

# SJLIFE

## Adolescent Health Questionnaire 13-17 Years of Age Self Report Control

SJLIFE participants are being asked to complete this questionnaire. These questions are sensitive and personal. Be assured that your participation is voluntary and you may choose to answer all, some, or none of the questionnaire items. Your responses will be kept confidential so please do not put *any* identifying information (like name, age, or date of birth) on this questionnaire. Once completed, please seal the questionnaire in the attached envelope and drop it off in the questionnaire box in the SJLIFE clinic. Thank you in advance for your participation.

Today's date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
m	m		d	d		y	y	y	y

Please! Do not mark below this line

## INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

Please follow these rules in completing this questionnaire. If you have any questions about completing this questionnaire, please call 1-800-775-2167.

1. Use a black ballpoint pen or a number 2 black pencil. Do not use a felt-tip or roller-ball pen. These may cause smudging. If you must erase answers, erase them completely.
2. When marking boxes, make an x inside the box.
3. Make no stray marks of any kind. Please keep the form as clean as possible.
4. Written responses must stay within the boxes provided.
5. Once you have completed the questionnaire, please place it in the attached envelope and drop it off in the SJLIFE questionnaire box in clinic.

### BODY IMAGE SCALE

In this section you will be asked how you feel about your appearance. Please read each item carefully, and mark the response which comes closest to the way you have been feeling about yourself during the past week.

During the past week . . . .


	Very much		Quite a bit		A little		Not at all
A1. Have you been dissatisfied with the appearance of a scar(s)? . . . . .	□	□	□	□	□	□	□

Please read each item carefully, and mark the response which comes closest to the way you feel about yourself.

		True. This statement describes me well; it is very much like me							
		Mostly true							
		More true than false							
		More false than true							
		Mostly false							
		False. Not like me at all; it isn't like me at all							
A2. I am good looking . . . . .	□	□	□	□	□	□	□	□	□
A3. I hate the way I look . . . . .	□	□	□	□	□	□	□	□	□
A4. I have a nice looking face . .	□	□	□	□	□	□	□	□	□
A5. I am ugly . . . . .	□	□	□	□	□	□	□	□	□
A6. Other people think I am good looking . . . . .	□	□	□	□	□	□	□	□	□
A7. I have a good looking body .	□	□	□	□	□	□	□	□	□
A8. Most of my friends are better looking than I am . . . .	□	□	□	□	□	□	□	□	□
A9. Nobody thinks I am good looking . . . . .	□	□	□	□	□	□	□	□	□

**B1. Have you ever had sexual intercourse?**


No  [Go to Question B4.](#)

Yes 

**The last time you had sexual intercourse . . .**

**B1a. Did you or your partner use a condom?**

No

Yes  [Go to Question B2.](#)

**B1b. If you did not use a condom, what method did you or your partner use to prevent pregnancy? (Select only one response.)**

- No method was used to prevent pregnancy
- Birth control pills
- IUD (such as Mirena or ParaGard)
- Implant (such as Implanon or Nexplanon)
- Shot (such as Depo-Provera)
- Birth control patch (such as Ortho Evra)
- Birth control ring (such as NuvaRing)
- Sponge (such as Today Sponge)
- Spermicide
- Withdrawal or some other method

**B2. Over the course of your lifetime, how many people have you had sexual intercourse with?**

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**B3. How old were you when you had sexual intercourse for the first time?**

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**B4. Do you have any concerns about your fertility (your ability to have/produce biological children in the future)?**

No

Yes

Not sure

[Continue on next page.](#)

**We are always interested in your input.  
Use this space for any additional comments you may have:**

Empty box for additional comments.

**Thank you for your participation.**



**Please! Do not mark below this line**