

# McKenzie Pediatrics

## Adolescent Guy's Health Questionnaire

### Confidentiality Statement:

Anything you tell me on this form will be kept confidential unless I think there is a risk to your, or someone else's safety. Should that happen, I promise to let you know, and you and I together will figure out how to tell your parents. I will never pass on information to someone else behind your back.

### Your Home Environment:

1. Who all lives at home? \_\_\_\_\_
2. Do your parents get along?  Yes  No \_\_\_\_\_
3. Could things be better at home?  No  Yes \_\_\_\_\_
4. Have you ever run away?  No  Yes \_\_\_\_\_
5. Do your parents help with schoolwork?  Yes  No \_\_\_\_\_
6. Does either parent abuse alcohol or drugs?  No  Yes \_\_\_\_\_
7. Have there been any major recent changes?  No  Yes \_\_\_\_\_
8. Are there any guns accessible at home?  No  Yes \_\_\_\_\_

### School:

1. Do you get good grades?  Yes  No \_\_\_\_\_
2. What's your favorite, & least favorite subjects? \_\_\_\_\_
3. Do you miss more than 2 days a month?  No  Yes \_\_\_\_\_
4. Have you ever failed a grade?  No  Yes \_\_\_\_\_
5. Are you thinking about dropping out?  No  Yes \_\_\_\_\_
6. Do you received any tutoring or counseling?  No  Yes \_\_\_\_\_
7. What career aspirations do you have? \_\_\_\_\_

### Your Activities:

1. What do you like to do for fun? \_\_\_\_\_
2. Do you have a girlfriend?  No  Yes \_\_\_\_\_
3. Do you have a best friend?  Yes  No \_\_\_\_\_
4. Do any of your friends smoke or drink?  No  Yes \_\_\_\_\_
5. Do any of your friends do hard drugs?  No  Yes \_\_\_\_\_
6. What are your hobbies? \_\_\_\_\_
7. Do you exercise or play sports?  Yes  No \_\_\_\_\_
8. Do you watch too much TV/video games?  No  Yes \_\_\_\_\_
9. Are you employed?  No  Yes \_\_\_\_\_
10. Have you ever been arrested?  No  Yes \_\_\_\_\_
11. Do you have a driving permit/license?  No  Yes \_\_\_\_\_
12. Have you ever driven after drinking?  No  Yes \_\_\_\_\_
  
13. Do you date a lot of people?  No  Yes \_\_\_\_\_
14. Have you ever had unprotected sex?  No  Yes \_\_\_\_\_
15. Have you ever been forced into sex?  No  Yes \_\_\_\_\_
16. Do you use contraception?  No  Yes \_\_\_\_\_
17. Have you ever gotten anyone pregnant?  No  Yes \_\_\_\_\_

### Drugs:

1. Have you ever used cigarettes, chewing tobacco, alcohol, inhalants, or hard drugs? (circle if you've tried or are using)
2. Have you ever felt the need to cut down on your use?  Yes  No
3. Have others annoyed you by commenting on your use?  Yes  No
4. Have you ever felt guilty about your use?  Yes  No
5. Have you ever needed to drink or use a drug before going to school?  Yes  No
6. Have you ever used performance-enhancing steroids for athletics?  Yes  No

### Your Body:

1. Circle any of the following that are troubling you: penile discharge      genital itching      external rashes  
unusual breasts      large testicle
2. Have you had any known exposure to a sexually transmitted disease?  No  Yes \_\_\_\_\_