IMPRINT AREA

HEALTH QUESTIONNAIRE
12 to 18 Years Old

KAISER PERMANENTE

Important!! Please read first...

- This information is **confidential.** It will not be shared with anyone (unless you are considering suicide, or are being sexually or physically abused.)
- Your doctor or practitioner is asking these questions to discuss your personal health and safety, not to judge you or your friends.

Date:

HOW ARE YOU DOING IN SCHOOL? DO YOU HAVE ANY QUESTIONS OR CONCERNS?

School: **Grade:** **Most recent GPA:**

1.	Do you always wear a seat belt when riding in a car?	❒ Yes	❒ No
2.	Do you use a bike, scooter, skateboard, rollerblades, rollerskates, or a motorcycle?	❒ No	❒ Yes
2a.	If yes, do you always wear a helmet?	❒ Yes	❒ No
3.	Do you see a dentist at least once a year?	❒ Yes	❒ No
4.	Do you play sports or get other exercise that makes you sweat and breathe hard for 30-60 minutes every day?	❒ Yes	❒ No
5.	Do you usually eat at least 5 helpings of fruits and vegetables each day?	❒ Yes	❒ No
6.	Do you usually drink more than one soda or juice drink each day?	❒ No	❒ Yes
7.	Do you usually watch TV or play video games for more than 1 hour per day?	❒ No	❒ Yes
8.	Have you had any serious medical problems since your last visit?	❒ No	❒ Yes
9.	Do you currently take any medications every day?	❒ No	❒ Yes
10.	Are you allergic to any medications?	❒ No	❒ Yes
11.	Are you or your friends using supplements (such as Creatine, andro, or steroids)?	❒ No	❒ Yes
12.	Do you often spend time outdoors without sunscreen or other protection (hat or shirt)?	❒ No	❒ Yes
13.	Are your grades in school lower than last year?	❒ No	❒ Yes
14.	Have you ever had any trouble in school (with classmates, teachers, or in class)?	❒ No	❒ Yes
15.	Do you have any missing organs (eye, kidney, testicle)?	❒ No	❒ Yes
16.	Do you have any heart problems or high blood pressure?	❒ No	❒ Yes
17.	Have you ever had chest pain or severe difficulty breathing?	❒ No	❒ Yes
18.	Have you ever fainted during exercise?	❒ No	❒ Yes
19.	Have you ever fainted or had convulsions (seizures)?	❒ No	❒ Yes
20.	Have you ever had a concussion (head injury) or been unconscious?	❒ No	❒ Yes
21.	Have you ever had a serious joint injury?	❒ No	❒ Yes
22.	Have you ever been told not to participate in sports?	❒ No	❒ Yes
23.	Has any family member died suddenly when they were younger than 40 years old?	❒ No	❒ Yes
24.	Have you had an injury that kept you out of your sport or PE for more than a week?	❒ No	❒ Yes

CLINIC COUNSELING

Seat Belt:
❒ Verify ❒ Reinforce +
❒ Express concern

Helmet:
❒ Verify ❒ Reinforce +
❒ Express concern

❒ Questionnaire Reviewed

❒ Pertinent Topics Discussed and Advice Given

Sign: _____

Health Questionnaire: **12-18** Years Old

KAISER PERMANENTE®

Date:

25.	Do you have access to a gun? (Do you, your parents, or friends have a gun?)	❒ No ❒ Yes
26.	Have you ever been hit, slapped, kicked or physically hurt by someone?	❒ No ❒ Yes
27.	Have you ever been in trouble with the law?	❒ No ❒ Yes
28.	Do you have friends who are gang members?	❒ No ❒ Yes
29	Do you spend time in a home with anyone who smokes?	❒ No ❒ Yes
30.	Do any of your close friends or family members smoke or chew tobacco?	❒ No ❒ Yes
31.	Have you smoked cigarettes or chewed tobacco in the last 30 days?	❒ No ❒ Yes
31a.	If yes, during the past 30 days, how many days did you use tobacco?	❒ 1 - 10 ❒ 11 - 20 ❒ 21 - 30
32.	Have you drunk any alcohol (beer, wine or liquor) in the last 30 days?	❒ No ❒ Yes
32a.	If yes, during the past 30 days, how many days did you drink alcohol?	❒ 1 - 10 ❒ 11 - 20 ❒ 21 - 30
33.	Do any of your close friends drink alcohol?	❒ No ❒ Yes
34.	Have you ever been in a car with a driver who had too much to drink or was on drugs?	❒ No ❒ Yes
35.	Have you ever tried drugs (such as marijuana, cocaine, ecstasy, glue or meth)?	❒ No ❒ Yes
36.	Do any of your close friends use drugs?	❒ No ❒ Yes
37.	Have you started dating?	❒ No ❒ Yes
38.	Do you sometimes have sexual feelings for someone of your own sex?	❒ No ❒ Yes
39.	Have you ever had sex (including oral, vaginal or anal sex)?	❒ No ❒ Yes
39a.	If yes, how often do you or your partner use a condom when you have sex?	❒ Never ❒ Sometimes ❒ Most of the time
39b.	If you have had sex, do you think you or your partner could be pregnant?	❒ No ❒ Yes
40.	Have you ever been forced or pressured to have sex?	❒ No ❒ Yes
41.	Have you ever thought seriously about running away from home?	❒ No ❒ Yes
42.	During the past few weeks, have you **often** felt sad, down, or as though you have nothing to look forward to?	❒ No ❒ Yes
43.	Have you ever seriously thought about killing yourself, made a plan, or tried to kill yourself?	❒ No ❒ Yes
44.	Do you find it hard to stop thinking about food, your weight, or your body size?	❒ No ❒ Yes
45.	In the past year, have you done things to try to lose weight (vomiting, taking diet pills or laxatives, or starving yourself)?	❒ No ❒ Yes
46.	Have you received health care from a doctor outside of Kaiser since your last visit?	❒ No ❒ Yes
47.	Have you ever received health care from an acupuncturist, herbalist, curandero, or other healer?	❒ No ❒ Yes
48.	Do you have a close friend, a relative, or any another trusted adult you feel you can talk to?	❒ Yes ❒ No

Is there anything else you would like to talk about today?_____

Signature:_____ Date:_____

Please let us know how to reach you, in case we need to call. Thanks!

_____
Phone or pager number

_____
Good times to call you

_____
E-mail address

Clinic Counseling

Tobacco:
❒ Verify ❒ Reinforce +
❒ Express concern

Alcohol:
❒ Verify ❒ Reinforce +
❒ Express concern

Drugs:
❒ Verify ❒ Reinforce +
❒ Express concern

Sexual Activity:
❒ Verify ❒ Reinforce +
❒ Express concern

❒ Questionnaire Reviewed

❒ Pertinent Topics Discussed and Advice Given

Sign:_____