

# Healthy Living Primary Care

## WELL CHILD QUESTIONNAIRE (11-17 YEARS OLD, FOR PATIENT)

1. Have you been exposed to drugs:  Yes  No
2. Smoking status:  Current Smoker/Packs per day \_\_\_\_\_  Former Smoker  Never Smoker
3. E-cigarette/Vaping:  Current user/how often \_\_\_\_\_  Former user  Never used
4. Alcohol usage:  Currently drinks alcohol/ How often \_\_\_\_\_  Does not drink alcohol
5. Any new medication from other doctors? \_\_\_\_\_  No Change
6. Any new allergy to medication? \_\_\_\_\_  No Change
7. Sexual history:  Never active  Active; Age of first sexual encounter \_\_\_\_\_
  - a. Type of sexual activity: \_\_\_\_\_
8. Form of contraception:  None  Condom  Vasectomy  Birth control pills  Depo Provera  
 IUD (Mirena or Paraguard)  Nuvaring  birth control implants (Implanon or Explanon)
9. **(FOR WOMEN only)** Last menstrual period: \_\_\_\_\_ or age of menopause: \_\_\_\_\_
  - a. **Pattern:**  Regular  Irregular  Normal flow  Heavy flow  light flow