Welcome to the School-Based Health Center!
We are really glad you are here.

We want you to do and be your best in school and at home, with friends and others, and/or in sports. **One way we can help you do and be your best is to ask you some questions about many parts of your life.** This helps us take better care of you. We will also assist you in getting the help that you need.

Please tell us if you don't understand some questions, or if this makes you feel uncomfortable in any way. The provider will review your answers and talk them over with you. This information is confidential (private) and will not be shared with anyone else unless there is a concern about safety, (yours, or someone else's).

Thank you for helping us to know you a bit better!

If you have parent / guardian permission to be seen at this clinic, **questions about your physical health will go into your health record**, which your parent / guardian may see if they request your chart or the information is important to take care of you.

This includes questions like how many fruits and vegetables you eat, or if you have any tooth pain.

Young people like you can be seen for their sexual and mental health without permission from their parent or guardian.

Your responses to questions about your feelings, sexual practices, and use of drugs or alcohol are completely confidential (private) and will not be shared with anyone else unless there is a concern about safety (yours, or someone else's).

Grade Level (if in school)

☐ ---- N/A ----

☐ 4 - Fourth

☐ 5 - Fifth

☐ 6 - Sixth

☐ 7 - Seventh

☐ 8 - Eighth

☐ 9 - Ninth

☐ 10 - Tenth

☐ 11 - Eleventh

☐ 12 - Twelfth

☐ College

Are you Hispanic or Latino/a?

☐ Yes

☐ No

What is your race? (Check all that apply)

- [ ] American Indian or Alaskan Native
- [ ] Black or African American
- [ ] White
- [ ] Asian
- [ ] Native Hawaiian or Other Pacific Islander

When you were born, what sex was put on your birth certificate?

- [ ] Male
- [ ] Female

Which of the following best describes you? (Check all that apply)

- [ ] Male
- [ ] Female
- [ ] Transgender
- [ ] Self-Identify

Self-Identify

Which pronouns do you prefer?

- [ ] He/Him/His
- [ ] She/Her/Hers
- [ ] They/Them/Their
- [ ] Ze/Hir/Hirs
- [ ] No pronouns, just my name
- [ ] Other

Other

Which of the following best describes you?

- [ ] Heterosexual (Straight)
- [ ] Gay or Lesbian
- [ ] Bisexual
- [ ] Not Sure
- [ ] Not Listed

Please explain/identify:

How can we contact you if we need to talk to you privately (for test results, etc.) besides through school?

Email

Cell Phone

Friend's Number

Where are you currently living? (Check all that apply)

- [ ] In a House
- [ ] In an Apartment
- [ ] In a Trailer
- [ ] In a Motel/Hotel
- [ ] In a Shelter
- [ ] Transitional Housing
- [ ] Group Home
- [ ] Temporary/Emergency Foster Home
- [ ] With more than one family in a house or apartment
- [ ] Moving from place to place
- [ ] In a location not designed for sleeping such as a car, park, or campsite
- [ ] Couch Surfing

Who do you live with? (Check all that apply)

- [ ] Mother
- [ ] Father
- [ ] Step-Mother
- [ ] Step-Father
- [ ] Friend/Roommate
- [ ] Significant Other/Spouse
- [ ] Brother/Sister
- [ ] By Yourself
- [ ] Aunt
- [ ] Uncle
- [ ] Grandparent(s)
- [ ] Foster Parent
- [ ] Other

Other:

What is your current relationship status?

- [ ] In a Relationship
- [ ] In an Open Relationship
- [ ] It's Complicated
- [ ] Single
- [ ] Engaged
- [ ] Married
- [ ] Separated
- [ ] Divorced

Do you have someone who you feel you can really talk to?

- [ ] Yes
- [ ] No

Are you having any problems at home?

- [ ] Yes
- [ ] No

Are you having any problems at school?

- [ ] Yes
- [ ] No

At my school, there is a teacher or some other adult who listens when I have something to say.

- [ ] Not at all true
- [ ] A little true
- [ ] Pretty much true
- [ ] Very much true

I have a friend about my own age who I can talk to about any concerns or problems.

- [ ] Not at all true
- [ ] A little true
- [ ] Pretty much true
- [ ] Very much true

For each statement, please tell me whether the statement was Often True, Sometimes True or Never True based on your experiences in the past 12 months:

I worried about not having enough to eat.

- [ ] Often True
- [ ] Sometimes True
- [ ] Never True

I tried not to eat a lot so that our food would last.

- [ ] Often True
- [ ] Sometimes True
- [ ] Never True

Do you usually participate in physical activities such as walking, skateboarding, dancing, swimming or playing basketball for a total of 1 hour every day?

- [ ] Yes
- [ ] No

Do you usually watch TV, play video games or spend time on a computer, tablet or smart phone for more than 2 hours per day (not including computer time for school or work)?

- [ ] Yes
- [ ] No

Do you usually eat 5 or more servings of vegetables and fruits every day?

- [ ] Yes
- [ ] No

Do you usually get 8 or more hours of sleep every night?

- [ ] Yes
- [ ] No

In the last 6 months, have you seen a dentist or gone to a dental clinic?

- [ ] Yes
- [ ] No

Do you have any tooth pain right now?

- [ ] Yes
- [ ] No

Do you always wear a seatbelt when driving or riding in a car, truck or van?

- [ ] Yes
- [ ] No

Do you always wear a helmet when rollerblading, biking, motorcycling, skateboarding, ATV, skiing or snowboarding?

☐ Yes

☐ No

☐ N/A

Do you drive?

☐ Yes

☐ No

Is there someone at home, school or anywhere else who has made you feel afraid, threatened you or hurt you?

☐ Yes

☐ No

Have you ever been physically, sexually or emotionally abused?

☐ Yes

☐ No

In the past 12 months did your significant other/spouse ever hit, slap or hurt you on purpose?

☐ Yes

☐ No

Have you ever carried a weapon (gun, knife, club, etc.) to protect yourself?

☐ Yes

☐ No

Have you ever been in foster care, a group home or homeless?

☐ Yes

☐ No

Have you ever been in jail or in a detention center?

☐ Yes

☐ No

Instructions: How often have you been bothered by each of the following symptoms during the PAST TWO WEEKS? For each symptom select the answer that best describes how you have been feeling.

Feeling nervous, anxious, or on edge

☐ Not At All

☐ Several Days

☐ Over Half The Days

☐ Nearly Everyday

Not being able to stop or control worrying

☐ Not At All

☐ Several Days

☐ Over Half The Days

☐ Nearly Everyday

Have you ever purposefully hurt yourself without wanting to die, such as cutting or burning yourself?

☐ Yes

☐ No

Instructions: How often have you been bothered by each of the following symptoms during the PAST TWO WEEKS? For each symptom select the answer that best describes how you have been feeling.

Feeling down, depressed, irritable, hopeless?

☐ Not At All

☐ Several Days

☐ More Than Half The Days

☐ Nearly Everyday

Little interest or pleasure in doing things (that you usually like to do)?

☐ Not At All

☐ Several Days

☐ More Than Half The Days

☐ Nearly Everyday

Have you wished you were dead or wished you could go to sleep and not wake up in the past month?

☐ Yes

☐ No

Have you actually had any thoughts about killing yourself in the past month?

☐ Yes

☐ No

Have you ever done anything, started to do anything, or prepared to do anything to end your life? (Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.)

☐ Yes

☐ No

Have you ever had sex? (This includes oral, anal and vaginal sex)

☐ Yes

☐ No

Do you think you are attracted to:

☐ Males

☐ Females

☐ Both

☐ Unsure

Please describe:

Do you live or spend time with anyone who uses tobacco or spend time where people smoke?

☐ Yes

☐ No

Do you live or spend time with anyone who vapes and/or use Juul or spend time in a place where people vape/use Juul.

☐ Yes

☐ No

The next two questions ask about vaping/tobacco/nicotine use. Do not include marijuana use. During the PAST 12 MONTHS:

On how many days did you use any tobacco or nicotine products (for example, cigarettes, or smokeless tobacco)?

☐ I Have Never Used This Drug

☐ Not This Past Year

☐ A Few Times

☐ Once or Twice a Week

☐ Almost Every Day

☐ Every Day

On how many days did you vape (for example Juul, SMOK, Novo, Vuse, blu, e-cigarettes, vapes, vape pens, hookah pens, and mods.)?

☐ I Have Never Used This Drug

☐ Not This Past Year

☐ A Few Times

☐ Once or Twice a Week

☐ Almost Every Day

☐ Every Day

During the PAST 12 MONTHS, how often did you:

Drink more than a few sips of beer, wine, or any drink containing alcohol?

☐ I Have Never Used This Drug

☐ Not This Past Year

☐ A Few Times

☐ Once or Twice a Week

☐ Almost Every Day

☐ Every Day

Use any marijuana (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "synthetic marijuana" (like "K2, "Spice")?

☐ I Have Never Used This Drug

☐ Not This Past Year

☐ A Few Times

☐ Once or Twice a Week

☐ Almost Every Day

☐ Every Day

Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)?

☐ I Have Never Used This Drug

☐ Not This Past Year

☐ A Few Times

☐ Once or Twice a Week

☐ Almost Every Day

☐ Every Day

Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

☐ Yes

☐ No

Do you have any concerns or questions about the size or shape of you body or your physical appearance?

Yes

No

Please describe:

On the whole, how much do you like yourself?

1 - Not Much

2

3

4

5 - A Lot

What is your hope for yourself in the future?