

QUESTIONNAIRE FOR DEVELOPMENTAL SCREENING 11-14 YEAR

NAME _____ DATE _____

AGE _____ GRADE IN SCHOOL _____

1. I engage in behavior that supports a healthy lifestyle, such as eating healthy foods, being active, and keeping myself safe. YES or NO
2. I feel I have at least one responsible adult in my life who cares about me and who I can go to if I need help. YES or NO
3. I feel like I have at least one friend or a group of friends with whom I am comfortable. YES or NO
4. I help others on my own or by working with a group in school, a faith-based organization, or the community. YES or NO
5. I am able to bounce back from life's disappointments. YES or NO
6. I have a sense of hopefulness and self-confidence. YES or NO
7. I have become more independent and made more of my own decisions as I have become older. YES or NO
8. I feel that I am particularly good at doing a certain thing like math, soccer, theater, cooking, or hunting. Describe: _____
9. Do you smoke cigarettes? YES or NO
10. Have you ever had an alcoholic drink? YES or NO
11. Have you ever used marijuana or any other drug to get high? YES or NO
12. Have you ever had sex (including intercourse or oral sex)? YES or NO

<p>Do you think of yourself as:</p> <ul style="list-style-type: none"><input type="checkbox"/> Straight or heterosexual<input type="checkbox"/> Lesbian, gay or homosexual<input type="checkbox"/> Bisexual<input type="checkbox"/> Don't Know<input type="checkbox"/> Choose not to disclose	<p>What is your current gender identity:</p> <ul style="list-style-type: none"><input type="checkbox"/> Male<input type="checkbox"/> Female<input type="checkbox"/> Transgender Male/Trans Man/Female to Male<input type="checkbox"/> Transgender Female/Trans Woman/Male to Female<input type="checkbox"/> Genderqueer, neither exclusively male nor female<input type="checkbox"/> Choose not to disclose
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