



ADOLESCENT HEALTH RISK PROFILE

Name: _____ Sex: _____ Insurance: _____
Birthdate: _____ Ethnicity/Race: _____ Reg #: _____

Your responses will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3 (c)
Office Use Only

1. **In the past 12 months**, have you tried to **lose weight** by taking diet pills or laxatives, making yourself vomit (throw up) after eating, or starving yourself? No Yes
2. Do you eat some fruits and vegetables every day? Yes No
3. Do you exercise (run, dance, swim, bike, play basketball, etc) for at least **60 mins, 3 or more days a week**? Yes No
4. Do you **always** wear a lap/seat belt when driving or riding in a car, truck, or van? Yes No
5. Do you **always** wear a helmet when rollerblading, biking, or skateboarding? Yes No
6. **During the past month**, have you been threatened, teased, or hurt by someone (on the internet, by text, or in person) or has anyone made you feel sad, unsafe, or afraid? No Yes
7. Has anyone **ever abused** you physically (hit, slapped, kicked), emotionally (threatened or made you feel afraid) or **forced you** to have sex or be involved in sexual activities when you didn't want to? No Yes
8. Have you **ever** carried a weapon (gun, knife, club, etc.) to protect yourself? No Yes
9. **In the past 3 months**, have you smoked cigarettes or any other form of tobacco (black and mild, hookah, etc) or chewed/used smokeless tobacco? No Yes
10. **In the past 12 months**, have you driven a car drunk, high, or while texting or ridden in a car with a driver who was? No Yes
11. **In the past 3 months**, have you drunk any alcohol (beer, wine coolers, liquor, etc) other than a few sips? No Yes
12. **In the past 12 months**, have you smoked marijuana, used other street drugs, steroids, or sniffed inhalants ("huffed" household products)? No Yes
13. **In the past 12 months**, have you used someone else's prescription (from a doctor or other health care provider) or nonprescription (from a store) drugs to sleep, stay awake, calm down or get high? No Yes
14. Have you **ever** had any type of sex (vaginal, anal or oral sex)? No Yes
15. Have you **ever** been attracted to the same sex (girl to girl / guy to guy) or do you feel that you are gay, lesbian, or bisexual? No Yes
16. If you have had sex, do you **always** use a method to prevent sexually transmitted infections and pregnancy (condoms, female barriers, etc)? Yes No
17. Do you have questions about abstinence (saying no to sex), condoms, birth control, HIV/AIDS, or sexually transmitted infections (STI)? No Yes
18. **During the past month**, did you often feel very sad or down as though you had nothing to look forward to? No Yes
19. Do you have any serious problems or worries at home or at school? No Yes
20. Have you **ever** seriously thought about killing yourself, tried to kill yourself, or have you purposely cut, burned or otherwise hurt yourself? No Yes
21. Do you have at least one adult in your life that you can talk to about any problems or worries? Yes No