### Medical History

1. Why did you come to the clinic/office today? 

2. Do you have any health problems? [ ] Yes [ ] No  
   Problem(s): ____________________________________________________________

3. Did you have any health problems in the past 12 months? [ ] Yes [ ] No  
   Problem(s): ____________________________________________________________

4. Are you taking any medicine now? [ ] Yes [ ] No  
   Name of medicine ________________________________________________________

5. Have you had a miscarriage, an abortion, or live birth in the past 12 months? [ ] Yes [ ] No

6. Are you satisfied with your eating habits? [ ] Yes [ ] No

7. Do you exercise or participate in sport activities that make you sweat and breathe hard for a long time? [ ] Yes [ ] No

8. Have you ever thought seriously about running away from home? [ ] Yes [ ] No [ ] Not sure

9. Do you ever eat in secret? [ ] Yes [ ] No

10. In the past year, have you tried to lose weight or control your weight by vomiting, taking diet pills or laxatives, or starving yourself? [ ] Yes [ ] No

11. How often do you spend a lot of time thinking about ways to be thin? [ ] Yes [ ] No [ ] Not sure

12. Have you or someone else told you that you have a learning problem? [ ] Yes [ ] No [ ] Not in school

### Specific Health Issues

- **Height/weight**
- **Blood pressure**
- **Diet/food/appetite**
- **Future plans/job**
- **Skin (rash, acne)**
- **Headaches/migraines**
- **Dizziness/fainting**
- **Eyes/ears/nausea**
- **Teeth/bleeding**
- **Coughing/wheezing**
- **Breasts**
- **Heart**
- **Stomach ache**
- **Physical or sexual abuse**
- **Masturbation**
- **HIV/AIDS**
- **Dying**
- **Sad or crying a lot**
- **Stress**
- **Anger/temper**
- **Violence/personal safety**
- **Other (explain)**

### Health Profile

These questions will help us get to know you better. Choose the answer that best describes what you feel or do.

**Eating/Weight**

8. Are you satisfied with your eating habits? [ ] Yes [ ] No

9. Do you ever eat in secret? [ ] Yes [ ] No

10. Do you spend a lot of time thinking about ways to be thin? [ ] Yes [ ] No

11. Have you ever thought seriously about running away from home? [ ] Yes [ ] No [ ] Not sure

### School

13. Are your grades this year worse than last year? [ ] Yes [ ] No [ ] Not in school

14. Have you been told you have a learning problem? [ ] Yes [ ] No [ ] Not in school

15. Have you been suspended from school this year? [ ] Yes [ ] No [ ] Not in school

### Friends & Family

16. Do you have at least one friend you really like and feel you can talk to? [ ] Yes [ ] No [ ] Not sure

17. Do you think that your parent(s) or guardian(s) usually listen to you and take your feelings seriously? [ ] Yes [ ] No [ ] Not sure

18. Have you ever had a talk with your parent(s) or guardian(s) about your eating habits? [ ] Yes [ ] No [ ] Not sure

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(Your answers will not be given out.)
19. Do you or anyone you live with have a gun, rifle, or other firearm? □ Yes □ No □ Not sure
20. In the past year, have you carried a gun, knife, club, or other weapon for protection? □ Yes □ No
21. Have you been in a physical fight during the past 3 months? □ Yes □ No
22. Have you ever been in trouble with the law? □ Yes □ No
23. Are you worried about violence or your safety? □ Yes □ No □ Not sure
24. Do you usually wear a helmet when you rollerblade, skateboard, ride a bicycle, motorcycle, minikite, or ride in an all-terrain vehicle (ATV)? □ No □ Yes
25. Do you usually wear a seat belt when you ride in or drive a car, truck, or van? □ No □ Yes
26. Do you ever smoke cigarettes/cigars, use snuff or chew tobacco? □ Yes □ No
27. Do any of your close friends ever smoke cigarettes/cigars, use snuff or chew tobacco? □ Yes □ No
28. Does anyone you live with smoke cigarettes/cigars, use snuff or chew tobacco? □ Yes □ No
29. In the past month, did you get drunk or very high on beer, wine, or other alcohol? □ Yes □ No
30. In the past month, did any of your close friends get drunk or very high on beer, wine, or other alcohol? □ Yes □ No
31. Have you ever been criticized or gotten into trouble because of drinking? □ Yes □ No □ Not sure
32. In the past year have you used alcohol and then driven a car/truck/van/motorcycle? □ Yes □ No □ Does not apply
33. In the past year, have you been in a car or other motor vehicle when the driver has been drinking alcohol or using drugs? □ Yes □ No
34. Does anyone in your family drink or take drugs so much that it worries you? □ Yes □ No
35. Do you ever use marijuana or other drugs, or sniff inhalants? □ Yes □ No □ Not sure
36. Do any of your close friends ever use marijuana or other drugs, or sniff inhalants? □ Yes □ No □ Not sure
37. Do you ever use non-prescription drugs to get to sleep, stay awake, calm down, or get high? (These drugs can be bought at a store without a doctor’s prescription.) □ Yes □ No
38. Have you ever used steroid pills or shots without a doctor telling you to? □ Yes □ No □ Not sure
39. Do you have any concerns or questions about the size or shape of your body, or your physical appearance? □ Yes □ No □ Not sure
40. Do you think you may be gay, lesbian, or bisexual? □ Yes □ No □ Not sure
41. Have you ever had sexual intercourse? (How old were you the first time? ______) □ Yes □ No □ Not sure
42. Are you using a method to prevent pregnancy? (Which:________________________) □ No □ Yes □ Not active
43. Do you and your partner(s) always use condoms when you have sex? □ Yes □ No □ Not sure
44. Have any of your close friends ever had sexual intercourse? □ Yes □ No □ Not sure
45. Have you ever been told by a doctor or nurse that you had a sexually transmitted infection or disease? □ Yes □ No □ Not sure
46. Have you ever been pregnant or gotten someone pregnant? □ Yes □ No □ Not sure
47. Would you like to receive information or supplies to prevent pregnancy or sexually transmitted infections? □ Yes □ No □ Not sure
48. Would you like to know how to avoid getting HIV/AIDS? □ Yes □ No □ Not sure
49. Have you pierced your body (not including ears) or gotten a tattoo? □ Yes □ No □ Not sure
50. Have you had fun during the past two weeks? □ Yes □ No
51. During the past few weeks, have you often felt sad or down or as though you have nothing to look forward to? □ Yes □ No
52. Have you ever seriously thought about killing yourself, made a plan or actually tried to kill yourself? □ Yes □ No
53. Have you ever been physically, sexually, or emotionally abused? □ Yes □ No □ Not sure
54. When you get angry, do you do violent things? □ Yes □ No □ Not sure
55. Would you like to get counseling about something you have on your mind? □ Yes □ No □ Not sure
56. In the past year, have you been around someone with tuberculosis (TB)? □ Yes □ No □ Not sure
57. In the past year, have you stayed overnight in a homeless shelter, jail, or detention center? □ Yes □ No
58. Have you ever lived in foster care or a group home? □ Yes □ No
59. What four words best describe you? ____________________________________________
60. If you could change one thing about your life or yourself, what would it be? ____________________________________________
61. What do you want to talk about today? ____________________________________________