## Follow-Up Patient Questionnaire (Middle/Older Teen)

Name (Full):	t/L =	White				1	10.3		3.00		210	8 10	- 1	
Today's Date:	Sex												170	
What is the Main Reason for Your Appointment toda	v? (B	ubble	(in)			200	12464			1,13			20-0	
o General Check-Up	, , ,					-					the state	-		
<ul> <li>Specific Question/Co</li> </ul>	oncer	n (If s	o des	scribe	e in the	lines b	elow)							
Update			1980								-	- 11 11	Ve	
Major changes in your life since your last visit?														
Social History	i	UC. CA	(in)	1010	on the		LICES		VS16	E 1456	0700		EUNS	
Who do you live with most of the time? (circle one)		Mo	ther	-	ather	Ste	ep-par	ent	0	ther	20020	and the	100	Married State
Do you live in more than one home?		0			rcle Prin		AT-ST			Maria and	sha	ared)		_
Recent Changes/Stressors such as	SET C	100	100	DATE:	10000	NAME OF TAXABLE PARTY.		328832				,	27/0	2110 100 100 100
Move to a new home / school		0	Ch	anne	in living	n situa	tion		20000	ST-STATE		53/83	100000	
o Parent loss of job			Change in living situation  Major illness / death in the family or friend											
o Parent Separation or Divorce			Other											
Academic/Work History	En V	i Eine	T.W	Hilt		4 70				Name of the				
Current School / Grade														
What Grades Do you Get?	0	A's	H.	0	B's		0	C's		o D	0	0	F	
Are you comfortable with how you do in school?	0	Yes		0	No									
Activity, Nutrition, and Body Image	133		72 B		TE DE RIA	Piccis.	CONTRACT.	and a second	Elevis.	Part of	- Total	10:12	100	
low many days per week do you participate in physical play		0			1-2		120	2.4			4	5.	100	HONE IS
r exercise or sports?	-			0	1-2		0	3-4			0	5+		
low many hours of TV, movies and computer/video games	da	eek		0	0	0	<1		0	1-2		0	2+	
do you watch daily (combined)?	_	eek	-			-	-3.71			ray resor	-			
	en	-		0	0	0	<1		0	1-2		0	2+	
low many times s a week does your family eat dinner ogether?		0	0	115		0	1-2		_	3-4		-	5+	
	_	9	-	4			172		0	574	-	0	3.	
law many bayes of alass days	We	ekday	0	<	6	0	0-8		0	8-10		0	>10	
low many hours of sleep do you get every		ekend	0		6	0	0-8		0	8-10		0	>10	1
	-					-	- 0/2		-	25,350	_		- 25	
low many times a week do you eat fast food?	0	0		96	1	0	1-3		0	4-7		0	>7	
How many times per week do you have sugared drinks (soda, sports drinks, etc.)		0	1	L.	41							*		
	0	0			0	1-2		0	3-5		0	5+		
las anyone ever told you they have concerns about your we	ight /	eating						0	No	2000000	0	Yes	5	
In the last year				-				S7hitais		400	The same	- Tree	12.00	
low often do you feel extremely worried low often do you feel extremely sad or hopeless?		_	0		Rarely	-		.0	V2.2-017	netimes	_		0	Often
re you thinking about running a way from home?		-	0		arely			0	THE STATE OF THE S	netimes	5	_	0	Often
re you thinking about killing yourself?		-	0	- 100	'es 'es			0	No		_		0	Not Sure
lave you ever been a victim of abuse (emotional, sexual, phy	veloci	12	0		es	-	_	0	No				0	Not Sure
If so, please explain	ysical	,	0	-	motiona	1		0	No	eionl	-	-		Not Sure
How often do you smoke cigarettes or use		1007	0	17	ouone	-	_	0		sical	-		0	Sexual
tobacco?	0	01	ften	1			0	Son	netime	es			1	o Never
How often do you drink alcohol?	0	o Ofte		en			0	Sometimes		es			0	o Never
How often do you use illegal/prescription drugs How often do you use drugs to get high?	0	Of	ften				0	Son	netime	es			10	o Never
Have you ever had any sexual activity (vaginal intercourse, oral sex, anal sex, etc.)?		0	No	T	-	0	Yes		0	Not	Sun	e		
If YES or NOT SURE: Any Parent or Guardian aware?			70000							1000 E	0.002000			
		0	Mo	ther		0	Fat	her		o St	ep-N	fom	0	Other