| Parental concerns this visit: | Woodinville Pediatrics 15-21 years Questionnaire |
|---|--|
| Current Medications: | Patient Name: Date: |
| Current Allergies: | Parental concerns this visit: |
| Home Eats meals with familyyesno Has family member/adult to turn to for helpyesno Is permitted and is able to make independent decisionsyesno Eating 5 servings of fruit/vegetableyesno Limited sweetened liquidsyesno Direction cornsyesno Diet Concernsyesno Diet comments | Current Medications: |
| Eats meals with familyyesno Has family member/adult to turn to for helpyesno is permitted and is able to make independent decisionsyesno Eating 5 servings of fruit/vegetableyesno Limited sweetened liquidsyesno Diet comments Diet concernsyesno Diet comments Has concerns about body or appearanceyesno Education Grade Performance Concernsyesno Homework concernsyesno Activities Has friendsyesno Activities Has friendsyesno Activities Uses tobacco/alcohol/drugsyesno Uses e-cigsyesno Safety Home is free of violenceyesno Home is free of violenceyesno Has peer relationships free of violenceyesno Has peer relationships free of violenceyesno Sex Has had oral sexyesno | |
| Has family member/adult to turn to for helpyesno Is permitted and is able to make independent decisionsyesno Eating 5 servings of fruit/vegetableyesno Limited sweetened liquidsyesno Vitamins/Supplements Diet Concernsyesno Diet comments Has concerns about body or appearanceyesno Education Grade Performance Concernsyesno Behavior/Attention concernsyesno Homework concernsyesno Activities Has friendsyesno Activities Has friendsyesno Activities Dist community activities/volunteersyesno Nat least 1 hour of physical activity/dayyesno Interests/participates in community activities/volunteersyesno Activities Dist schacco/alcohol/drugsyesno Uses cobacco/alcohol/drugsyesno Home is free of violenceyesno Has peer relationships free of violenceyesno Has peer relationships free of violenceyesno Sex Has had oral sexyesno | Home |
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| Vitamins/Supplements | |
| Diet Concernsvesno Diet comments | |
| Diet comments | |
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| Grade | Has concerns about body or appearanceyesno |
| Grade | Education |
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| Uses safety belts/safety equipmentyesno Has peer relationships free of violenceyesno Sex Has had oral sexyesno | Safety |
| Has peer relationships free of violenceyesno Sex Has had oral sexyesno | Home is free of violenceyesno |
| Sex Has had oral sexyesno | |
| Has had oral sexyesno | has peer relationships free of violenceyesho |
| | Sex |
| Has had sexual intercourse (vaginal, anal)yesno | Has had oral sexyesno |
| | Has had sexual intercourse (vaginal, anal)yesno |

Suicidality/Mental Health

WOODINVILLE

Over the last 2 weeks, how often has patient been bothered by any of the following problems?

| 1. Little interest or pleasure in doing things | Not at allSeveral days More than half the |
|--|---|
| | daysNearly every day |
| 2. Feeling down, depressed, or hopeless | Not at allSeveral daysMore than half the |
| | daysNearly every day |

| If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do |
|--|
| your work, take care of things at home, or get along with other people? |
| Not difficult at allSomewhat difficultVery difficultExtremely difficult |
| Are you seeing a counselor/psychiatrist/psychologist?yesno |

If yes, the counselor/psychiatrist/psychologist name: ______

| Has ways to cope with stress <u>yes</u> no |
|--|
| Displays self-confidenceyesno |
| Has problems with sleepyesno |
| Gets depressed, anxious, or irritable/has mood swingsyesno |
| Has thought about hurting self of considered suicideyesno |

Additional comments: _____