



Teen Questionnaire - CONFIDENTIAL

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

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

What four words best describe you? \_\_\_\_\_
If you could change one thing about your life or yourself, what would it be? \_\_\_\_\_

- Are you satisfied with your eating habits?
Do you eat healthy food most of the time?
Are you happy with your current weight?
Have you tried to control your weight by exercising too much, vomiting, taking diet pills, or starving yourself?
Do you have concerns or questions about the shape or size of your body or physical appearance?
Do you exercise for 20 minutes or more at a time at least 3 or more times a week?
Are you having problems in school this year?
Have you been told you have a learning problem or do you think you may have a learning problem?
How many days of school have you missed this year?
Do you have at least one friend who you really like and feel you can talk to?
Do you think that your parent(s) usually listen to you and take your feelings seriously?
Have you ever hurt yourself intentionally (for example, cutting, pinching, punching)?
Have you ever thought seriously about running away from home?
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?
Have you ever carried a gun, knife, club, or other weapon for protection?
Have you been pushed, hit, kicked, or abused?
Are you worried about violence or your safety?
Do you wear a helmet when you ride a bicycle, scooter, or dirt bike?
Do you wear a seatbelt when you ride in or drive a car?
For drivers: have you had an accident or ticket?
For drivers: what do you do with your cell phone while driving?
Have you ever smoked cigarettes, cigars, e-cig devices, vaped, or used snuff or chewing tobacco?
Do any of your friends smoke cigarettes, cigars, e-cig devices, vape, or used snuff or chewing tobacco?
Does anyone who lives with you smoke cigarettes, cigars, e-cig devices, vape, use snuff or chewing tobacco?
Have you ever been buzzed or drunk from beer, wine, or other alcohol (like vodka, gin, whiskey)?
Have any of your friends been buzzed or drunk from beer, wine, or other alcohol (like vodka, gin, whiskey)?
Have you gotten into trouble because of drinking alcohol?
Have you ever drunk alcohol and then driven a car or other vehicle?
Have you ever been in a car or other vehicle when the driver had been drinking?
Does anyone in your family drink or take drugs so much that it worries you?
Have you ever smoked marijuana, eaten marijuana edibles, or used other drugs (for example: cocaine, ecstasy)?
Do any of your close friends use marijuana or other drugs (for example: cocaine, ecstasy)?
Have you used medications that weren't prescribed to you to sleep, stay awake, calm down, or get high?
Do you think you might be gay, lesbian, bisexual, pansexual, asexual, transgender, or questioning?
Have you ever had sex? (If yes, how old were you the first time?
Have you ever felt uncomfortable in a sexual situation?
Are you using a method to prevent pregnancy? (If yes, which
Do you and your partner always use condoms when you have sex?
Have any of your close friends had sex?
Have you had a sexually transmitted disease (STD) or infection (STI)?
Have you ever been pregnant or gotten someone pregnant?

Is there anything else you'd like to talk about today? \_\_\_\_\_