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

**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:** ✖ ✗ ✗ ✗

**Age:** [ ] [ ]
**Sex:** ☐ Male  ☐ Female

**Race/Ethnicity:** (Mark all that apply)
- White/Caucasian
- Black/African American
- Asian
- Hispanic/Latino
- American Indian/Alaska Native
- 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:
   - Marijuana
   - Cocaine
   - Crack
   - Heroin
   - Acid
   - Speed
   - Ecstasy
   - Roofies
   - Sniffed Inhalants
   - Steroids
   - Prescription drugs not ordered for you
   - Hormones
   - Other: ________________

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.)

- Tobacco
- Quitting smoking
- Alcohol
- Drugs
- Steroids (Bulking up)
- Sniffing (glue, aerosol)
- Sharing needles/workers
- Gender issues (transgender/ transexual)
- Body piercing/tattoos/branding
- Abstinence (saying no)
- Safer sex
- Birth control
- Homosexuality (gay/lesbian)
- HIV/AIDS
- Sexual diseases (STDs)
- Depression
- Suicide
- Abuse
- Weight problem
- Diet pills/laxatives
- Exercise/fitness
- Other _____________

Office use only:
Doctor’s Initials ____________

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td>I have reviewed the above info. with my patient</td>
<td></td>
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<tr>
<td>Provided info. on Sexual Health</td>
<td></td>
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<tr>
<td>Counseled about contraception</td>
<td></td>
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<tr>
<td>Ordered HIV test</td>
<td></td>
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<tr>
<td>Ordered Chlamydia test</td>
<td></td>
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<tr>
<td>I was unable to order Chlamydia test because:</td>
<td></td>
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<tr>
<td>Confidentiality concerns</td>
<td>No insurance</td>
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<tr>
<td>Patient refused</td>
<td>Other _____________</td>
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<tr>
<td>Provided info. on Mental Health</td>
<td></td>
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<tr>
<td>Provided Mental Health referral</td>
<td></td>
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<tr>
<td>Provided info. on Substance Abuse</td>
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<tr>
<td>Provided Substance Abuse Tx referral</td>
<td></td>
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<tr>
<td>Provided info. on eating disorders</td>
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<tr>
<td>Provided eating disorders referral</td>
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</tbody>
</table>