I understand confidentiality (privacy) regarding my health information: YES □ NO □

**PHYSICAL HEALTH, NUTRITION AND ACTIVITY**

1. How happy are you with your weight? Not at all 0___ 1___ 2___ 3___ 4___ 5___ Very happy
2. Would you like to make any changes in your diet? YES □ NO □
3. Are there times when your family does not have enough food to eat? YES □ NO □
4. What sport, exercise or physical activity do you do?
5. How many hours a day do you play video games/watch television/use a computer?

**SCHOOL AND FRIENDS**

1. Who is an adult who cares about you?
2. How do you feel you are doing in school?
3. Are there times when your family does not have enough food to eat?
4. Have you ever been suspended or had a referral?
5. Do you have a good friend (or friends)?
6. What sport, exercise or physical activity do you do?

**EMOTIONAL WELL BEING**

1. Who do you live with?
2. Do you always wear a seat belt in the car?
3. How do you cope with things when life feels hard?
4. Are you attracted to: □ males □ females □ both □ none
5. Have you ever thought about or tried to kill yourself?
6. What is one thing you do to be helpful at home, school or in your community?

**SAFETY**

1. If you ride a bike, board or scooter, do you wear a helmet?
2. Do you brush your teeth 2x daily?
3. Do you feel safe in your home, your neighborhood and at school?
4. Does anyone bully, harass or pick on you?
5. Are any guns or weapons in the home?
6. Do you know anyone (including yourself) who has been involved with gangs and/or killed or hurt by violence?
7. Has anyone ever hurt, touched or treated you or anyone in your house in a way that made you feel scared or uncomfortable?

**RISK REDUCTION**

1. Do you have, or have you ever had, a girlfriend or boyfriend?
2. Is there an adult that you feel comfortable talking about relationships, sex, drugs, alcohol, and/or your values and life goals?
3. In the past 12 months did you ever: a. Drink alcohol? b. Smoke any marijuana, hashish or anything else to get high?
4. Have you ridden in a car driven by someone who was "high" or had been using alcohol or drugs?
5. Do you ever smoke cigarettes, use snuff or chew tobacco?

**PLEASE TELL US MORE ABOUT YOURSELF**

1. Who is an adult that cares about you?
2. What are you able to do alone this year that you did not do before?
3. How do you cope with things when life feels hard?
4. What are you good at or enjoy doing?
5. What do you like about school?
6. What is something you do to keep your body healthy?
7. What is one thing you do to be helpful at home, school or in your community?
8. How do you keep yourself safe from injury or violence?

**DO YOU HAVE QUESTIONS OR WOULD LIKE MORE INFORMATION ON ANY OF THESE TOPICS?**

Healthy eating/physical activity..............................................YES □ NO □
Homework help.................................................................YES □ NO □
Puberty/body changes.........................................................YES □ NO □
Menstrual periods..............................................................YES □ NO □
Wet dreams.................................................................YES □ NO □
Sex ..................................................................................YES □ NO □