

ADOLESCENT HISTORY
FEMALES 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

- What grade are you in? _____
- Do you work? _____ Number of hrs/wk _____
- What are your future plans? _____
- Do you feel sad a lot, angry or frustrated frequently? Y N
- Are you concerned about your weight? Y N
- Have you ever used Drugs? Y N
- Have you ever used or shared needles? Y N
- Do you drink every day? Y N
- Do you smoke Cigarettes? Y N
- Have you ever been attracted to the same sex? Y N
- Have you ever sniffed glue or inhaled anything to get high? Y N
- How old were you when your periods started? _____
- Have you ever "skipped a period" _____
- Do you use Tampons? _____
- Do you examine your breasts? Y N
- Do you date? Y N Have you ever had sex? Y N
If yes what do you use? _____
- Do you use birth control every you have sex? Y N
- Have you ever been pregnant? Y N If yes how many times? _____
- Any abortions? _____ #of children _____
- Have you ever had a sexually transmitted disease? Y N If yes what kind? _____
- Are you worried about AIDS? Y N
- What are your overall grades in school? **A B C D**
- What do you do for Fun? _____
- Do you sometimes feel depressed? Y N
- Have you ever thought about suicide? Y N
- If yes, what have you used? _____
- Do you drink Alcohol? Y N
Beer ___ Wine ___ Whiskey ___
- Have you ever driven after drinking? Y N
- If yes how many per day? _____
- If yes how many time? _____
- Do you get a period very month? _____
- Any problems with your period? _____ cramping _____
_____ heavy bleeding other _____
- Have you ever had a pap or vaginal exam? Y N
- Do you use any birth control? Y N