

Name _____ The adolescent is to complete this and **NOT THE PARENT** and some questions are either yes or no. If your adolescent is unable to complete, return form to the front desk or nursing staff. This is confidential and please let your adolescent complete this by themselves.

EATING/WEIGHT/BODY

1. Any concerns about your body appearance (ht/wt)? _____
2. Do you spend a lot of time thinking about your weight? _____

SCHOOL

1. What school do you attend _____ Grade _____
2. Is doing well in school important to you? _____
3. What are your grades like? _____ and if poor why? _____
4. Are you attending school regularly? _____
5. What school activities/clubs do you participate in? _____
6. Have you ever been suspended or in ISS this school year and why? _____

HOME/ACTIVITIES

1. How are things at home? _____
2. Do you think your parent(s) or guardian usually listen to you? _____
3. Have you ever seen a violent act take place in your home? _____
4. Are you concerned about being hurt by a parent or anyone else in the home? _____
5. Any concerns with alcohol or drug abuse by people who live in your home? _____
6. Do you have at least one friend or adult that you feel you can talk to? _____
7. Any concerns of bullying or being a bully? _____
8. Do you work and if yes how many hours per week? _____
9. Do you participate in any community activities/church or volunteer? _____

WEAPONS/VIOLENCE/SAFETY

1. Is there a firearm (gun/rifle) in the home and are they locked up? _____
2. Have you ever carried a weapon to school to protect yourself? _____
3. Have you been in a fight this year where you or someone else got hurt? _____
4. Do you use a seatbelt at all times when driving or as a passenger? _____
5. Do you use a helmet **IF** you ride a bicycle, motorcycle, skate/hoverboard or ATV? _____
6. Did you know it is a law in GA to wear one and a fine if caught without? _____

DRUGS

1. Have you ever used inhalants to get high (glue, lighter fluid, paint, etc.)? _____
2. Do any of your **BEST** friends use drugs of any sort? _____
3. Do you ever use drugs you can buy over the counter to get to sleep on a regular basis, get high, stay awake or stay calm? _____
4. Have you ever used steroids, creatin, "muscle milk" for sports? _____
5. Have you ever overused prescriptions meds? _____

RELATIONSHIPS FOR THE ADOLESCENT TO ANSWER BY THEMSELVES!

PCC# _____

1. Have you ever had sexual intercourse and/or oral sex? If NO skip to question 7. _____
2. If you have had sex, how old were you? _____
3. If you have had sex, when was the last time? _____
4. How many partners have you had in total (not just this year)? _____
5. Do you **ALWAYS** use or your partner use a condom when you have sex? _____
6. If using a condom are you using a spermicide also? _____
7. Do you know how to use a condom properly? _____
8. Have you ever been **physically** hurt while in a relationship? _____
9. Have you ever **felt pressured** to have sex when you did not want to? _____
10. Have you ever had an STI (herpes, gonorrhea, chlamydia, trich, genital warts)? _____
11. Have you ever been pregnant or ever gotten someone pregnant? _____
12. Do you have friends that are having sex? _____
13. Are you thinking seriously about having actual sex? _____
14. Do you have any questions about birth control methods available? _____
15. When you think of yourself as a person, do you think of yourself as a male, female, somewhere in between, or another gender? _____
16. Do you have any questions about relationships with a person of the same sex? _____
17. Do you know how to avoid getting HIV and other STI's? You do not have to have sexual intercourse to get an STI or HIV! _____

EMOTIONS/SPECIAL CIRCUMSTANCES

1. Have you done something fun in the past few weeks? _____
2. In the past year have you run away from home? _____
3. In the past year have you stayed in a homeless shelter? _____
4. In the past year have you been in a detention center or jail? _____

FOR CLINICIAN USE ONLY

RISK TAKING BEHAVIORS DISCUSSED AND DOCUMENTED EITHER ABOVE AND/OR IN EMR AND
REFERENCES AS REQUESTED GIVEN
SMOKING/CRAFTT/PHQ 9 IN EMR