

Name: _____ DOB: ___/___/____ Date : ___/___/____

Teen screen

This is a questionnaire that we give to all teens. ***YOUR ANSWERS ARE PRIVATE AND CONFIDENTIAL.*** We need your ***honest*** answers to help you to be safe and healthy.

	YES	NO
Do you wear a seatbelt all the time?		
Have you ever smoked a cigarette or chewed tobacco?		
Have you ever had more than a few sips of alcohol (beer, wine, or hard alcohol)?		
Have you ever tried drugs? (Marijuana, Speed, cocaine, crack, or acid)?		
Have you ever ridden in a car driven by someone(including yourself) who was “high” or had been using drugs or alcohol		
Have you had sex (intercourse, “done it”, oral sex)?		
Have you had an infection from sex (STD)?		
Have you been feeling sad or depressed most days even if nothing is wrong?		
Have you ever thought of hurting yourself or suicide (killing yourself)?		
Has anyone ever hurt you physically or sexually?		
Are you having problems getting along with your family?		
Are you being bullied? (at school, home, or during your extracurricular activities)		

If you have any concerns or questions please mention below:

Reviewed by : _____ / _____ / _____