

**Charlotte Pediatric Clinic**  
**Adolescent Safety Questionnaire (12+ years)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Chart #: \_\_\_\_\_

	YES	NO	Comments
1) Are you concerned about your growth?			Your doctor will discuss your growth with you.
2) Are you having any problems at school or work?			Please ask us at the visit or schedule an appointment to address if you are experiencing problems.
3) Are you having any problems at home?			Please ask us at the visit or schedule an appointment to address if you are experiencing problems.
4) Do you have a TV or computer in your bedroom?			Increased risk for obesity, decreases quality of sleep, increases behavior problems, decreases concentration at school.
5) Do you have your phone with you when you should be sleeping?			We see sleep related school problems.
6) Have you had any major sports injuries in the last few years?			If yes, list:
7) Are there any firearms or weapons in your home?			Firearms or weapons should be locked and unloaded.
8) Are you depressed, anxious, worried, or cry a lot?			If you are, please let us know.
9) Are you sexually active?			
10) Do you have any questions or concerns about pregnancy?			
11) Do you ever diet when you shouldn't?			Sensible eating is not a diet.
12) Do you text while driving?			People who are texting while driving are 6 times more likely to get in an accident than drunk drivers
13) Do you wear a helmet when riding a bicycle, scooter, or skateboard?			Wearing a helmet decreases the risk of brain injury by 85%
14) Do you always wear your seatbelt?			Please do!!!
15) If sexually active, do you ALWAYS use protection? (It's not 100% safe)			The only safe sex is NO SEX!!!

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	Circle:			Comments
16) How many hours per day do you play on the computer, video games, and watch TV (average)?	Less than 2 hours		Over 2 hours	Please spend less than 2 hours playing on the computer and video games, and watching TV.
17) Do you think your body is:	Just Right	Too Fat	Too Thin	
18) How many times do you brush your teeth?	2-3 Times		Less than 2 Times	
19) Females: How long since your last period?	Less than 1 month	Over 1 month	Period Currently	N/A
	Never	Rarely	Sometimes	
20) How often do you use alcohol?				
21) How often do you use tobacco products?				
22) How often do you use recreational drugs?				
23) How often do you use other's prescription drugs?				

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