Patient Questionnaire

We often ask teens some questions to find out a little more about what is going on in their lives. It helps us understand more about how we might be able to offer help. Some of the questions are sensitive and may make you feel uncomfortable, so it is **important to know that *you do not have to answer the questions if you don't want to***. If you do not want to answer a question skip it and go on to the next one. If you decide to answer them, it will help us with your evaluation. Answers to some of the questions may be included in your general medical record. I am generally able to keep what you tell me private (or confidential). There are two exceptions to this. The first is if you tell me there is a threat to your safety or the safety of someone else. The second is if we are required by law to share information in our medical record. Do you understand these exceptions? If not, please ask us and we are happy to explain.

Please place an "x" next to your answers:

1) Has a boyfriend or girlfriend in a dating or serious relationship ever physically hurt you or threatened to hurt you (hit, pushed, kicked, choked, burned or something else)?
   ☐ No ☐ Yes

2) Have you ever been knocked unconscious ("knocked out")?
   ☐ No ☐ Yes

3) Some young people have a hard time living at home and feel that they need to run away. Have you ever run away from home or been 'kicked out' of your home?
   ☐ No ☐ Yes

4) Sometimes young people have been involved with the police. This can happen for a lot of reasons like running away, breaking curfew, shoplifting etc. Have you ever had any problems with the police?
   ☐ No ☐ Yes

5) Young people often use drugs, alcohol, or tobacco/vape and different young people use different drugs. Have you ever used drugs, alcohol, or tobacco/vape?
   ☐ No ☐ Yes

   a. If yes, have you used drugs, alcohol or tobacco/vape in the last 6 months?
      ☐ No ☐ Yes

   b. If yes, please select all that apply
      ☐ Alcohol ☐ Marijuana ☐ Tobacco/Vape ☐ Other: _____

6) Have you ever had sex (penis in vagina, penis in butt) because you wanted to?
   ☐ No ☐ Yes

   If no, skip to question 7. If yes, please answer the questions below:

   a. Since the first time you had sex, how many partners have you had sex with?
      ☐ 1-5 partners ☐ 6-10 partners ☐ more than 10 partners

   b. Have you ever had any sexually transmitted infections, like herpes, gonorrhea, chlamydia or trichomonas?
      ☐ No ☐ Yes

c. If yes, please select all that apply
☐ Chlamydia ☐Gonorrhea ☐Trichomonas ☐Herpes ☐Syphilis ☐ HIV

7) Has anyone else ever asked or forced you to do some type of sexual activity with ANOTHER person? (for example, a boy asks his girlfriend to have sex with another boy)
☐No ☐Yes

If asked, did you have to do it?
☐No ☐Yes

8) Has anyone ever asked or forced you to do some sexual act in public, like dance at a bar or strip club?
☐No ☐Yes

If asked, did you have to do it?
☐No ☐Yes

9) Has anyone ever asked you to pose in a sexual way for a photo or a video?
☐No ☐Yes

If asked, did you have to do it?
☐No ☐ Yes

10) Sometimes young people are in a position where they really need something like money, food, a place to stay, clothes, a phone, drugs or anything else. Have you ever traded a sexual activity for something you needed or wanted?
☐No ☐Yes

Thank you for answering these questions.
Please tell us if there anything that you would like to talk more about.