



**PE 12-17 Years Old**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

**Please circle your answer to each of the following questions**

1. How often do you use a helmet when you skateboard, bicycle, ski, snowboard, or ride a motorcycle or ATV?  
Always                      Sometimes                      Rarely or never
2. How often do you wear a seat belt when you ride in a car?                      Always                      Sometimes                      Never
3. Are you having any problems in school?                      Never                      Sometimes                      Always  
Circle all that apply: grades    fighting    bullying    missing school    late for school    other \_\_\_\_\_
4. How many days per week do you eat breakfast?    6-7    4-5    0-3
5. How many times a day do you drink soda, juice, sports drinks?    0-1    2-3    4 or more
6. How many times a day do you drink milk, eat yogurt and/or cheese?    4 or more    2-3    0-1
7. How many fruits and vegetables do you eat daily?                      4 or more                      2-3                      0-1
8. How many times a week do you eat at or from a restaurant?    0-1    2-3    4 or more
9. How many days per week are you active for at least 60 minutes?    0-3    4-5    6-7
10. How many hours on a school day do you watch TV, movies, play video or computer games not related to school or work?                      0-1                      2-3                      4 or more
11. Have you ever felt you had a problem with your weight?                      Never                      Sometimes                      Always
12. How many hours of sleep do you get each night? \_\_\_\_\_
13. Have you ever smoked cigarettes or chewed tobacco or vaped?    Never                      Once or twice                      3 or more times
14. Have you ever drank any alcohol? (beer, wine, liquor, other):    Never                      Once or twice                      3 or more times
15. Have you ever used drugs including marijuana?                      Never                      Once or twice                      3 or more times
16. Have you ever ridden in a vehicle when the driver is under the influence of alcohol or drugs? (This includes when you were the driver as well as other people):                      Never                      Once or twice                      3 or more times
17. Have you ever texted or e-mailed while driving a car?    Never                      Once or twice                      3 or more times
18. Have you ever done something violent because you were angry?    Never                      Once or twice                      3 or more times
19. Have you ever had someone at home, school, or anywhere else, who made you feel afraid, threatened you, or hurt you?  
Never                      Once or twice                      3 or more times
20. What gender do you identify with?    Male    Female    Other \_\_\_\_\_
21. Have you had sex?    No    Yes    Circle all that apply: vaginal    anal    oral
22. If sexually active, are you sexually active with men, women or both? \_\_\_\_\_
23. If you have had sex, how often do you use condoms?    N/A    Always    Sometimes    Rarely or never
24. Have you ever been forced to have sex you did not want, or has someone touched you in a way that made you feel uncomfortable?    Never    Not sure    Yes
25. Over the past 2 weeks how often have you felt down, depressed, irritable, or hopeless?  
Not at all                      Several days                      More than half the days                      Nearly every day
26. Over the past 2 weeks, how often have you had little interest or pleasure doing things?  
Not at all                      Several days                      More than half the days                      Nearly every day
27. Have you ever thought about hurting yourself or anyone else? YES/NO. If yes, what method have you thought about using, i.e. cutting, scratching, burning, self- hitting, etc? \_\_\_\_\_