



Patient Name: _____

DOB: _____

Date: _____

Bright Futures Adolescent Supplemental Questionnaire
Early Adolescent Visits

Healthy Behavior Choices: Risk Reduction

44.	Does anyone you live with smoke cigarettes or cigars or chew tobacco?	No	Sometimes	Yes
45.	Have you ever			
	drank alcohol	No	Sometimes	Yes
	taken things to get high, stay awake, calm down, or go to sleep	No	Sometimes	Yes
	used marijuana	No	Sometimes	Yes
	used drugs (cocaine, crack, heroine, ecstasy, meth inhalants, or pills)	No	Sometimes	Yes
	If you answered "Yes" or "Sometimes," complete questions 46–51.			
46.	Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?	No	Sometimes	Yes
47.	Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	No	Sometimes	Yes
48.	Do you ever use alcohol or drugs while you are by yourself (alone)?	No		Yes
49.	Do you ever forget things you did while using alcohol or drugs?	No	Sometimes	Yes
50.	Do your family or friends ever tell you that you should cut down on your drinking or drug use?	No		Yes
51.	Have you ever gotten into trouble while you were using alcohol or drugs?	No		Yes
52.	Have you pierced your body (not including ears) or gotten a tattoo?	No		Yes
53.	Have you ever been forced or pressured to do something sexual that you haven't wanted to do?	No		Yes
54.	Have you ever had sex (including intercourse or oral sex)? If you answered "Yes," complete questions 55–58.	No		Yes
55.	Are you having unprotected sex?	No		Yes
56.	Was your first time having sexual intercourse more than 3 years ago?	No		Yes
57.	Have you been sexually active and had a late or missed period within the last 2 months?	No		Yes
58.	Have you been sexually active without using birth control?	No		Yes

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