

Safety & Risk Questionnaire: 12-18 Years

Does your home have smoke and CO detectors in place?	Yes	No
Do you brush your teeth twice daily and see a dentist regularly?	Yes	No
Are you concerned about your weight or body appearance?	Yes	No
Do you feel that you are safe from violence both at home and school?	Yes	No
Do you handle or spend time around firearms?	Yes	No
Do you or anyone in your household smoke?	Yes	No
Do you get adequate sleep (8-10 hours nightly)?	Yes	No
Do you follow routine safety measures, including always wearing helmets when bike riding and always wearing seatbelts in the car?	Yes	No
Do you eat a well-balanced diet including fruits, vegetables, fiber, and lean meats?	Yes	No
Are you doing well in school?	Yes	No
Have you ever been bullied or cyber bullied, or felt unsafe at school or in your neighborhood?	Yes	No
Do you have a trusted adult at both home and school that you can go to during a time of need?	Yes	No
Has a family member or close contact that spends time with you been diagnosed with tuberculosis?	Yes	No
Have you lived or traveled outside of the United States for at least a month?	Yes	No