

CONFIDENTIAL

Health Survey for Adolescents

The purpose of these questions is to share information that will help your doctor care for you. If you have any questions about the topics mentioned in the survey, please ask your doctor or nurse.

You do not have to answer these questions. You can answer some of them or none of them.

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 Never

2. How often do you wear a seat belt when you ride in a car, truck or van?

Always Sometimes Rarely Never

3. How often do you have problems in school with grades, fighting or missing school?

Often Sometimes Rarely Never

4. Have you ever felt you had a problem with your weight? This includes forcing yourself to throw up or using laxatives because you are very afraid of gaining weight.

Yes No

If Yes, how often have you had these feelings?

Often Sometimes Rarely Never

5. How often do you smoke cigarettes (even if you do not inhale) or chew tobacco?

Often Sometimes Rarely Never

6. How often do you drink alcohol? This includes beer, wine and liquor.

Often Sometimes Rarely Never

7. How often do you use drugs? This includes marijuana, cocaine, crack, heroin, acid, speed, ecstasy, roofies, bath salts, methamphetamines, sniffed glue/aerosols, steroids, hormones and medicines prescribed for someone else.

Often Sometimes Rarely Never

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8. How often do you drive under the influence of alcohol or drugs or ride in a vehicle being driven by someone else who is under the influence of alcohol or drugs?

Often Sometimes Rarely Never

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

Often Sometimes Rarely Never

10. How often do you carry or use a weapon? This includes mace, a knife, a gun or a bat.

Often Sometimes Rarely Never

11. Has anyone at home, school or anywhere else made you feel afraid, threatened you or hurt you?

Yes No

If Yes, how often has this happened?

Often Sometimes Rarely Never

12. How often do you have sex? This includes sexual intercourse, anal sex and oral sex.

Often Sometimes Rarely Never

13. How often have you ever felt sad or down for more than two weeks or felt as though you had nothing to look forward to?

Often Sometimes Rarely Never

14. Have you ever thought about harming yourself or others?

Yes No

If Yes, how often have you had these feelings?

Often Sometimes Rarely Never

Adapted from the Centers for Disease Control Youth Risk Behavior Survey System. For more information and resources for dealing with these issues, visit www.cdc.gov/HealthyYouth