

Charlotte Pediatric Clinic

ADOLESCENT SAFETY & PRECAUTION QUESTIONNAIRE (12+)

Date: _____

Name: _____

Reviewed by: _____

Chart #: _____

	YES		NO		N/A
1) Are you concerned about your growth & development?					
2) Are you having any problems at school or work?					
3) Are you having any problems at home?					
4) Do you have a TV or computer in your room?					
5) Have you had any major sports injuries recently?					
6) Do you have access to any firearms or weapons in your home?					
7) Are you depressed, anxious, worried, or cry a lot?					
8) Are you sexually active?					
9) Do you ever diet?					
10) Do you think your body is:	JUST RIGHT	TOO FAT	TOO THIN	N/A	
	ALWAYS	SOMETIMES	NEVER	N/A	Comments
11) How often do you wear your seat belt?					
12) How often do you text while driving?					

13) How often do you wear a helmet while riding a bike, skate boarding, etc.					
14) If sexually active, how often do you use protection?					
	None	< 1 hr.	1-2 hrs.	> 2 hrs.	N/A
15) How many hours a day are spent on the computer?					
16) How many hours a day are spent watching TV?					
17) How many hours a day are spent playing video games?					
18) How many times do you brush your teeth a day?	0x	1x	2x	>2x	
	NEVER	RARELY	SOMETIMES	FREQUENTLY	N/A
19) How often do you use alcohol?					
20) How often do you use tobacco products?					
21) How often do you use recreational drugs?					
22) How often do you use other's prescription pills?					

Questions for females only:

23) How old were you when you had your 1st period? _____

24) Are there any problems with your period? _____

25) What are the approximate dates of the 1st day of your last period? _____

26) Do you have any questions or concerns about pregnancy? _____