

Suburban Pediatrics

Adolescent Questionnaire

This is a confidential questionnaire that Suburban Pediatrics would like you to fill out. It contains important information about your health, thoughts, and concerns that we would like to help you with. All information that you provide is private and will only be used by your Doctor, Nurse Practitioner, or Physician Assistant to assist you in your medical needs. **These answers will not be given to your parents.** The only exceptions to this are activities that may be life threatening to yourself or others. Please answer the questions honestly, by circling the appropriate response or filling in the blank.

Thank you.

Print Name: _____ **Date:** _____

Patient Cell Phone Number: _____

DOB: _____ **Sex:** M F **Current grade in school:** _____ **Number of parents at home:** _____

- | | | | | |
|---|--------|----------|------|------|
| 1. Are you a leader or a follower? | Leader | Follower | | |
| 2. Do you consider yourself a happy person? | Yes | No | | |
| 3. Is it easy to talk to your parents about anything? | Yes | No | | |
| 4. Do you feel comfortable talking to anyone other than your parents? | Yes | No | | |
| 5. Do members of your family like you? | Yes | No | | |
| 6. Do you have friends of the opposite sex? | Yes | No | | |
| | | | | |
| 7. Do you like school? | Yes | No | | |
| 8. Do you plan to finish high school? | Yes | No | | |
| 9. Do you plan to continue your education after high school? | Yes | No | | |
| 10. Do you work? | Yes | No | | |
| 11. Do you like your job? | Yes | No | | |
| 12. What grades did you earn last year? | 90's | 80's | 70's | Less |
| 13. What grades are you earning this year? | 90's | 80's | 70's | Less |
| | | | | |
| 14. Do either or both parents have a serious illness? | Yes | No | | |
| 15. Do any of your brothers or sisters have a serious illness? | Yes | No | | |
| | | | | |
| 16. Do you feel pressure to go along with what your friends do? | Yes | No | | |
| 17. Do you think you are too fat? | Yes | No | | |
| 18. Do you think you are too thin? | Yes | No | | |
| 19. Would you like to lose weight? | Yes | No | | |
| 20. Would you like to gain weight? | Yes | No | | |
| 21. Do you think about dieting? | Yes | No | | |
| | | | | |
| 22. Do you have trouble sleeping at night? | Yes | No | | |
| 23. Do you feel sad much of the time? | Yes | No | | |
| 24. Do you often feel depressed? | Yes | No | | |
| 25. Do you think about dying? | Yes | No | | |

Continue on page 2

Name: _____ DOB: _____

- | | | | | |
|---|---|---|-----|-----|
| 26. Do you ever think about killing yourself? | | | Yes | No |
| 27. Is there a gun or firearm in your home? | | | Yes | No |
| 28. Do any of your friends have a gun or firearm? | | | Yes | No |
| 29. Do you worry about the future? | | | Yes | No |
| 30. Do you worry about failing school? | | | Yes | No |
| | | | | |
| 31. Does anyone at home smoke cigarettes? | | | Yes | No |
| 32. How many times have you smoked cigarettes in the past month | 0 | 1 | 5 | 10+ |
| | | | | |
| 33. Do you perform monthly self testicular / breast exam? | | | Yes | No |
| | | | | |
| 34. Does anyone at home get drunk? | | | Yes | No |
| 35. Does anyone at home have a problem with alcohol? | | | Yes | No |
| 36. Do your friends drink? | | | Yes | No |
| 37. Do you drink alcohol? | | | Yes | No |
| 38. How often have you used alcohol in the past month? | 0 | 1 | 3 | 5+ |
| 39. How often have you been drunk in the past month? | 0 | 1 | 3 | 5+ |
| 40. How often have you been drunk in the past year? | 0 | 1 | 3 | 5+ |
| 41. Do you do any other drugs? | | | Yes | No |
| | | | | |
| 42. Have you ever had sex? | | | Yes | No |
| 43. Do you know anyone who is gay or lesbian? | | | Yes | No |
| 44. Do you think you might be gay or lesbian? | | | Yes | No |
| 45. Have you ever been pregnant or gotten someone pregnant? | | | Yes | No |
| 46. Do you want information about protection from pregnancy, infection, AIDS? | | | Yes | No |
| 47. Are you worried about being pregnant? | | | Yes | No |
| 48. Do you have questions about AIDS? | | | Yes | No |
| 49. Do you think you could get AIDS? | | | Yes | No |
| 50. Do you want to be tested for AIDS? | | | Yes | No |
| 51. Have you ever been sexually abused or raped? | | | Yes | No |
| 52. Have you ever been physically abused? | | | Yes | No |
| | | | | |
| 53. Do you feel safe at home? | | | Yes | No |
| 54. Do you feel safe at school? | | | Yes | No |
| | | | | |
| 55. Do you drive? | | | Yes | No |
| 56. Do you wear your seat belt? | | | Yes | No |
| 57. Do you drink and drive or drive with someone who has been drinking? | | | Yes | No |

Please use the following space to list any other questions or concerns that you would like to address in private with your health care provider. _____

**SUBURBAN PEDIATRICS
ADOLESCENT CONFIDENTIALITY AND CONSENT**

Private communication with an adolescent patient enables the pediatric practitioner to: 1) assess health risks and develop strategies for risk reduction; 2) give the adolescent necessary experience in communicating concerns and issues; and 3) show respect for the adolescent's thoughts and concerns.

The most common risk factors for adolescent morbidity and mortality are behavioral. Confidential, private conversations with the doctor are needed to detect these risks and intervene when necessary. Since young adolescents have not yet had the experience of speaking with their practitioner alone in the room, they might fear that loss of control or recrimination may occur if they talk openly about their goals, experiences and ideas about topics such as substance abuse, sexuality, intimate friendships or troublesome feelings. Indeed, they are unlikely to speak freely without clear understanding that their privacy will be respected. Thus, provision for confidentiality is a necessary tool for the clinician in providing age-appropriate care.

Second, adolescents are experiencing a unique developmental stage on their way to becoming healthy, effective adults. This is a time when they learn a great deal through experience. The pediatrician's office is an excellent place for young adolescents to learn to talk to a doctor, listen and decide how to utilize medical advice. Many parents are more than happy to speak for them. But parents can inadvertently block or delay the learning that needs to take place.

Our goal is to prepare them for adulthood, and this includes knowing how to participate effectively in health care. During the teen years, they need to learn to communicate assertively, think about what they learn from the provider, remember information and decide to adhere to medical recommendations (or not).

For the adolescent to develop these skills, the pediatric provider must directly arrange and mandate time for confidential and direct communication. The result is a natural workshop in how to take responsibility for one's health.

The third important reason, respecting the individual, is a core ethical principle. Everyone is entitled to respect, to be treated as we would like to be treated, to have control of personal information and to be allowed to control our destiny. Adolescents are emerging adults and no less deserving of this respect, to the extent possible and safe.

In New York State, the law declares that minors can consent to be tested and treated for venereal diseases, tested for the HIV (AIDS) virus, and for diagnosis and treatment of any condition believed to be related to alcohol or any other drug abuse.

The American Academy of Pediatrics, American Medical Association, and the Society of Adolescent Medicine have all stated that adolescents should be entitled to confidentiality if they have the mental ability (capacity) to consent to treatment.

As guardian, I (we) agree to allow our son/daughter to consent to confidential care from Suburban Pediatrics, providing that our son/daughter understands both the medical condition and the treatment being offered. Exceptions to this agreement are _____. I (we) also agree to financial responsibility without diagnosis disclosure.

PARENT:
Print: _____

PATIENT:
Print: _____

Signed: _____

Signed: _____

I agree to provide confidential care to the above patient. Exceptions to this confidential care would include suspicion of abuse or if I have good reason to believe that there is imminent risk of permanent harm to my patient or to others.

Practitioner Signature: _____ **Date:** _____