

**UniversityHospitalsHealthSystem
PrimaryCarePhysicianPractices**

NAME: _____

Date of Birth: _____

TEEN HISTORY QUESTIONNAIRE

IT IS THE POLICY IN OUR MEDICAL PRACTICE THAT ALL INFORMATION TEENAGERS SHARE WITH OUR HEALTH CARE PROVIDERS IS CONFIDENTIAL, UNLESS THAT INFORMATION ENDANGERS THE LIFE OF THE TEEN OR SOMEONE ELSE. HOWEVER, WE ENCOURAGE YOU TO DISCUSS THESE HEALTH MATTERS WITH YOUR PARENTS.

CIRCLE ANY of the following that concern you or that you have questions about:

- | | | | | |
|-----------------|-----------------|------------------|-------------------------------|------------------|
| Acne | Death | Depression | Sexually transmitted diseases | |
| AIDS | Sports | Masturbation | Alcohol | Fear |
| Birth Control | Sex questions | Allergies | Homosexuality | Physical fitness |
| Father problems | Bad breath | Eating | Headaches | Mother problems |
| Weight | Nutrition | Sexual abuse | Sister problems | Body odor |
| Growth | Breast changes | Brother problems | Virginity | Appearance |
| Constipation | Penis discharge | Menstruation | Marriage | Family problems |
| Seeing visions | Worries | Cigarettes | Bed wetting | Physical abuse |
| Suicide | Drugs | School/grades | | |

YOUR AGE _____

- Do you smoke cigarettes?.....NO...YES
- If you smoke cigarettes, how many packs a day?_____
- Do you use street drugs?.....NO...YES
- If yes, what _____
- Do you drink alcohol?.....NO...YES
- If yes, how much and what kind? _____
- Does it burn when you urinate (pass your water)?.....NO...YES
- Do you wet the bed?.....NO...YES
- Have you had a sexually transmitted disease(STD/VD)?NO..YES
- Do you think you have a sexually transmitted disease now?.....NO...YES
- Do you have problems with acne?.....NO...YES
- Have you ever repeated a grade?.....NO...YES
- Do you miss more than three days of school a month?.NO...YES
- What kind of grades did you get on your last report card? _____
- What do you want to do when you graduate? _____
- Do you have any friends?.....NO...YES
- Do you wish you were dead?.....NO...YES
- Do you have sex with your girlfriend or boyfriend?.....NO...YES
- If yes, what do you do to prevent pregnancy &/or diseases? _____
- Do you know how people get pregnant?.....YES...NO
- Do your parents get along well with each other?.....YES...NO
- Do you get along with your mother?.....YES...NO

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