



ADOLESCENT QUESTIONNAIRE

Below are listed a number of common questions asked of us by other teenagers. Answer each question by circling 'yes' or 'no' so that we might be able to better help you. All conversations are strictly confidential, which means that your answers do not have to be discussed with your parents.

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| 1. Do you think that something is wrong with your general health? | YES | NO |
| 2. Do you think that something is wrong with your skin? | YES | NO |
| 3. Do you think that something is wrong with your weight, size, or shape? | YES | NO |
| 4. Is there something slowing your progress at school? | YES | NO |
| 5. Do you have difficulty making friends? | YES | NO |
| 6. Are you concerned you have no close friends you can confide in? | YES | NO |
| 7. Are you often upset, angry, or sad? | YES | NO |
| 8. Are you sometimes so sad that you think about dying? | YES | NO |
| 9. Have there been any important changes in your family? | YES | NO |
| 10. Are you having difficulties at home? | YES | NO |
| 11. Would you like to change something in your relationship with your parents? | YES | NO |
| 12. Are you concerned about abuse in your family? | YES | NO |
| 13. Are there guns in your home? | YES | NO |
| 14. Have you smoked cigarettes in the last six months? | YES | NO |
| 15. Do you ever use chewing tobacco? | YES | NO |
| 16. Have you ever consumed alcohol (beer, wine, liquor)? | YES | NO |
| 17. Have you ever had too much to drink? | YES | NO |
| 18. Do you ever ride in a car with a driver who has been drinking? | YES | NO |
| 19. Have you used drugs? | YES | NO |
| 20. Are you worried that you might become pregnant or make someone else pregnant? | YES | NO |
| 21. Do you think that you might be gay/lesbian? | YES | NO |
| 22. Are you worried about AIDS or other sexually transmitted diseases? | YES | NO |
| 23. Do you want information about birth control? | YES | NO |