CONFIDENTIAL

Health Survey for Adolescents

Everyone is faced with choices and situations that are complicated. The purpose of these questions are to give your doctor or nurse information to care for you. If you have any questions about these subjects, ask your doctor or nurse.

YOU DO NOT HAVE TO ANSWER THE QUESTIONS. If you choose not to fill it out, please read the questions anyway because your doctor or nurse will want to talk about any questions you may have.

The information you share will be kept PRIVATE between you and your doctor or nurse unless the information is needed to protect you from immediate danger.
The Health Survey for Adolescents is not intended to replace existing comprehensive health assessments. It is intended to provide an example of a brief tool addressing high priority adolescent risk behaviors. This survey was developed by the Adolescent Quality Improvement Work Group.

The Adolescent Quality Improvement Work Group included representatives of:

- New York State Department of Health
- IPRO
- Managed Care Plans
- Adolescent Medicine Specialists
- NYS Chapter of the American Academy of Pediatrics
- NYS Academy of Family Physicians
- American College of Obstetricians and Gynecologists, District II/NYS
- The Medical Society of the State of New York

Developed by the Adolescent Quality Improvement Work Group, September 2000. For additional copies please call Leslie Schechter at IPRO at 516-326-7767, ext. 284.
Please circle your answer to each of the following questions:

1. How often do you use a helmet when you rollerblade, skateboard, bicycle, or ride a motorcycle, minibike or ATV?
   
<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Rarely or never</th>
</tr>
</thead>
</table>

2. How often do you wear a seat belt when you ride in a car, truck or van?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Rarely or never</th>
</tr>
</thead>
</table>

3. Are you having any problems in school?

<table>
<thead>
<tr>
<th>Rarely or never</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
</table>

   Circle all that apply... grades, fighting, missing school

4. Have you ever felt you had a problem with your weight? (underweight, overweight, anorexia, bulimia)

<table>
<thead>
<tr>
<th>Rarely or never</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
</table>

5. Did you ever smoke cigarettes (even if you did not inhale) or chew tobacco?

<table>
<thead>
<tr>
<th>Never</th>
<th>Once or twice</th>
<th>3 or more times</th>
</tr>
</thead>
</table>

6. Did you ever drink any alcohol? (beer, wine, liquor, other)

<table>
<thead>
<tr>
<th>Never</th>
<th>Once or twice</th>
<th>3 or more times</th>
</tr>
</thead>
</table>

7. Did you ever use drugs?

<table>
<thead>
<tr>
<th>Never</th>
<th>Once or twice</th>
<th>3 or more times</th>
</tr>
</thead>
</table>

   Circle all that apply... marijuana, cocaine, crack, heroin, acid, speed, ecstasy, roofies, sniffed inhalants, steroids, hormones, prescription drugs not ordered for you, or others

8. Have you ever ridden in a vehicle when the driver is under the influence of alcohol or drugs? (This includes when you were the driver as well as other people).

<table>
<thead>
<tr>
<th>Never</th>
<th>Once or twice</th>
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9. Have you ever done something violent because you were angry?

<table>
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</tr>
</thead>
</table>

10. Have you ever had someone at home, school or anywhere else, who made you feel afraid, threatened you, or hurt you?

    | Never | Once or twice | 3 or more times |
    |-------|---------------|-----------------|

    continued on back
Please circle your answer to each of the following questions:

11. Have you had sex?

No  
Yes  

Circle all that apply... vaginal sex  anal sex  oral sex

12. If you have had sex, how often do you use condoms (rubbers)?

Never had sex  Always  Sometimes  Rarely or never

13. Were you ever forced to have sex you did not want, or has someone touched you in a way that made you feel uncomfortable? (touching of breasts, buttocks, or genitals)

Never  Not sure  Yes

14. Have you ever felt sad or down for more than 2 weeks or felt as though you had nothing to look forward to?

Never  Once or twice  3 or more times

15. Have you ever thought about killing yourself or made a plan to kill yourself?

Never  Once or twice  3 or more times

DO YOU HAVE ANY QUESTIONS ABOUT ANY OF THESE TOPICS?

There may be subjects that you would like to know more about. You may have friends or know people who are making these choices, or you may want more information to help you make choices in the future. CIRCLE any subjects you would like more information about and add any subjects that are not listed below.

tobacco  abstinenence (saying no)  depression  quitting smoking  safer sex  suicide  alcohol  birth control  abuse  drugs  homosexuality (gay/lesbian)  weight problem  steroids (bulking up)  HIV/AIDS  diet pills/laxatives  sniffing (glue, aerosol)  sexual diseases (STDs)  exercise/fitness  sharing needles/works  gender issues (transgender/transsexual)  body piercing/tattoos/branding  other

Name:______________________________________________________ Age:____

I have reviewed the above information with my patient.

Date:____/____/_____ Initials:________
Health Survey for Adolescents

Provider Information
Health Survey for Adolescents
Provider Information

Purpose

This trigger questionnaire was developed as part of an initiative originating from the Office of Managed Care in the New York State Department of Health to improve preventive health service delivery to adolescents. The intent of the questionnaire is to provide a standardized mechanism to identify adolescents engaging in risk behaviors and to promote discussions between adolescents and health professionals. The interaction between the adolescent and the health professional provides a forum for educating adolescents regarding the health consequences of particular behaviors and for discussing risk reduction plans for those adolescents practicing specific behaviors. The trigger questionnaire is intended to be completed and reviewed annually as adolescence is a period of rapid growth and change. Frequent and repeated messages are helpful in conveying information. The questions represent a set of condensed topics reflective of recommendations from national programs such as the American Medical Association’s Guidelines for Adolescent Preventive Services, the US Preventive Task Force’s Clinical Guidelines for Preventive Services, and the Maternal and Child Health Bureau’s Bright Futures.

The goal of this initiative is the reduction of preventable illnesses through anticipatory education, early identification, and interaction to reduce risk behaviors. The trigger questionnaire is intended to help identify areas for further exploration and discussion.

Content

The questionnaire reflects topics associated with elevated incidence of morbidity and mortality for adolescents. The questions are initial, or first-order, questions which are intended to identify areas requiring further evaluation rather than identify the level of risk for adolescents for various behaviors. The questions were chosen to explore risk behaviors for many areas while still remaining time efficient.

Setting/Mechanism

The survey was developed as a self-administered tool that the adolescent could complete while waiting for an exam. The questions could be asked as part of an interview if the health professional prefers that method of information gathering. The adolescent should be asked as part of the interview if he or she understood the questions.
The issue of confidentiality and privacy needs to be considered. Adolescents who have concerns with confidentiality need direct answers about the protection of the information shared with the health professional. Allowing a private area for the adolescent to complete the questionnaire is recommended such as while waiting in the exam room.

Practices are encouraged to distribute the questionnaire in any manner that best suits their system with the above considerations in mind. If an adolescent refuses to fill out the questionnaire, the health professional may use the questions as prompts for discussion topics.

The questionnaire is intended to be kept over time to assess the progression of risk behaviors. The information collected and maintained, as part of the medical record is confidential. Other mechanisms of maintaining the information may be used as long as the provider has access to pertinent information to monitor risk behaviors over time.

**Using the Questionnaire**

Once the questionnaire is completed, the health professional should review the information with the adolescent. This is the opportunity to evaluate risk information, reinforce positive health decisions, provide education, and plan risk reduction actions. Adolescents may be more comfortable talking about topics in the context of behaviors of their friends or peers.

The questions are the most basic for identifying risk with a particular topic. The questions are intended as a jumping off place for the health professional. The topic should be followed with further questions exploring the risk level and the need for intervention or counseling. Examples of follow up questions for each of the trigger questions have been provided in Appendix A. Areas identified as needing further action should include the documentation of action (such as counseling, referral, etc.). The adolescent should be asked if there are other health concerns that were not discussed.

The interaction with the health professional may be augmented with educational materials, linkages to community support organizations, or further follow up actions. Health professionals are encouraged to use materials and linkages to provide continued support and education for adolescents. Adolescents may be given a blank questionnaire and should be encouraged to discuss topics with their parents or other supportive adults.
APPENDIX A

The following are examples of follow-up questions that may be used to further explore the adolescent's behavior based on the answer given in the trigger questionnaire. The underlined words reflect the adolescent's response to the trigger question.

1. How often do you use a helmet when you rollerblade, skateboard, or ride a motorcycle, minibike or ATV?
   **Adolescent response:**
   **Always**  - Reinforce healthy decision
   "Using protective equipment is the best way to stay healthy."
   **Sometimes or Rarely**  - Further questions include:
   "What influences your decision whether to wear protective gear?"
   "What can you do to help remember to use protective gear?"

2. How often do you wear a seat belt when you ride in a car, truck, or van?
   **Adolescent response:**
   **Always**  - Reinforce healthy decision
   "Using seat belts saves many lives every year."
   **Sometimes or Rarely**  - Further questions include:
   "What influences your decision whether to wear a seat belt?"
   "What can you do to help remember to use a seat belt?"

3. Are you having any problems in school (grades, fighting, missing school)?
   **Adolescent response:**
   **Rarely**  - Reinforce awareness
   "It is not uncommon for teens to have problems in school. If you have problems, you can talk to me about it."
   **Sometimes or Always**  - Further questions include:
   "What problems are you having?"
   "How has it affected you and your school work?"
   "Is there anything you think could be done to help fix the problem?"
   "Do you have a supportive adult you can talk to?"

4. Have you ever felt you had a problem with your weight? (underweight, overweight, anorexia, bulimia)
   **Adolescent response:**
   **Rarely**  - Reinforce awareness
   "Weight is certainly emphasized by the media in our society. Your body changes a lot during adolescence. This is normal. Eating a healthy diet and exercising are two things you can do to remain healthy."
   **Sometimes or Always**  - Further questions include:
   "Have you felt you were overweight or underweight?"
   "What do you consider your ideal weight?"
   "How have you tried to change your weight (diet, vomiting, pills, caffeine, laxatives, cigarettes)?"
   "Have other people expressed concern about your weight?"
   "Have you felt your eating habits were unhealthy (eating too much or too little)?"
5. Did you ever smoke cigarettes (even if you did not inhale) or chew tobacco?
   Adolescent response:
   **Never** - Reinforce healthy decision
   "It's good you're not smoking. Smoking is bad for your breathing and heart."
   **Once or More** - Further questions include:
   "How much do you smoke?"
   "What started you smoking?"
   "Have you thought about quitting?"

6. Did you ever drink alcohol? (beer, wine, liquor, other)
   Adolescent response:
   **Never** - Reinforce healthy decisions
   "Drinking has certain hazards for your health and can affect the decisions you may make while under the influence, such as driving, sexual situations. How do you think you could handle situations when you are offered alcohol in the future?"
   **Once or More** - Further questions include:
   "Have you ever gotten drunk or very high from alcohol?"
   "Have you ever not remembered what you did because of drinking?"
   "Have you ever done something that you would not have done sober?"
   "Has anyone been concerned about your drinking?"
   "Have you had sex while under the influence of alcohol?"

7. Did you ever use drugs? (marijuana, cocaine, crack, heroin, acid, speed, ecstasy, roofies, sniffed inhalants, steroids, hormones, prescription drugs not ordered for you, or others)
   Adolescent response:
   **Never** - Reinforce healthy decisions
   "Using drugs has certain hazards for your health and can affect the decisions you may make while under the influence, such as driving, sexual situations. How do you think you could handle situations when you are offered drugs in the future?"
   **Once or More** - Further questions include:
   "What drugs have you used and how often?"
   "Have you ever not remembered what you did because of using drugs?"
   "Have you ever done something that you would not have done sober?"
   "Has anyone been concerned about your drug use?"
   "Have you ever injected drugs or shared needles/works?"
   "Have you had sex while under the influence of drugs?"

8. Have you ever ridden in a vehicle when the driver is under the influence of alcohol or drugs? (This includes when you were the driver as well as other people)
   Adolescent response:
   **Never** - Reinforce healthy decisions
   "Driving and drinking/drugs is very dangerous. The same applies to any activity you may be doing while under the influence, like swimming, boating, horse riding around near subways or trains."
   **Once or More** - Further questions include:
   "When have you driven or ridden while under the influence?"
   "What are some ways you can think of to avoid driving or riding with someone who is under the influence?"
   "Have you ever done something that you would not have done sober?"
   "Have you or any of your friends gotten hurt while under the influence?"
9. Have you ever done something violent because you were angry?

Adolescent response:
Never - Reinforce healthy decisions
"Violent responses to situations can happen sometimes as young people are learning to cope with new problems and situations."

Once or More - Further questions include:
"What was your response?"
"What was the situation?"
"What are some other ways to deal with similar situations?"

10. Have you ever had someone at home, school or anywhere else, who made you feel afraid, threatened you, or hurt you?

Adolescent response:
Never - Reinforce awareness
"Violence is a part of our society. You may be faced with hazardous situations. What are some things you do or think you would do to reduce your risk of injury?"

Once or More - Further questions include:
"Who made you feel afraid, threatened or hurt you?"
"Were you hurt (physically or emotionally)?"
"How have you dealt with this (gotten out of proximity, therapy)?"

11. Have you had sex? (vaginal, anal, or oral sex)

Adolescent response:
Never - Reinforce healthy decisions
"The decision not to have sex until you are ready is one way to take care of yourself. When you decide to have sex, one of the things we need to talk about is how to keep yourself safe and protect yourself from STDs and pregnancy."

Not Sure or Yes - Further questions include:
"Tell me about your sexual relationship(s)."
"When did you first have sex?"
"How many partners have you had?"
"How old have your partners been?"
"Have you had partners of the same sex?"
"Have you ever had a sexually transmitted disease?"
"Have you used anything to protect yourself?" (See below)

12. If you have had sex, how often do you use condoms (rubbers)?

Adolescent response:
Never Had Sex - Explore future decisions:
"When you decide to have sex, one of the things we need to talk about is how to keep yourself safe and protect yourself from STDs and pregnancy."

Always - Reinforce healthy decisions
"Using barriers for sex helps protect you from not only pregnancy, but also from STDs and AIDS."

Sometimes or Rarely - Further questions include:
"How often do you use condoms?"
"What influences your decision to use or not use barriers for sexual encounters?"
"What do you use for contraception?"
"What are some ways to talk to your partner about using condoms or barriers?"
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13. Were you ever forced to have sex you did not want, or has someone touched you in a way that made you feel uncomfortable? (touching of breasts, buttocks, or genitals)
   **Adolescent response:**
   **Never** - Reinforce awareness
   "Situations where someone feels pressured or is forced into having sex are not unusual for adolescents. This is especially the case when young people have been drinking or using drugs."
   **Not Sure or Yes** - Further questions include:
   "When did this happen?"
   "What happened?"
   "How has this affected you?"
   "Have you spoken to anyone about this?"

14. Have you ever felt sad or down for more than 2 weeks or felt as though you had nothing to look forward to?
   **Adolescent response:**
   **Never** - Reinforce awareness
   "Emotions can be strong at times and it is normal to be sad some of the time. If the sadness lasts more than two weeks or you feel like hurting yourself, you need to tell someone and get help."
   **Once or More** - Further questions include:
   "What happens that gets you down?"
   "What are things you do to feel better?"
   "Does it help?"
   "Ever use drugs or alcohol to feel better?"
   "Have you talked to anyone about your feelings?"
   "If this happens in the future, who could you talk to?"

15. Have you ever thought about killing yourself or made a plan to kill yourself?
   **Adolescent response:**
   **Never** - Reinforce awareness
   "There are teens who feel like they want to die or hopeless. It is important to know there is help if you or anyone you know feels like killing themselves."
   **Once or More** - Further questions include:
   "Have you felt like killing yourself recently?"
   "Have you ever attempted suicide before?"
   "Have you made a plan to kill yourself?"
   "Have you gotten any help or told anyone?"

16. **ADDITIONAL QUESTIONS**
   Review topics that the adolescent has indicated he or she would like to know more about.