WELCOME

tell us about you

so we can make this visit yours

As you fill this out, circle or write what you would like to discuss. Let's get started!

What name do you go by? ____________________

Date ____________________

1. Would you like to **become pregnant** in the next year?
   __ Yes __ No
   __ Unsure __ Okay Either Way

2. Are you **having sex**?
   __ Yes __ No

3. In the last year, have you been screened and/or diagnosed with any **sexually transmitted infections,** such as chlamydia, gonorrhea, herpes, syphilis, HIV/AIDS?
   __ Yes __ No

4. Do you ever feel **unsafe at home, work, or school**?
   ___ Yes ___ No

5. Do you have family or friends that you **can count on** for help if you need it?
   ___Yes ___No ____ I'm not sure

6. How well are you **coping with the stress** in your life?

__Great __Fine __Not sure __Not Really __Not at all

7. In the last six months, have you had **little interest or pleasure in doing things or thoughts of self-harm**?
   __ Yes
   __ No

8. In the last six months, have you felt **down**, **depressed**, or **hopeless**?
   __ Not at all
   __ Several Days
   __ More than half the days
   __ Nearly every day

...almost there!!

9 Do you use **tobacco**?
smoking vaping smokeless
(circle)
__ Former
__ Current
__ Never
__ Interested in quitting

10 Does anyone **smoke or vape in your home or vehicle**?
__ Yes __ No

11 How many times in the past month have you had **four or more alcoholic drinks in one day?**
(1- 12oz. beer, 1- 6oz wine, 1.5oz hard liquor)
__ None
__ 1 or More

12 How many times in the past six months have you **used drugs (weed, pills, party drug)** or used a **prescription medication for non-medical reasons**?
__ None
__ 1 or More

13 Have you ever been **diagnosed** with:
__ Diabetes
__ High blood pressure
__ Asthma
__ Other Condition ___________
__ None / Not Applicable

14 What are your **weight goals**?
__ I would like to gain weight
__ I would like to lose weight
__ I'd like to maintain my current weight
__ I am not concerned about my weight

15 Are you **regularly eating fruits and vegetables** most days?
__ Yes __ No

16 Are you **taking a multivitamin** most days?
__ Yes __ No

17 What would **you like to discuss**?

____

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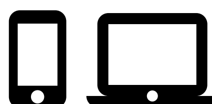

bit.ly/preparingforalifetime