# DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN

Division of Medicaid Services

F-01068M (08/2019)

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**CONFIDENTIAL HEALTH SURVEY**

**(To Be Filled in by Teenager)**

**Instructions:** Completion of this form is voluntary. This questionnaire will help us get to know you better. Please answer the following questions and feel free to ask a staff member about items which may be confusing to you.

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| --- | --- | --- |
| Patient Name | Date of Birth | Today’s Date |
| What do you like to be called (nickname)? | | |
| Why are you coming to the clinic today? | | |
| On a scale from 1 to 10 how would you rate your general health? Worst 1  2  34567  89  10 Excellent | | |
| Many teens and young adults have concerns about the following items. Check any box that may apply to you.  Trouble Sleeping  Privacy  Being Tired During the Day  Friends  Headaches  No Friends  Stomach Aches  Brothers / Sisters  Dizzy / Fainting Spells  Parent / Family  Height or Weight  Grades / School  Muscle or Joint Pain  Recurrent Dreams or Nightmares  Vision or Hearing Problems  Fear of Unplanned Pregnancy or Sexually Transmitted Diseases (STDs)  Skin Problems (Acne, Rashes)  Controlling Your Temper  Earaches  Nothing to Do  Sore Throats  Your Future  Coughing or Wheezing  Feeling Down or Depressed  Vomiting  A Place to Live  Diarrhea  Family Members Drinking Excess Alcohol  Pain with Urination  Using Drugs  Allergies  Other, Describe | | |
| Check all the boxes you would like to know more about.  Menstruation  AIDS\* or HIV\*\* Exposure  Your Sexual Development / Feelings  Pregnancy or Having Children  Teenage Body Changes  Masturbation  Birth Control  Ways to Deal with Stress  Drugs / Alcohol  Dating  Sexual Assault or Abuse  Cancer  STDs  Physical Abuse  Death and Dying  Other, Describe | | |
| Now think about these lifestyle patterns that may affect your health. Are there any you would like to change? If yes, check the appropriate boxes.  Nutrition or Diet  Drinking Alcohol or Using Drugs  Exercise  Getting Along with Family  Smoking / Chewing Tobacco  Sexuality  Sleep  Finding a Job  Your Response to Stress  Communication with Parents and Others  School Performance  Use of Seat Belt / Motorcycle / Bike Helmets  Making and Keeping Friends | | |

\* AIDS = Acquired Immune Deficiency Syndrome.

\*\* HIV = Human Immunodeficiency Virus.