

# QUESTIONNAIRE FOR DEVELOPMENTAL SCREENING 15-21 YRS

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_

ARE YOU A PARENT? YES \_\_\_\_\_ NO \_\_\_\_\_ 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. Do you now use or have you ever used injectable drugs? YES or NO
13. **Have you ever had sex (including intercourse or oral sex)?** YES or NO
14. Have you ever been treated for a sexually transmitted infection? YES or NO
15. **Have you ever thought about hurting yourself or considered suicide?** YES or NO

<p>Do you think of yourself as:</p> <p><input type="checkbox"/> Straight or heterosexual</p> <p><input type="checkbox"/> Lesbian, gay or homosexual</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Choose not to disclose</p>	<p>What is your current gender identity:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Transgender Male/Trans Man/Female to Male</p> <p><input type="checkbox"/> Transgender Female/Trans Woman/Male to Female</p> <p><input type="checkbox"/> Genderqueer, neither exclusively male nor female</p> <p><input type="checkbox"/> Choose not to disclose</p>
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