

WESTERN NEW YORK PEDIATRIC
ASSOCIATES PLLC

CONFIDENTIAL

Health Survey for Adolescents

Everyone is faced with choices and situations that are complicated. The purpose of these questions is to give your doctor or nurse information to care for you. If you have any questions about these subjects, ask your doctor or nurse.

YOU DO NOT HAVE TO ANSWER THE QUESTIONS. If you choose not to fill it out, please read the questions anyway because your doctor or nurse will want to talk about any questions you may have.

The information you share will be kept **PRIVATE** between you and your doctor or nurse unless the information is needed to protect you from immediate danger.

Please circle your answer to 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 seat belt when you ride in a car, truck, or van?**

Always Sometimes Rarely or never

- 3. Are you having any problems in school?**

Rarely or never Sometimes Always

Circle all that apply...grades, fighting, missing school

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

Rarely or never Sometimes Always

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

Never Once or twice 3 or more times

- 6. Did you ever drink any alcohol?** (beer, wine, liquor, other)

Never Once or twice 3 or more times

- 7. Did you ever use drugs?**

Never Once or twice 3 or more times

Circle all that apply...marijuana, cocaine, crack, heroin, acid, speed, ecstasy, roofies, sniffed inhalants, steroids, hormones, prescription drugs not ordered for you, or others

- 8. Have you ever ridden in a vehicle when the driver was 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

- 9. Have you ever done something violent because you were angry?**

Never Once or twice 3 or more times

- 10. Have you ever had someone at home, school, or anywhere else threaten you or hurt you?**

Never Once or twice 3 or more times

Continued on back

Please circle your answer to each of the following questions:

11. Have you had sex?

No

Yes

Circle all that apply... vaginal sex anal sex oral sex

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

Never had sex

Always

Sometimes

Rarely or never

13. 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

14. Are you interested in being tested for HIV?

No

Yes

15. 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

16. 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 ANY OF THESE TOPICS?

There may be subjects that you would like to know more about. You may have friends or know people who are making these choices, or you may want more information to help you make choices in the future. CIRCLE any subjects you would like more information about and add any subjects that are not listed below.

Tobacco

Quitting smoking

Alcohol

Drugs

Steroids (bulking up)

Sniffing (glue, aerosol)

Sharing needles/works

Body piercing/tattoos/branding

abstinence (saying no)

safer sex

birth control

homosexuality (gay/lesbian)

HIV/AIDS

sexual diseases (STDs)

gender issues (transgender/transsexual)

other _____

depression

suicide

abuse

weight problem

diet pills/laxatives

exercise/fitness