Name:____ DOB: ________________ Today's Date: ________________

TWENTY ONE YEAR HEALTH CHECK

INTERVAL / BEHAVIOR / DEPRESSION / DEVELOPMENT

Any new changes in your life since last year? Do you have special health care needs?	▢ No ▢ Yes, describe: ▢ No ▢ Yes, describe:
Any concerns about your behavior?	▢ No ▢ Yes, describe:
In the last 2 weeks, how often have you had: Little interest or pleasure in doing things Feeling down, depressed, or hopeless	 ▢ Not at all ▢ Several days ▢ More than half the days ▢ Nearly everyday ▢ Not at all ▢ Several days ▢ More than half the days ▢ Nearly everyday
▢ I live a healthy lifestyle: I eat healthy, exercise, & keep myself safe. ▢ If something bad happens in my life, I'm able to get back on my feet. ▢ I feel I am good at something (like math, soccer, cooking, etc). ▢ I feel there is an adult who cares for me who I can go to for help.	▢ I have a friend or a group who I feel comfortable with. ▢ I have hope and confidence in myself. ▢ I help others on my own or with a church, school, or club. ▢ I'm more independent and make more decisions on my own

VISION / HEARING / ANEMIA / TB / SUBSTANCE / STD RISK ASSESSMENT

Have you ever failed a vision screening test?	▢ No ▢ Yes
Do you hold books close to your eyes to read?	▢ No ▢ Yes
Do you have trouble recognizing faces at a distance	▢ No ▢ Yes
Do you tend to squint?	▢ No ▢ Yes
Do you have a problem hearing over the telephone?	▢ No ▢ Yes
Do you have trouble following the conversation when 2 or more people are talking at the same time?	▢ No ▢ Yes
Do you have trouble hearing with a noisy background?	▢ No ▢ Yes
Do you find yourself asking people to repeat themselves?	▢ No ▢ Yes
Do you misunderstand what others are saying and respond inappropriately?	▢ No ▢ Yes
Have you ever been diagnosed with iron deficiency anemia?	▢ No ▢ Yes
Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	▢ No ▢ Yes
If you are female, do you have heavy periods or periods that last more than 5 days?	▢ No ▢ Yes
Were you born in a country where tuberculosis is prevalent (outside the US)?	▢ No ▢ Yes
Have you traveled (>1 week) to a country at high risk of tuberculosis?	▢ No ▢ Yes
Have you had contact with anyone with tuberculosis or a positive PPD test?	▢ No ▢ Yes
Have you ever been in jail?	▢ No ▢ Yes
Do you have HIV?	▢ No ▢ Yes
Do you smoke cigarettes, cigars, hookah, or other tobacco products?	▢ No ▢ Yes
In the past year, did you drink alcohol (more than a few sips)?	▢ No ▢ Yes
In the past year, did you smoke weed or other drug to get high?	▢ No ▢ Yes
Have you ever driven or been driven in a car by someone who was using alcohol or drugs?	▢ No ▢ Yes
If you use alcohol or drugs, do you use it to relax, feel better about yourself, or fit in?	▢ No ▢ Yes ▢ N/A
If you use alcohol or drugs, do you use it alone, by yourself?	▢ No ▢ Yes ▢ N/A
If you use alcohol or drugs, do you forget things you did while using it?	▢ No ▢ Yes ▢ N/A
If you use alcohol or drugs, do your family or friends tell you you should cut down or quit?	▢ No ▢ Yes ▢ N/A
If you use alcohol or drugs, do you ever get into trouble while using alcohol or drugs?	▢ No ▢ Yes ▢ N/A
Have you ever used injectable drugs (like cocaine, heroin, meth through needles)?	▢ No ▢ Yes
Have you ever had sex (including oral)?	▢ No ▢ Yes
Have any of your past or current sex partners been infected with HIV or was injectable drug user?	▢ No ▢ Yes
Have you ever been treated for a sexually transmitted disease?	▢ No ▢ Yes
Are you having unprotected sex (without a condom)?	▢ No ▢ Yes
Do you trade sex for money or drugs or have sex partners who do?	▢ No ▢ Yes
Have you ever had sex with men who've had sex with other men?	▢ No ▢ Yes

ANTICIPATORY GUIDANCE:

- Visit the dentist at least twice a year. Brush your teeth at least twice a day and floss once a day.
- Protect yourself from hearing loss. Don't blast music on headphones. Wear ear plugs in loud places or when mowing lawn.
- Drink water instead of soda, Kool-Aid, gatorade, sweet tea, juices, or other sugary drinks. Drink 3 cups of skim or low-fat milk per day.
- Spend no more than 2 hours a day on TV, phone, tablet, or computer (outside of work). Exercise at least 1 hour per day.
- If you are sexually active, always practice safe sex with a condom to prevent diseases. Sex should be something you choose, and no one should force it on you. If they can't respect you, they don't deserve you. It is ok to say "no" to your date.
- Do not drink and drive. Always wear a seatbelt in the car.
- Feel free to talk with us if you have any questions about gender identity and sexual orientation. It's ok to be who you are.
- You are an adult. Don't depend on others for everything. Clean up after yourself. Find ways to succeed or make a living by yourself.
- Set high goals for yourself and your future, and work hard to achieve them. It will pay off.
- It's ok to have daily ups and downs. But if you are feeling sad, depressed, nervous, irritable, hopeless, or angry all the time, talk to us.
- It's normal to drift away from some of your old friends. Evaluate your friendships and keep those that are healthy.