ☐ YES | ☐ NO |
| If you could change one thing about your life or yourself, what would it be? _____ | | |
| Is there anything else you'd like to talk about today? _____ | | |