PSYCHOSOCIAL/BEHAVIORAL ASSESSMENT QUESTIONNAIRE FOR AGES 16-21

NAME _____ AGE _____ DATE _____

E. Are you in school? Yes ___ No ____ What grade are you in? _____

How do you feel about school?_____

_____

How are your grades? Good _____ Fair _____ Bad _____

Have you repeated a grade? _____

E. Are you employed? Yes ___ No ___

Where do you work? _____

H. Do you live where you grew up or on your own? _____

_____

H. Do you have chores you are responsible for at home? Yes _____ No _____

What are they? _____

H. Is it easy for you to fall asleep? _____ Do you sleep all night? _____

A. What do you like to do? _____

A. What are your future goals in life? _____

S. What do you like to do with your friends?

_____

S. What are three things you do to keep you safe?

_____

_____

_____

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D. (CRAFFT)

Please answer these questions honestly; your answers will be kept confidential.

During the PAST 12 MONTHS, did you:

1. Drink any alcohol? Yes ____ No ____
2. Smoke any marijuana or hashish? Yes ___ No ___
3. Use anything else to get high? Yes ___ No ___

Have you EVER ridden in a car driven by someone who was high or had been using alcohol or drugs? Yes ___ No ___

S. Has anyone forced you to have sex when you didn't want to? Yes ___ No ___

S. Have you ever had sex? Yes ___ No ___

If you have had sex, please also answer the following confidential questions:

1. Are you having UNPROTECTED sex with more than one partner? Y _ N _
2. Have you ever been treated for a sexually transmitted infection (disease)? Y _ N _
3. (MALES ONLY) Have you ever had sex with other males? Y _ N _
4. Have you ever used injectable drugs (not prescribed for you) Y _ N _
5. Do you ever trade sex for money or drugs or have sex with partners who trade sex for money or drugs? Y _ N _
6. Have you ever had sex with a person with HIV, was bisexual, or used injectable drugs? Y _ N _

Would you like an HIV test? Y _ N _

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PEDIATRIC SYMPTOM CHECKLIST

| | Do you or does your child : | NEVER 0 | SOME 1 | OFTEN 2 | | | NEVER 0 | SOME 1 | OFTEN 2 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | complain of aches / pains | | | | 19 | down on yourself | | | |
| 2 | spend more time alone | | | | 20 | visit doctor with doctor finding nothing wrong | | | |
| 3 | tire easily or have little energy | | | | 21 | have trouble sleeping | | | |
| 4 | get fidgety or have trouble sitting still | | | | 22 | worry a lot | | | |
| 5 | have trouble with a teacher | | | | 23 | want to be with "parent" more | | | |
| 6 | seem less interested in school | | | | 24 | feel like you are bad | | | |
| 7 | act as if driven by a motor | | | | 25 | take unnecessary risks | | | |
| 8 | daydream too much | | | | 26 | get hurt frequently | | | |
| 9 | get distracted easily | | | | 27 | seem to be having less fun | | | |
| 10 | seem afraid of new situations | | | | 28 | act younger than you are | | | |
| 11 | feel sad or unhappy | | | | 29 | not listen to rules | | | |
| 12 | seem irritable, angry | | | | 30 | do not show feelings | | | |
| 13 | feel hopeless | | | | 31 | not understand other peoples feelings | | | |
| 14 | have trouble concentrating | | | | 32 | tease others | | | |
| 15 | seem less interested in friends | | | | 33 | blame others for your troubles | | | |
| 16 | fight with others | | | | 34 | take things that do not belong to you | | | |
| 17 | have absences from school | | | | 35 | refuse to share | | | |
| 18 | have school grades dropping | | | | | | | | |
| | XXXXXXXXXXXXX | X | X | X | X | XXXXXXXXXXXXXX | X | X | X |
| | SUM | | | | | TOTAL | | | |

Name: _____ DOB: _____

Do you have any questions for, or anything you would like to talk to the doctor about?

_____

_____

_____

_____

_____

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