Adolescent & Teen Visits: Teen Questionnaire (12-18 yrs old) – *cont'd*

Teen Questionnaire

Do Not Scan

We ask all teenagers these questions because they are topics that can affect your health and well-being. All the questions may not fit you. You may leave some questions blank if you prefer. Your answers are private.	Yes	Sometimes	No	Want more info?
1. In general, are you happy with the way things are going for you?	☐	☐	☐	☐
2. Do you get along with your family?	☐	☐	☐	☐
3. Do you go to school regularly?	☐	☐	☐	☐
4. Do you have at least one adult you can really talk to?	☐	☐	☐	☐
5. Do you get some exercise at least 3 times a week?	☐	☐	☐	☐
6. Do you think you are about the right weight for your height?	☐	☐	☐	☐
7. Do you wear a seat belt in a car/truck?	☐	☐	☐	☐
8. Do you wear a helmet when you skateboard, bicycle, motorcycle, snowmobile or use an ATV?	☐	☐	☐	☐
9. Are your grades worse than they used to be?	☐	☐	☐	☐
10. Do you ever use laxatives or throw up on purpose after eating?	☐	☐	☐	☐
11. Do you smoke cigarettes, chew tobacco or vape?	☐	☐	☐	☐
12. Do you drink alcohol?	☐	☐	☐	☐
13. Have you tried any drugs for fun, curiosity or coping (such as marijuana, prescription pills, cocaine, heroin)?	☐	☐	☐	☐
14. Do you or anyone you live with have a gun or carry around a gun?	☐	☐	☐	☐
15. Are you now or have you ever been in a gang?	☐	☐	☐	☐
16. Are you worried about money, a place to live, food or clothing?	☐	☐	☐	☐
17. Have you ever had sex (with women, men or both)?	☐	☐	☐	☐
18. Have you ever traded sex for money, a place to live, food or clothing?	☐	☐	☐	☐
19. Have you ever been tested for or diagnosed with a sexually transmitted infection (STI) such as herpes, gonorrhea, chlamydia, genital warts, pelvic inflammatory disease or syphilis?	☐	☐	☐	☐
20. Are you or do you ever wonder if you are lesbian, gay, bisexual, transgender, queer, questioning, intersex or asexual (LGBTQIA)?	☐	☐	☐	☐
We will only share your confidential information with your parent or guardian if we have a serious concern about your health and safety. Before we share information, we will discuss it with you.				
21. Have you ever thought about killing yourself?*	☐	☐	☐	☐
22. Do you feel afraid in any of your relationships?	☐	☐	☐	☐
23. Have you ever been physically or sexually abused or mistreated by anyone? (kicked, hit, pushed, forced or tricked into having sex, or touched in a way that made you feel uncomfortable)	☐	☐	☐	☐

Is there anything else you'd like to talk about with your doctor today?____________________

*If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your clinician, go to a hospital emergency room or call 911.

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