

Adolescent Parent/Guardian Questionnaire

Attached is a questionnaire for you to fill out regarding your adolescent's general health, school, health habits, and how you view parenting. In addition we would like you to complete an assessment form to determine risk for Sudden Cardiac Death.

Your adolescent will be asked to complete a separate confidential questionnaire regarding emotional well being, how he or she is doing in school, general health habits, tobacco, alcohol and drug use and sexual health. During the visit, we will encourage your adolescent to talk privately about any concerns that may affect his or her health. Your adolescent will also receive information about healthy life habits including nutrition and exercise and things that he or she can do to stay healthy and avoid injuries.

With your help we believe that we can help reduce the risk of your adolescent experiencing preventable problems.

Thank you.

Adolescent Parent/Guardian Questionnaire

Adolescent's Name _____ Date of Birth _____

Your Name _____ Relationship to the Adolescent _____

Today's Date _____

1. Who lives in your household? _____
2. Have there been any changes in your family in the last year (example: marriage, birth, divorce, move, serious illness)? No ___ Yes ___
If yes, describe _____
3. Has there been any change in your adolescent's physical or emotional health in the last year? No ___ Yes ___
If yes, describe _____

School

In the past year have your child's grades been mainly (circle one) A's B's C's D's F's
Compared to last year are your child's grades ___ better ___ the same ___ worse
How many days of school has your child missed this school year? _____
Does your adolescent have a significant amount of unsupervised time each day, after school or in the evening? No ___ Yes ___

Health Habits

1. Have you had discussions with your adolescent about:
 - a. Drugs/Alcohol/Tobacco? No ___ Yes ___
 - b. Sexual orientation/Sexual behavior? No ___ Yes ___
 - c. Passenger and Driver safety? No ___ Yes ___
 - d. Injury prevention? No ___ Yes ___
2. Is there a gun in your household? No ___ Yes ___
If yes, is it secured/locked with ammunition stored separately? No ___ Yes ___

What do you find most challenging about being the parent of your adolescent?

What do you find most rewarding about being the parent of your adolescent?

What do you and your adolescent do together on a regular basis (example: meals, exercise)? _____