

**13–14 years****General**

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| 1. List any concerns you want to discuss today:                              |    |     |
| 2. Do you feel significantly stressed out, anxious, worried, moody or angry? | No | Yes |

**Nutrition**

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|---|-----|-----|
| 3. Do you eat 5 or more servings of fruits and vegetables daily?  | Yes | No  |
| 4. Do you eat junk food more than 2-3 times a week? (Examples: candy, chips, cookies, sweetened cereal, fast food.)           | No  | Yes |
| 5. Do you drink juice, soda, energy drinks, or other sweetened drinks more than 1-2 times per week?                           | No  | Yes |
| 6. Do you have concerns about the size or shape of your body?   | No  | Yes |
| 7. In the past year, have you tried to control your weight by vomiting, taking diet pills or laxatives, or starving yourself? | No  | Yes |
| 8. Are you taking any vitamins or supplements (including protein powders)?  | No  | Yes |

**Activity**

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|--|-----|-----|
| 9. Do you play any competitive sports?   | No  | Yes |
| 10. Is there anyone in your family with heart problems, or sudden death from a heart problem?  | No  | Yes |
| 11. Have you had chest pain with activity, unusual shortness of breath, or irregular heartbeat?  | No  | Yes |
| 12. Are you active (exercising, heart rate elevated) for at least 1 hour every day?  | Yes | No  |
| 13. Do you watch TV, play video games, or spend time on the computer more than 2 hours per day (not including screen time for schoolwork)? | No  | Yes |
| 14. Are you sleeping 8–10 hours a night?   | Yes | No  |

### Oral health

15. Do you see a dentist at least 2 times a year?	Yes	No
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### School

16. What grade are you in?

17. What school do you go to?

18. Are you having problems in school?	No	Yes
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19. Do you have an IEP, 504 or other learning plan?	No	Yes	Not sure
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### Social stressors

20. Do you get along with your family?	Yes	No
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21. Have you experienced bullying or harassment on social media (like Facebook, Snapchat, Instagram)?	No	Yes
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### Tuberculosis

22. Are you at risk for infection with tuberculosis? (Includes people born in Africa, Asia, Latin America, or eastern Europe; people who have stayed with family in one of those places for more than a week, or if exposed to anyone with active TB.)	No	Yes	Not sure
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### Adolescence

*If appropriate:*

23. Have you gotten your period?	Yes	No
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24. Do you have concerns about menstruation (getting periods)?	No	Yes
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### Safety checklist

*Check all that apply.*

True

I have questions

25. I always wear a seatbelt in the car.	<input type="checkbox"/>	<input type="checkbox"/>
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26. I wear a helmet when skating, skateboarding, biking, skiing, snowboarding, or while on a motorcycle, ATV, minibike or snow mobile.	<input type="checkbox"/>	<input type="checkbox"/>
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27. Our gun is locked up, with the ammunition separate (or we don't have a gun).	<input type="checkbox"/>	<input type="checkbox"/>
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