

Student # _____

Today's Date _____ Date of Birth _____

Age _____ Grade _____ Height _____ Weight _____

Systolic BP _____ Diastolic BP _____

PLEASE COMPLETE THE SURVEYS CHECKED BELOW:

- Healthy Lifestyle Update Action Plan
- Risk Assessment Update Measurements
- CRAFFT



ADOLESCENT SELF-MANAGEMENT TOOL

West Virginia School Health Technical Assistance Center
Marshall University • Joan C. Edwards School of Medicine
Phone: 304-691-1192 Email: info@wvshstac.org www.wvshstac.org

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