

Please help us by completing both sides of this brief survey. All responses are confidential.

Age:

--	--

- | | |
|---|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| | 3 |
| | 4 |
| | 5 |
| | 6 |
| | 7 |
| | 8 |
| | 9 |

Sex: ☐ Male
☐ Female

MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

CORRECT: ●

INCORRECT: ✓ ✗ ○ ●

Race/Ethnicity: (Mark all that apply)

- | | |
|--|---|
| <input type="radio"/> White/Caucasian | <input type="radio"/> Hispanic/Latino |
| <input type="radio"/> Black/African American | <input type="radio"/> American Indian/Alaska Native |
| <input type="radio"/> Asian | <input type="radio"/> Other (please specify) _____ |

Please fill in the ovals to answer each of the following questions:

1. How often do you use a helmet when you rollerblade, skateboard, bicycle, or ride a motorcycle, minibike or ATV?

- ☐ Always ☐ Sometimes ☐ Rarely or never

2. How often do you wear a seatbelt when you ride in a car, truck, or van?

- ☐ Always ☐ Sometimes ☐ Rarely or never

3. Did you ever smoke cigarettes (even if you did not inhale) or chew tobacco?

- ☐ Never ☐ Once or twice ☐ 3 or more times

4. Did you ever drink any alcohol? (beer, wine, liquor, other)

- ☐ Never ☐ Once or twice ☐ 3 or more times

5. Did you ever use drugs?

- ☐ Never ☐ Once or twice ☐ 3 or more times

5b. If you have ever used drugs, mark all that you have tried:

- | | | |
|---------------------------------|---|--|
| <input type="radio"/> Marijuana | <input type="radio"/> Speed | <input type="radio"/> Hormones |
| <input type="radio"/> Cocaine | <input type="radio"/> Ecstasy | <input type="radio"/> Prescription drugs not ordered for you |
| <input type="radio"/> Crack | <input type="radio"/> Roofies | <input type="radio"/> Other: _____ |
| <input type="radio"/> Heroin | <input type="radio"/> Sniffed Inhalants | |
| <input type="radio"/> Acid | <input type="radio"/> Steroids | |

6. Have you ever ridden in a vehicle when the driver is under the influence of alcohol or drugs?

(This includes when you were the driver as well as other people).

- ☐ Never ☐ Once or twice ☐ 3 or more times

7. Have you had sex?

- ☐ No ☐ Yes

7b. If yes, mark all the types of sex you have had:

- ☐ Vaginal sex (penis in vagina)
☐ Anal sex (penis in anus)
☐ Oral sex (mouth on penis or vagina)

8. If you have had sex, how often do you use condoms (rubbers)?

- ☐ Never had sex ☐ Always ☐ Sometimes ☐ Rarely or never

9. Were you ever forced to have sex you did not want, or has someone touched you in a way that made you feel uncomfortable? (touching of breasts, buttocks, or genitals)

- ☐ Never ☐ Not Sure ☐ Yes

Please Continue Survey on Back

10. Are you having any problems in school?

- ☐ Rarely or never ☐ Sometimes ☐ Always

10b. If yes, mark the types of school problems you have:

- ☐ Grades
☐ Fighting
☐ Missing school

11. Have you ever felt you had a problem with your weight? (underweight, overweight, anorexia, bulimia)

- ☐ Rarely or never ☐ Sometimes ☐ Always

12. Have you ever done something violent because you were angry?

- ☐ Never ☐ Once or twice ☐ 3 or more times

13. Have you ever had someone at home, school or anywhere else, who made you feel afraid, threatened you, or hurt you?

- ☐ Never ☐ Once or twice ☐ 3 or more times

14. Have you ever felt sad or down for more than 2 weeks or felt as though you had nothing to look forward to?

- ☐ Never ☐ Once or twice ☐ 3 or more times

15. Have you ever thought about killing yourself or made a plan to kill yourself?

- ☐ Never ☐ Once or twice ☐ 3 or more times

Do you have any questions about these topics?

(Fill in the circle next to any topic you would like more information about and add any topics that are not listed below.)

- | | | |
|--|--|--|
| <input type="radio"/> Tobacco | <input type="radio"/> Body piercing/tattoos/branding | <input type="radio"/> Suicide |
| <input type="radio"/> Quitting smoking | <input type="radio"/> Abstinence (saying no) | <input type="radio"/> Abuse |
| <input type="radio"/> Alcohol | <input type="radio"/> Safer sex | <input type="radio"/> Weight problem |
| <input type="radio"/> Drugs | <input type="radio"/> Birth control | <input type="radio"/> Diet pills/laxatives |
| <input type="radio"/> Steroids (Bulking up) | <input type="radio"/> Homosexuality (gay/lesbian) | <input type="radio"/> Exercise/fitness |
| <input type="radio"/> Sniffing (glue, aerosol) | <input type="radio"/> HIV/AIDS | <input type="radio"/> Other _____ |
| <input type="radio"/> Sharing needles/works | <input type="radio"/> Sexual diseases (STDs) | |
| <input type="radio"/> Gender issues
(transgender/transsexual) | <input type="radio"/> Depression | |

Office use only:

Doctor's Initials _____

	YES	NO
I have reviewed the above info. with my patient	<input type="radio"/>	<input type="radio"/>
Provided info. on Sexual Health	<input type="radio"/>	<input type="radio"/>
Counseled about contraception	<input type="radio"/>	<input type="radio"/>
Ordered HIV test	<input type="radio"/>	<input type="radio"/>
Ordered Chlamydia test	<input type="radio"/>	<input type="radio"/>
I was unable to order Chlamydia test because:		
<input type="radio"/> Confidentiality concerns	<input type="radio"/> No insurance	
<input type="radio"/> Patient refused	<input type="radio"/> Other _____	
Provided info. on Mental Health	<input type="radio"/>	<input type="radio"/>
Provided Mental Health referral	<input type="radio"/>	<input type="radio"/>
Provided info. on Substance Abuse	<input type="radio"/>	<input type="radio"/>
Provided Substance Abuse Tx referral	<input type="radio"/>	<input type="radio"/>
Provided info. on eating disorders	<input type="radio"/>	<input type="radio"/>
Provided eating disorders referral	<input type="radio"/>	<input type="radio"/>