ADOLESCENT HEALTH RISK PROFILE

Form Approved OMB No. 0935-XXXX

Exp. Date XX/XX/20XX

	RAPID ASSESSMENT PREVENTIVE SERVICES
3307	SERVICES

Name:	Sex:	Insurance:	
Rirthdato:	Ethnicity/Race:	Rea #·	

	SERVICES Birthdate: Ethnicity/Ra	ace:Reg	#:
Yc	our responses will be kept confidential to the extent permitted by law, including A	HRQ's confidentiality	y statue, 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 someo internet, by text, or in person) or has anyone made you feel sad, unsafe, or afra		
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 other than a few sips?	, etc)	
1:	2. In the past 12 months, have you smoked marijuana, used other street drugs steroids, or sniffed inhalants ("huffed" household products)?	s, No Yes	
13	3. 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	1. Have you ever had any type of sex (vaginal, anal or oral sex)?	☐ No ☐ Yes	
15	5. 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	6. If you have had sex, do you always use a method to prevent sexually transm infections and pregnancy (condoms, female barriers, etc)?	itted Yes No	
17	7. Do you have questions about abstinence (saying no to sex), condoms, birth control, HIV/AIDS, or sexually transmitted infections (STI)?	☐ No ☐ Yes	
18	B. 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	D. Have you ever seriously thought about killing yourself, tried to kill yourself, or have you purposely cut, burned or otherwise hurt yourself?	☐ No ☐ Yes	
2	1. Do you have at least one adult in your life that you can talk to about any problems or worries?	☐ Yes ☐ No	

Public reporting burden for this collection of information is estimated to average 12 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Form Approved: OMB Number 0935-XXXX Exp. Date xx/xx/20xx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.