

What would you like to speak with us about today? _____

- 1. In general, are you happy with the way things are going for you? Yes Sometimes No
- 2. Do you get along with your family? Yes Sometimes No
- 3. Do you go to school regularly? Yes Sometimes No
- 4. Have your grades gotten worse than they used to be? Yes Sometimes No
- 5. Do you have at least one adult you can really talk to? Yes Sometimes No
- 6. Do you get some exercise at least 3 times a week? Yes Sometimes No
- 7. Do you feel you are about the right weight for your height? Yes Sometimes No
- 8. Do you ever use laxatives or throw up on purpose after eating? Yes Sometimes No
- 9. Do you wear a seat belt in a car/truck? Yes Sometimes No
- 10. Do you wear a helmet when you skateboard, bicycle, motorcycle, snowmobile, or use an ATV? Yes Sometimes No
- 11. Do you feel safe (school, home, work)? Yes Sometimes No
- 12. Do you smoke cigarettes or chew tobacco? Yes Sometimes No
- 13. Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs? Yes Sometimes No
- 14. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in? Yes Sometimes No
- 15. Do you ever use alcohol or drugs while you are by yourself alone? Yes Sometimes No
- 16. Do you ever forget things you did while using alcohol or drugs? Yes Sometimes No N/A
- 17. Do your family or friends ever tell you that you should cut down on your drinking or drug use? Yes Sometimes No N/A
- 18. Have you ever gotten into trouble while you were using alcohol or drugs? Yes Sometimes No N/A
- 19. Do you – or does anyone you live with – have a gun or carry a gun around? Yes Sometimes No
- 20. Have you ever had sex? Yes Sometimes No
- 21. Have you ever been tested for or diagnosed with a sexually transmitted disease (STD)? (herpes, gonorrhea, Chlamydia, genital warts, PID, syphilis) Yes Sometimes No
- 22. Have you ever had thoughts about killing yourself? Yes No
- 23. Have you ever been physically or sexually abused or mistreated by anyone (kicked, hit, pushed, forced or tricked into having sex, touched on your private parts)? Yes No

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CONFIDENTIAL

Provider:

Confidentiality addressed? Yes No

Provider Signature: _____

Your answers are a confidential/private part of your medical record. However, for your safety, we are required by law to share information involving physical/sexual abuse and suicide. Every situation is individual and our staff will always talk with you before sharing any of this information.

Children's ★ Physician
★ Network ★★

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