

- Do you take part in after school activities/hobbies/clubs? Yes No
- Do you exercise regularly? (60 min 3 times a week on average) Yes No
- Do you like to play sports? Yes No
- Do you use nutritional supplements, steroids, pre-workout drinks, herbal supplements, or energy drinks? No Yes
- Do you have questions about over the counter medications, nutritional supplements, or steroids? No Yes
- Are there any guns or weapons in your house? No Yes
- Do you have trouble getting to or staying asleep? No Yes
- Do you have friends you can talk to? Yes No
- Do you find it hard to make friends? No Yes
- Is life in general going OK for you? Yes No
- Do you often feel down, depressed, or hopeless? No Yes
- Do you find yourself crying more than usual? No Yes
- Do you have little interest or pleasure in doing things? ___ Sometimes ___ Often ___ Never
- Have you thought a lot about hurting yourself or someone else? No Yes

For females:

- Do you have menstrual periods? Yes No
- If yes, when was the first period you ever had? _____
- If yes, when was your last period? _____
- If yes, how often are your periods? _____
- Do you have any questions about your period? _____
- Have you ever been pregnant? No Yes
- Do you have any questions about your body or development? No Yes

For males:

- Do you know how to check your testicles for lumps? Yes No
- Do you have questions about your body or development? No Yes

Please circle below if you wish to discuss any of the following:

- | | | | | | |
|---|-----------|-----------------|-----------------|--|------------------|
| Growth & Development | Nutrition | Bullying | Weight Concerns | Peer Pressure | Family Conflicts |
| Pregnancy | Alcohol | Career Planning | Drugs | Sexually Transmitted Infections (STIs) | |
| Masturbation Contraception Other: _____ | | | | | |

How did you feel about filling out this form? Please check **ALL** that apply:

- ___ I'm not sure I answered all the questions correctly
- ___ No problem
- ___ Made me feel uncomfortable

If you have any questions after completing this form, please do not hesitate to ask you provider.