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

What name do you go by?

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?
   - Very Happy  [ ] Happy  [ ] Neutral  [ ] Not Happy  [ ] Very Unhappy

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

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Have you ever been diagnosed with:

- Diabetes
- High blood pressure
- Asthma
- Other Condition ___________
- None / Not Applicable

Let's talk about it

Are you regularly eating fruits and vegetables most days?
- Yes  
- No

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

Are you taking a multivitamin most days?
- Yes  
- No

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

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

What would you like to discuss?

___________________________
___________________________
___________________________

Does anyone smoke or vape in your home or vehicle?
- Yes  
- No

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Prefer to tilt for me?