

Adolescent/Teen – Well Check Questionnaire – Part 1

Patient's Name & DOB _____ Today's Date _____

*We are asking these questions to help us better assess any medical risks that may affect your health.
This information is strictly CONFIDENTIAL.*

PLEASE CIRCLE ONLY THE ITEMS OR ITEMS THAT APPLY TO YOU:

I have:

- 1 Eaten food in secret
- 2 Tried to lose weight or control my weight by vomiting, taking diet pills, laxatives, or starving myself
- 3 Been suspended from school
- 4 Carried a gun, knife, club or other weapon for my protection
- 5 Been in a physical fight in the past 3 months
- 6 Been in trouble with the law
- 7 Smoked cigarettes or used smokeless tobacco (snuff or chewing tobacco)
- 8 Gotten drunk or very high on beer, wine, wine coolers, or other alcohol
- 9 Used marijuana, or other drugs or inhalants
- 10 Have concerns or questions about the size or shape of my body, or my physical appearance
- 11 Been physically and/or emotionally attracted to people of my own sex
- 12 Had sexual intercourse
- 13 Had sexual intercourse without using a condom
- 14 Have been told by a doctor or nurse that I have a sexually transmitted disease (STD), such as genital herpes, gonorrhea, Chlamydia, trichomoniasis, hepatitis, warts, HIV infection or others
- 15 Have seriously thought about, made a plan, or actually tried to kill myself or someone else
- 16 Been physically, sexually or emotionally abused
- 17 Stayed overnight in a homeless shelter, jail, or detention center
- 18 Lived in foster care or an institution

What do you like about yourself?

Adolescent/Teen – Well Check Questionnaire – Part 2

Patient's Name & DOB _____ Today's Date _____

Please review and answer these questions on your own or with your parent/guardian:	Yes	No
Have you ever passed out or nearly passed out during or after exercise?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
Do you get light-headed or feel shorter of breath than your friends during exercise?		
Have you ever had a seizure?		
Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
Do you have a bone, muscle, ligament, or joint injury that bothers you?		
Do you cough, wheeze, or have difficulty breathing during or after exercise?		
Are you missing a kidney, an eye, a testicle(males), your spleen, or any other organ?		
Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus(MRSA)?		
Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
Have you ever become ill while exercising in the heat?		
Have you ever had or do you have any problems with your eyes or vision?		
Do you worry about your weight?		
Are you trying to or has anyone recommended that you gain or lose weight?		
Are you on a special diet or do you avoid certain types of foods or food groups?		
Have you ever had an eating disorder?		
Do you have any concerns that you would like to discuss today?		
Females Only		
Have you ever had a menstrual period?		
When was your most recent menstrual period?		
If yes to any please explain below:		