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Adolescent Questionnaire – Ages 11 & 12

Name: ____

Date of Birth: ____________________ **Today's Date:** ____________________

1. Do you have any concerns to discuss with the doctor today? ____________________
   ____
2. Who lives in your home?____________________
3. Who do you talk to when things aren't going well? ____________________
4. Have you ever been to counseling? ☐ Yes ☐ No
5. Are you in counseling now? ☐ Yes ☐ No If yes, who are you seeing? ____________________
6. Is there anything about yourself or your life you would like to be different? ____________________
   ____

School

1. Are you in school? ☐ Yes ☐ No If yes, what school? ____________________What grade? _______
2. What do you like most about school? ____________________
   ____
3. Compared to last year, are your grades: ☐ the same ☐ better ☐ worse
4. Have you ever cut classes, skipped school, been expelled, or suspended? ☐ Yes ☐ No
5. What do you do after school? ____________________
   ____
6. Are you currently experiencing bullying or cyber bullying? ☐ Yes ☐ No

Health Habits

1. Have you seen a dentist in the last year? ☐ Yes ☐ No
2. How many times a week do you exercise? ____________________ For how long? ____________
3. What do you do for exercise? ____________________
4. Are you satisfied with the size or shape of your body and your physical appearance? ☐ Yes ☐ No
5. In the past year, have you tried to lose weight or control your weight by vomiting, taking diet pills, laxatives, or starving yourself? ☐ Yes ☐ No
6. Does anyone in your family drink alcohol or take drugs so much that it worries you? ☐ Yes ☐ No
7. Do you regularly use: Seatbelts? ☐ Yes ☐ No Helmets? ☐ Yes ☐ No Sunscreen? ☐ Yes ☐ No
8. Have you ever fainted, passed out, or had an unexplained seizure suddenly and without warning, especially during exercise? ☐ Yes ☐ No

For Females

1. Have you started your menstrual period? ☐ Yes ☐ No
   If yes, at what age? ____________________
2. Do you have a period every month? ☐ Yes ☐ No
3. Any problems with your period? ☐ Yes ☐ No
   If yes, what, and when____________________