McKenzie Pediatrics Adolescent Boy 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.

You	ır 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			
Sch	nool:					
1.	Do you get good grades?	• Ve	· No			
2.	What are your favorite & least favorite subje	ecte?	3 110			
3.	Do you miss more than 2 days a month?	• No	• Vec			
<i>3</i> .	Have you ever failed a class?	• No	• Ves			
5.	Are you thinking about dropping out?	• No	• Vec			
6.	Do you received any tutoring or counseling?	• No	Vec			
7.	What do you want to be when you grow up?	1110	105			
3 7	A -4**4*					
1.	<u>Ir Activities:</u> What do you like to do for fun?					
2.	Do you have a girlfriend or boyfriend?	• No	• Vac			
3.	Do you have a garmend of boymend?	• Vec	• No			
4.	Do any of your friends smoke or drink?	• No	• Vec			
5.	Do any of your friends do hard drugs?	• No	• Vec			
6.	What are your hobbies?	110				
7.	Do you exercise or play sports?	• Vec	• No			
8.	Do you watch too much TV/video games?	• No	• Vec			
9.	Are you employed?	• No	• Vac			
9. 10.	Have you ever been arrested?	• No	• Voc			
11.	Do you have a driving permit/license?	• No	• Ves			
12.	Have you ever driven after drinking?	• No	• Yes			
12	Dd-tl-tfl-2					
13.	Do you date a lot of people?	• No	• Yes			
14.	Have you ever had unprotected sex?	• INO	• Yes			
	Have you ever been forced into sex?	• No	· Yes			
	Do you use contraception?	• No	• Yes			
	Have you ever gotten anyone pregnant?	• No	• Yes			
	ugs:					
1.	Have you ever vaped, Juuled, smoked, chew			cohol or ma		you've tried or are using
2.	Have you ever felt the need to cut down on y	your us	e?		• Yes • No	
3.	Have others annoyed you by commenting or	ı your ı	ıse?		• 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	steroid	ls for athletics?		• Yes • No	
You	ır Body:					
1.	Circle any of the following that are troubling	g you:	penile disch		genital itching	external rashes
2.	Have you had any known exposure to a sexu	ally tra	unusual brea		large testicle • Yes	