

15–17 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. When you eat grains (cereal, bread, pasta, crackers, waffles, rice, etc.), are they mostly whole grains? | Yes | No |
| 5. Do you eat junk food more than 2-3 times a week? (Examples: candy, chips, cookies, sweet cereal, fast food.) | No | Yes |
| 6. Do you drink juice, soda, energy drinks, or other sweetened drinks more than 1-2 times per week? | No | Yes |
| 7. Do you have concerns about the size or shape of your body? | No | Yes |
| 8. In the past year, have you tried to control your weight by vomiting, taking diet pills or laxatives, or starving yourself? | No | Yes |
| 9. Are you taking any vitamins or supplements (including protein powders)? | No | Yes |

Activity

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| 10. Do you play any competitive sports? | No | Yes |
| 11. Is there anyone in your family with heart problems, or sudden death from a heart problem? | No | Yes |
| 12. Have you had chest pain with activity, unusual shortness of breath, or irregular heartbeat? | No | Yes |
| 13. Are you active (exercising, heart rate elevated) for at least 1 hour every day? | Yes | No |
| 14. 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 |
| 15. Are you sleeping 8–10 hours a night? | Yes | No |
| 16. Do you work? | No | Yes |
| a. If yes, how many hours per week? | | |

Oral health

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

18. What grade are you in?

19. What school do you go to?

20. Are you having problems in school?	No	Yes
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Social stressors

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

23. 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:

24. Do you get your periods every 21–42 days?	Yes	No
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25. Do you have concerns about menstruation (getting periods)?	No	Yes
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Safety checklist

Check all that apply.

True

I have questions

26. I always wear a seatbelt in the car.	<input type="checkbox"/>	<input type="checkbox"/>
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27. I do not text, use a phone or headphones while driving (or I don't drive).	<input type="checkbox"/>	<input type="checkbox"/>
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28. 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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29. 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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