IMPRINT AREA

# Young Adult Health Questionnaire

KAISER PERMANENTE®

Thanks for taking time to fill out this questionnaire before your visit. We ask all young adults these questions to help us discuss your health and safety—not to judge you. Your answers are private.

**Date:**

How are you feeling today? What would you like to make sure you talk about during your visit?

_____

_____

_____

If you've filled this form out in the past 6 months, you're done! Please give it to the Medical Assistant.

| Questions | Answers | | Clinic Counseling |
|---|---|---|---|
| 1. Are you currently working, going to school, both, or doing something else? | ❒ Work<br>❒ Both | ❒ School<br>❒ Other | |
| 2. Are you concerned about your weight? | ❒ Yes | ❒ No | |
| 3. Do you ever drive or ride in a car without using a seat belt? | ❒ Yes | ❒ No | |
| 4. Do you ever drink, get high, or text while driving, or ride with anyone who has been drinking or is high? | ❒ Yes | ❒ No | |
| 5. In the past 3 months, have you had 4 or more drinks containing alcohol at one time? | ❒ Yes | ❒ No | |
| 6. In the past 3 months, have you used marijuana, Ecstasy, meth, prescription medication, or any other drugs to get high? | ❒ Yes | ❒ No | |
| 7. In the last month, have you often felt problems were piling up so high that you could not deal with them or that you have no one to talk to? | ❒ Yes | ❒ No | |
| 8a. Over the last 2 weeks, have you been bothered by feeling down, depressed, or hopeless? | ❒ Yes | ❒ No | |
| 8b. Over the last 2 weeks, have you been bothered by little interest or pleasure in doing things? | ❒ Yes | ❒ No | |
| 8c. Have you seriously thought about killing yourself, or made a plan to hurt yourself? | ❒ Yes | ❒ No | |
| 9a. Have you ever had sex (including oral, vaginal, or anal sex)? | ❒ Yes | ❒ No | |
| 9b. If yes, do you ever have sex without a condom? | ❒ Yes | ❒ No | |
| 9c. If you have had sex, do you have sex with men, women, or both? | ❒ Men | ❒ Women ❒ Both | |
| 10. If you have a dating partner or spouse, has he or she ever threatened, hit, choked, or hurt you? | ❒ Yes | ❒ No | ❒ No partner at this time |
| 11. Have you ever been physically abused or forced to have sex? | ❒ Yes | ❒ No | |
| 12. Does your partner interfere with your birth control or refuse to use condoms? | ❒ Yes | ❒ No | |

## *For Young Women Only*

| | | |
|---|---|---|
| 1. When was your last period? Write the date it started here: _____ | | |
| 2. Do you have any problems with your period? | ❒ Yes | ❒ No |
| 3. Are you planning to get pregnant in the next 12 months? | ❒ Yes | ❒ No |
| 4. Are you using any form of birth control? | ❒ Yes | ❒ No |


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