

Western New York Pediatric Associates PLLC

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ADOLESCENT QUESTIONNAIRE AGES 13 – 15

School

1. Are your grades this year worse than last year? Yes No Not Sure
2. Are you getting failing grades in any subjects this year? Yes No Not Sure
3. Have you been told that you have a learning problem? Yes No

Friends and Family

4. Do you know at least one person who you can talk to about problems? No Yes
5. Do you think that your parent (s) or guardian (s) usually listen to you and take your feelings seriously? No Yes
6. Have your parents talked with you about things like alcohol, drugs, and sex? No Yes Not Sure
7. Are you worried about problems at home or in your family? Yes No Not Sure

Weapons/Violence/Safety

8. Is there a gun, rifle, or other firearm where you live? Yes No Not Sure
9. Have you ever been in a physical fight where you or someone else got hurt? Yes No
10. Are you worried about violence or your safety? Yes No Not Sure
11. Do you usually wear a helmet and/or protective gear when you rollerblade, skateboard, or ride a bike? No Yes
12. Do you always wear a seat belt when you ride in a car, truck, or van? No Yes

Tobacco

13. Have you ever tried cigarettes or chewing tobacco? Yes No

Alcohol

14. Have you ever tried beer, wine, or other liquor (except for religious purposes)? Yes No
15. Have any of your close friends ever tried beer, wine, or other liquor (except for religious purposes)? Yes No
16. Does anyone in your family drink so much that it worries you? Yes No Not Sure

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Drugs

17. Have you ever taken things to get high, stay awake, calm down, or go to sleep? Yes No Not Sure
18. Have you ever used marijuana (pot, grass, weed, reefer, or blunt)? Yes No Not Sure
19. Have you ever used other drugs such as cocaine, speed, LSD, mushrooms, etc.? Yes No Not Sure
20. Have you ever sniffed or huffed things like paint, 'white-out', glue, gasoline, etc.? Yes No Not Sure
21. Does anyone in your family use drugs so much that it worries you? Yes No Not Sure

Development/Relationships

22. Are you dating someone or going steady? Yes No Not Sure
23. Are you thinking about having sex ("going all the way" or "doing it")? Yes No Not Sure
24. Have you ever had sex? Yes No Not Sure
25. Have you ever felt pressured by anyone to have sex or had sex when you did not want to? Yes No Not Sure
26. Would you like to receive information on abstinence ("how to say no to sex")? Yes No Not Sure
27. Would you like to know how to avoid getting pregnant, getting HIV/AIDS, or getting sexually transmitted diseases? Yes No Not Sure

Emotions

28. Have you done something fun during the past two weeks? No Yes
29. During the past few weeks, have you felt very sad or down as though you have nothing to look forward to? Yes No
30. Have you ever seriously thought about killing yourself, made a plan, or tried to kill yourself? Yes No
31. Have you ever been physically, emotionally, or sexually abused? Yes No Not Sure
32. Would you like to get counseling about something that is bothering you? Yes No Not Sure

Self

33. What two words best describe you?
1) _____ 2) _____
34. What would you like to be when you grow up?
