

ADOLESCENT HISTORY
MALE ONLY
(AGES 12- 18)

Please answer the following questions. We understand that some of them may not apply to you. The answers are important in helping us to keep you healthy. If you have questions, Please Ask.

EVERYONE ANSWER THE FOLLOWING QUESTIONS

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| What grade are you in? _____ | What are your overall grades in school? A B C D |
| Do you work? _____ Number of hrs/wk _____ | What do you do for Fun? _____ |
| What are your future plans? _____ | Do you sometimes feel depressed? Y N |
| Do you feel sad a lot, angry or frustrated frequently? Y N | Have you ever thought about suicide? Y N |
| Are you concerned about your weight? Y N | |
| Have you ever used Drugs? Y N | If yes, what have you used? _____ |
| Have you ever used or shared needles? Y N | Do you drink Alcohol? Y N
Beer ___ Wine ___ Whiskey ___ |
| Do you drink every day? Y N | Have you ever driven after drinking? Y N |
| Do you smoke Cigarettes? Y N | If yes how many per day? _____ |
| Have you ever been attracted to the same sex? Y N | |
| Have you ever sniffed glue or inhaled anything to get high? Y N | If yes how many time? _____ |
| Do you examine your testicles? Y N | Do you date? Y N |
| Have you ever had sex? Y N | |
| Do you use birth control every time you have sex? Y N | |
| Have you ever had a sexually transmitted disease? Y N | |
| If yes, what kind? _____ | |
| Have you ever fathered a child? Y N | |
| Are you worried about AIDS? Y N | |