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Adolescent Parent/Guardian Questionnaire

Adolescent's Name: _____ Date of Birth: _____ Today's Date: _____
Your Name: _____ Relationship: _____

1. Who lives in your Household: _____
2. Have there been any changes in your family in the last year (example: marriage, birth, divorce, move, serious illness)? ☐ Yes ☐ No
   If yes, explain: _____
3. Has there been any change in your adolescent's physical and emotional health in the last year? ☐ Yes ☐ No
   If yes, explain: _____

School

In the past year, have your child's grades been mainly (check one): ☐A's ☐B's ☐C's ☐D's ☐F's
Compared to last year, are your child's grades (check one): ☐Better ☐The same ☐Worse
How many days of school has your child missed this school year? _____
Does your child have a significant amount of unsupervised time each day, after school or in the evening? ☐Yes ☐No

Health Habits

1. Have you had discussions with your adolescent about:
   a. Drugs, alcohol, and tobacco? ☐ Yes ☐ No
   b. Sexual orientation and sexual behavior? ☐ Yes ☐ No
   c. Passenger and driver safety? ☐ Yes ☐ No
   d. Injury prevention? ☐ Yes ☐ No
2. Is there a gun in your household? ☐ Yes ☐ No
   If yes, how is it stored (gun safe, locked up, unlocked, etc.)?_____
   Is it stored loaded or unloaded?_____
   Has a gun safety class been taken? ☐ Yes ☐ No
3. Has your child ever fainted, passed out, or had an unexplained seizure suddenly and without warning, especially during exercise? ☐ Yes ☐ No
4. Has your child ever had exercise-related chest pain or abnormal shortness of breath? ☐ Yes ☐ No
5. Has anyone in your child's immediate biologic family (parents, grandparents, siblings) or more distant relatives (aunts, uncles, cousins) died of heart problems before age 50 or had an unexpected sudden death before age 50? This would include unexpected drownings, unexplained auto crashes, or SIDS. ☐ Yes ☐ No
6. Is your child related to anyone with a diagnosis of:
   - ☐ Hypertrophic obstructive cardiomyopathy
   - ☐ Marfan Syndrome
   - ☐ Short QT Syndrome
   - ☐ Brugada Syndrome
   - ☐ Arrhythmogenic Cardiomyopathy
   - ☐ Long QT Syndrome
   - ☐ Catecholaminergic PolyMorphic Ventricular Tachycardia
   - ☐ Anyone younger than 50 years with a pacemaker or implantable defibrillator
   - ☐ *None of the above*

What do you find most challenging about being the parent of your adolescent? _____
_____
What do you find most rewarding about being the parent of your adolescent? _____
_____
What do you and your adolescent do together on a regular basis (example: meals, exercise)? _____
_____