DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-01068M (08/2019)

STATE OF WISCONSIN

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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.

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 ❒ 3 ❒ 4 ❒ 5 ❒ 6 ❒ 7 ❒ 8 ❒ 9 ❒ 10 Excellent

Many teens and young adults have concerns about the following items. Check any box that may apply to you.

- ❒ Trouble Sleeping
- ❒ Being Tired During the Day
- ❒ Headaches
- ❒ Stomach Aches
- ❒ Dizzy / Fainting Spells
- ❒ Height or Weight
- ❒ Muscle or Joint Pain
- ❒ Vision or Hearing Problems
- ❒ Skin Problems (Acne, Rashes)
- ❒ Earaches
- ❒ Sore Throats
- ❒ Coughing or Wheezing
- ❒ Vomiting
- ❒ Diarrhea
- ❒ Pain with Urination
- ❒ Allergies
- ❒ Other, Describe

- ❒ Privacy
- ❒ Friends
- ❒ No Friends
- ❒ Brothers / Sisters
- ❒ Parent / Family
- ❒ Grades / School
- ❒ Recurrent Dreams or Nightmares
- ❒ Fear of Unplanned Pregnancy or Sexually Transmitted Diseases (STDs)
- ❒ Controlling Your Temper
- ❒ Nothing to Do
- ❒ Your Future
- ❒ Feeling Down or Depressed
- ❒ A Place to Live
- ❒ Family Members Drinking Excess Alcohol
- ❒ Using Drugs

Check all the boxes you would like to know more about.

- ❒ Menstruation
- ❒ Pregnancy or Having Children
- ❒ Birth Control
- ❒ Dating
- ❒ STDs
- ❒ Other, Describe

- ❒ AIDS* or HIV** Exposure
- ❒ Teenage Body Changes
- ❒ Ways to Deal with Stress
- ❒ Sexual Assault or Abuse
- ❒ Physical Abuse

- ❒ Your Sexual Development / Feelings
- ❒ Masturbation
- ❒ Drugs / Alcohol
- ❒ Cancer
- ❒ Death and Dying

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
- ❒ Exercise
- ❒ Smoking / Chewing Tobacco
- ❒ Sleep
- ❒ Your Response to Stress
- ❒ School Performance
- ❒ Making and Keeping Friends

- ❒ Drinking Alcohol or Using Drugs
- ❒ Getting Along with Family
- ❒ Sexuality
- ❒ Finding a Job
- ❒ Communication with Parents and Others
- ❒ Use of Seat Belt / Motorcycle / Bike Helmets

* AIDS = Acquired Immune Deficiency Syndrome.
** HIV = Human Immunodeficiency Virus.

Reset Form