Vermont Child Health Improvement Program
UNIVERSITY OF VERMONT COLLEGE OF MEDICINE

Is Your Adolescent getting READY for Life?
The Adolescent Health Supervision Visit

As your child becomes an adolescent, the hormonal shifts common during puberty result in emotional and physical changes. This transition can feel overwhelming; your teen's health care provider is one person who can guide you both through this journey. Yearly check-ups, also called health supervision or well care visits, are often overlooked but can provide you with the tools to successfully transition your teen through adolescence.

Is a Well Care Visit a Sports Physical?
Some schools require athletes to provide proof of a physical exam before participating in sports. This exam is simply intended to evaluate one's physical ability to safely participate in sports. Well care visits allow for a more thorough physical exam and health screen. They also provide the opportunity to address other important teen issues.

What happens during an adolescent's Well Care Visit?
The provider will review several areas of development and preventative health topics. The provider can measure BMI and give advice about nutrition and physical activity. Well care visits through middle and high school also provide a chance to review your teen's vaccine history and discuss other recommended vaccines. Screening tests may be recommended (vision and hearing screening, testing for anemia, or screening for hidden infections such as tuberculosis or chlamydia).

What about my adolescent's behavior and emotional health?
Teens are surrounded by confusing messages from the media and peers who may be making unhealthy choices. This visit allows your teen the chance to discuss sensitive topics and address problems early. Some of these topics may include drugs and alcohol, eating disorders, depression, anxiety, puberty, and sexuality. The majority of teen fatal and non-fatal accidents are preventable, and well care visits can provide guidance teens need to make good decisions and decrease their risks of injury.

What can I do to protect my adolescent from risky behavior?
Reinforcing strengths or assets can protect teens from risks and help them get READY for life. Your doctor may ask your teen about their strengths:
R for Relationships: Is your teen learning to form healthy relationships with peers, teachers, and coaches? Does he feel he belongs or fits in at school and in the community? Does he have at least one adult he can go to if he is has a problem to discuss? What about romantic relationships?
E for Energy to get things done. Does your teen have enough energy to get school work done and have fun? If not, why not? Is there a health problem, not enough sleep, or could she be depressed?
A for Awareness of the world and how one fits in. Does your teen have opportunities to contribute in the family, at school, in the community? Is he developing a sense of honesty, kindness, empathy, and generosity?
D for Decision maker. Is your teen learning how to make healthy, independent decisions about her health and behavior choices? Can you help her be a better decision maker?
Y for saying Yes to healthy behaviors – Does your teen eat well, sleep well, work hard and play hard?

What about confidentiality and privacy during my adolescent's Well Care Visit?
Allowing your teen the space to freely discuss any health issues with the doctor ensures that important health issues will not be overlooked due to embarrassment, shame, or fear. This also helps create confidence in your teen's ability to handle their own healthcare as they transition into adulthood.

Physical Health

Tobacco, Drugs & Alcohol

Mental Health

WE ARE HERE FOR YOU

Vaccines & Screens

Stress & Anxiety

Sexual Health

ASK US ANYTHING

CONFIDENTIAL HEALTH CARE

ALL Are Welcome Here

Adolescent Well Care Visits

Don't have a doctor? Talk to your school nurse.

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POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Achieving Quality Health Services for Adolescents

COMMITTEE ON ADOLESCENCE

This update of the 2008 statement from the American Academy of Pediatrics redirects the discussion of quality health care from the theoretical to the practical within the medical home. This statement reviews the evolution of the medical home concept and challenges to the provision of quality adolescent health care within the patient-centered medical home. Areas of attention for quality adolescent health care are reviewed, including developmentally appropriate care, confidentiality, location of adolescent care, providers who offer such care, the role of research in advancing care, and the transition to adult care.

INTRODUCTION

The American Academy of Pediatrics (AAP)-endorsed patient-centered medical home (PCMH) model has transformed the delivery of primary care in the United States and offers newly defined measures of quality.[1] Coupled with *Bright Futures*,[2] an evidence- and expert opinion-based guide on how best to provide clinical care for adolescents, a new blueprint for quality health services has emerged. Advanced and open-access models of care delivery have improved efficiency and decreased wait time for patients. Continuity of care with a primary care provider, electronic health record use for population management, and implementation of evidence-based guidelines for preventive care have significantly progressed. Focus on preventive care with attention to specific quality measures, such as those within the Healthcare Effectiveness Data and Information Set (HEDIS),[3] which consists of 81 measures across 5 domains of care, allow for an objective measurement of quality care delivery. A renewed attention to patient satisfaction strengthens the provider-patient relationship. In addition, greater attention to transition of care may allow the opportunity for an easier move from adolescent to adult care. Despite these significant advances, unique challenges to achieving quality health care for adolescents remain in areas such as access to care, provider availability, confidentiality, the

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electronic health record, and adult transitions for adolescents with chronic health conditions.

EVOLUTION OF THE MEDICAL HOME AS QUALITY HEALTH CARE

The conceptual framework by which a primary care practice intends to improve the quality, efficiency, and patient experience of care has evolved since the middle of the 20th century. The AAP first introduced the term "medical home" in 1967 to describe the need for a central location of archiving a child's medical records. This medical home primarily focused on children with special health care needs.[4] By 1992, the AAP broadened the concept of a medical home to include an identifiable, well-trained primary care physician to promote quality care for all children and adolescents. In the 2002 revision of its 1992 statement, the AAP reiterated and enhanced its explanation of care under this model known as the medical home, retaining the 1992 principles of medical care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective, and then expanded an operational definition to include 37 specific activities that should occur within a medical home.[5] Similar models of adult primary care were concurrently proposed by other medical organizations.

In 2007, the AAP joined the American Academy of Family Physicians, the American College of Physicians, and the American Osteopathic Association to endorse the "Joint Principals of the Patient-Centered Medical Home,"[1] which describes 7 core characteristics:

1. Personal physician for every patient.
2. Physician-directed medical practice.
3. Whole-person orientation.
4. Care is coordinated and/or integrated.
5. Quality and safety are hallmarks of PCMH care.
6. Enhanced access to care.
7. Appropriate payment for providing PCMH care.

The PCMH, a physician-led, team-based model of whole-person primary care intended to improve quality and efficiency of care, has been adopted by many stakeholders in addition to professional associations, including payers and policy makers.[6] The Agency for Healthcare Research and Quality defines the PCMH as a way to improve health care in America by transforming how primary care is organized and delivered.[7] Increased focus on improving the quality of health services in the United States through the PCMH model has led to a directed effort toward improving access to care, with more timely delivery of services, continuity of care with a primary care provider, patient satisfaction with care, and positive measurable outcomes resulting from care.[8–15] The PCMH uses these quality elements as its cornerstone and is a widely accepted means of achieving quality health service reform.[1,5] Voluntary certification of PCMH status assesses practice structural capabilities to meet the requirements of PCMHs. Certification is provided by a number of organizations, including the National Committee on Quality Assurance,[16] The Joint Commission,[17] the United States Military Health System,[18] and other certifying organizations.

THE PCMH SHIFTS FOCUS FROM QUANTITY TO QUALITY

Traditional productivity measures of quantity of care focus on business outcomes, which, in a fee-for-service system, assist in measuring revenue generation and complexity of care delivered. In such a model, the health care system is rewarded when providing a high volume of care, particularly face-to-face care, because those visits generate the most revenue. From the patient's vantage point, this model promotes brief, episodic, discontinuous, acute illness-centric care. The result can be care that is not cost-effective, efficient, or guided by published recommendations, without sufficient regard for quality in the context of the whole patient. Access to care, continuity of care, and satisfaction with care are potentially excluded. This system may perpetuate a health and wellness trajectory in a negative direction.[19]

In contrast, the PCMH revolves around the patient-physician relationship. In this model, patient-based outcomes are at the forefront: access to care, continuity of care, confidentiality of care, preventive care, and measurable health outcomes, such as HEDIS quality measures. The PCMH reorients outcome measures of care away from provider- and system-based metrics of quantity of care and toward patient-centered metrics of quality of care. This model of care, if it includes appropriate payment by private-sector and government payers, encourages continuous, comprehensive, and preventive care that promotes wellness. This system rewards cost-effective care and promotes improvement in patient health to promote high-quality health care at reduced costs. This model transforms a health care system to a system of health.[19]

EFFECTIVENESS OF THE PCMH

The nascent research on the effectiveness of PCMH for child and adult health care is promising.[20] PCMHs with open-access scheduling have been shown, in multiple managed care systems, to increase access and continuity of care; improve outcomes; increase

productivity, with relative value unit gains of as much as 17% per encounter; raise total revenue per visit; increase physician compensation; provide more efficient clinic operations, with decreased use of urgent-care services; and improve patient and provider satisfaction, all while reducing health care costs.[21–26] Not all studies have found short-term cost-savings, however.[27,28] By using claims data, one study found that participation in a multipayer medical home pilot of National Committee for Quality Assurance–certified adult practices was associated with limited improvements in quality and was not associated with reductions in utilization of hospital, emergency department, or ambulatory care services or total costs over 3 years. The authors suggested that there may be a need for continued refinement of PCMH practice models within complex health systems.[29] This study reveals the complexity of evaluating PCMH interventions in large multipayer systems and may support the lack of uniformity of success among PCMH practices or a variable latency period between initiating quality improvements and reaching desired outcomes.[30] Transition toward a fully operational PCMH has inherent challenges, and it may take several years to reach maturity and reduce costs in a managed care system.[31–33]

The future direction and modifications of PCMHs will rely on continued research and rigorous evaluation, particularly for health care outcomes for adolescents within PCMHs, for whom little research exists to date. Consistent with lack of research in this area, the ability of the medical home to address the unique health service needs of adolescents is not well defined, and there remain differing approaches to the care of adolescents, such as length of appointment times; availability of confidential time with the pediatric provider; access to confidential services, including confidentiality within the electronic health record and explanation of benefits; and access to adolescent medicine specialists within the PCMH and neighborhood.

Medical organizations recommend that health services provided to adolescents be adolescent oriented, comprehensive, and coordinated and that they promote healthful behavior, manage chronic health conditions, and focus on prevention.[34–36] *Bright Futures* contains evidence-based and expert-informed practice guidelines for adolescent health care providers.[2] However, health services in the United States often are not designed around the adolescent, nor do they usually take into account the unique issues of adolescence that affect their health. As a result, some adolescents face gaps in care, fragmented services, less-than-ideal medical management, missed opportunities for health promotion and disease prevention, and challenges in transition to adult care for young people with chronic health conditions.[37]

ISSUES SPECIFIC TO ADOLESCENCE

Adolescents engage in high-risk behaviors that cause significant morbidity and mortality. Adolescents and young adults have higher incidences of reckless driving, substance abuse, unprotected sex, and violent behavior, compared with adults. Unintentional injuries are the leading cause of death for children, adolescents, and young adults, and alcohol use plays a role in many injuries. Homicide and suicide are the next leading causes of death for adolescents. Recent US high school data reveal that 4 in 10 high school students text or E-mail while driving. Thirty-five percent of high school students drink alcohol, and 23% have used marijuana. In the past year, nearly 15% of high school students were electronically bullied, nearly 20% were bullied on school property, and 8% attempted suicide. Nearly half (46.8%) of US high school students have had sexual intercourse, 34% are currently sexually active, and 15% had sexual intercourse with 4 or more persons during their life. Among currently sexually active students, 59% used a condom during their last sexual intercourse.[38]

Risky and healthy behaviors that are associated with adult morbidity, such as cardiovascular disease, cancer, and diabetes, also have their origins during the adolescent years. Fifteen percent of high school students smoke cigarettes, and nearly 9% have used smokeless tobacco. Few adolescents consume the recommended amount of daily fruits and vegetables, and in the past week, 5% had not consumed any fruit or 100% fruit juice, and 6.6% had not eaten any vegetables. Forty-one percent had played video or computer games or used a computer for something not related to school work for 3 or more hours per day on an average school day.[38] In the context of these and other health behaviors, the PCMH, centered on the patient-pediatrician relationship, may have a significant impact on adolescent and young adult health.

Within the PCMH model of care as well as other health systems, adolescents receive care within a variety of delivery systems with varying access to comprehensive care, specialty care, and coordination of care and from a variety of providers with varied levels of training in adolescent care. The consequences of these variations are largely unknown for the adolescent population.[10] Issues unique to adolescence that are either incompletely or nonspecifically addressed with the PCMH model include developmentally appropriate care, confidentiality, location where adolescents receive care, providers who offer such care, the role of research in advancing care,

and transition to adult care. These measures need to exist within the PCMH to address adolescent care effectively.

The AAP, American Academy of Family Physicians, and American College of Physicians purport that optimal health care is achieved when each person, at every age, receives developmentally appropriate care.[39] Providing quality health care for adolescents requires that pediatricians maintain relationships with families and with community institutions, such as schools or youth development organizations, while maintaining the relationship with each patient.[34,40] In providing quality care for adolescents, pediatricians help patients develop autonomy, responsibility, and an adult identity, and therefore, care should be developmentally appropriate. Developmentally appropriate care for adolescents may require longer appointment times, which may be a challenge to accommodate within a PCMH that serves a broad age spectrum.[13]

Confidentiality, both in determining whether youth receive what they need and whether there are opportunities for private one-on-one time during health care visits, is a major factor that determines the extent to which adolescents receive appropriate care.[41] Confidentiality and privacy issues can pose significant barriers to successful screening, assessment, compliance, and follow-up for adolescents and, therefore, is inextricably intertwined with quality health care for this population.[42–45] Moreover, lack of confidential billing for patients with commercial health insurance provides an obstacle to recommended screening and treatment, particularly for sexually transmitted infections and contraception care.[46]

Even within certified PCMHs, a range of providers may care for adolescents. A common clinical management approach within PCMH is for teenagers to be assigned advanced clinical practitioners, such as nurse practitioners and physician assistants, as primary care providers, because of relatively low utilization rates and generally well health status of this population overall to maximally leverage open- and advanced-access model systems of clinical care.[21,47] With the advent of excellent guidelines for provision of adolescent health care, such as *Bright Futures*, and use of validated quality measures, such as data from HEDIS, this may be an appropriate delivery model for well teenagers, presuming providers are adequately trained in provision of adolescent health care, but research on this topic is lacking. A primary concern is that elements necessary for highest-quality adolescent preventive health care, including additional time for confidential interview and discussion, may not be available in a medical home model focused on short-term cost benefits, when such care limits enrollment numbers and the number of patients available to be seen per day, further limiting access to preventive care in a population that often fails to receive preventive care.[48]

Supporting the health care transition from adolescence to adulthood in the medical home is another challenge for quality adolescent health care. In 2011, a clinical report authored by the AAP, American Academy of Family Physicians, and American College of Physicians reviewed the importance of supporting and facilitating the transition of adolescents with special health care needs into adulthood.[49] Despite renewed attention and effort, widespread implementation of health transition supports as a basic standard of high-quality care has not been realized and has not yet been incorporated into routine adolescent health care in the PCMH.[39]

Within the medical home model of care, and in comparison with other age groups, little research exists regarding adolescent health care. As a result, the impact of the medical home in delivery of quality adolescent health care is still unclear, because it is largely unstudied. Although more research is clearly needed, concerns also exist regarding the ability for the medical home to maintain clinical research activities to produce the types of outcomes data helpful in optimization of the model for adolescents.[50] Addressing these issues now is critical for the future success of adolescent care within the medical home, which remains early in its implementation in the United States.

PRIMARY CARE ACCESS AND UTILIZATION

Adolescents and young adults are among those least likely to have access to preventive health care, and they historically have the lowest rate of primary care use of any age group in the United States.[48,51] One analysis based on claims data from a 700 000-member health plan in Minnesota revealed that one-third of adolescents with 4 or more years of continuous enrollment had no preventive care visits from age 13 through 17 years, and another 40% had only a single preventive care visit.[52] National surveys with past-year preventive visit measures show significant variation across adolescents (43% to 81%) and young adults (26% to 58%).[53] Those with behavioral health diagnoses are especially lacking in access to care, as fewer than half of all adolescents with psychiatric disorders received care within the past year.[54] In 2012, more than 8% of adolescents lacked insurance, and as of 2014, 18.3% of 18- to 24-year-olds are uninsured in the United States.[55] Health disparities are well described among subgroups of adolescents, including those who are homeless or in the

state child welfare or juvenile justice systems.[56,57] Lesbian, gay, bisexual, and transgender adolescents are at highest risk of lacking access to primary care and behavioral health services.[58] Further access challenges exist for adolescents in more rural areas, as well as those who have difficulty negotiating the health care system or live in poverty and lack insurance coverage.[57] The Patient Protection and Affordable Care Act[59] shows promise in improving preventive care of young adults and adolescents.[60] Among those 10 to 17 years old, Healthy People 2020 data reveal that the proportion of adolescents who have had a well-patient visit in the past 12 months increased by 9.6% from 2008 to 2013.[61] The Affordable Care Act may continue to improve access to preventive health care for many adolescents, but its implementation and access to services provided vary by state.

School-based health centers (SBHCs) provide convenient preventive health services for a small number of adolescents and young adults. They serve as a model for improving the linkage between health and education and community systems to improve preventive and primary care. SBHCs may further provide an entry point and source of primary care, with ongoing connections to a medical home, for children who do not otherwise have access to consistent care.[62] There are more than 130 000 schools in the United States serving students in kindergarten through 12th grade. According to the School-Based Health Alliance 2013–2014 census report, there are 2315 SBHCs that serve US students and communities in 49 of 50 states and the District of Columbia. Eighty percent of SBHCs provide care for students in grade 6 and above. More than half of SBHCs serve populations in addition to students in the school, such as students from other schools, family members of student users, out-of-school youth, school faculty and staff, and other people in the community. Although half of SBHCs are in urban areas, the largest growth of SBHCs has been in rural areas, accounting for nearly 60% of new SBHCs since 2010, and addressing unique challenges to rural youth access to quality primary, behavioral, and oral health care.[63]

Although household surveys indicate that most adolescents receive their primary care in a doctor's office or clinic, approximately 10% of adolescents rely on the hospital or emergency department as their usual source of care.[10] Among adolescents who received care, studies using national compliance rates data from the Medical Expenditures Panel Survey have shown that rates of preventive counseling, health promotion, and screening were low. Only half of adolescents received care that followed recommended guidelines, such as those for annual well-patient visits, confidential and comprehensive health screening, and immunizations.[48,64,65]

Adolescents with chronic medical needs face additional challenges within the medical home model.[39] The ability of primary care providers within a medical home to effectively manage chronic disease, considering time requirements, has been questioned.[66] Models of care encouraged in PCMH that address chronic health care needs include dedicated care coordinators and patient-care teams,[14] as well as population health registries, such as chronic disease, high-risk, high-utilizer, and transition registries. Solutions within the medical home for adults who have complex health needs and require both medical and social services and support from a wide variety of providers and caregivers have been proposed, but the feasibility for smaller practices, including those that care for pediatric and adolescent patients with complex needs, remain unclear.[67]

A further complicating factor is that adolescents and young adults, especially those living in poverty, are more likely to be uninsured than any other age group. Beginning in 2014, the Affordable Care Act required state Medicaid programs to cover adolescents 16 through 18 years of age in families with incomes up to 133% of the federal poverty level. States can also choose to expand their Medicaid programs to 133% of the federal poverty level for late adolescents and young adults starting at 19 years of age. Even under the Affordable Care Act, which provides this extended eligibility for Medicaid and access to private coverage through state exchanges, people living in poverty may remain uninsured, particularly in states that opt to not expand Medicaid.

ELECTRONIC HEALTH RECORDS AND HEALTH INFORMATION TECHNOLOGY

The electronic health record offers remarkable opportunity to improve the quality of care for adolescents within a PCMH and also offers unique challenges. The AAP, among other organizations, recommends standards for health information technology to help protect adolescent privacy.[68–70] Challenges to privacy for adolescents posed by commercial health information technology systems require the creation and implementation of electronic health record systems that do not impede access, continuity, privacy/confidentiality, or quality of care for adolescents. The AAP also offers specific recommendations for health information and the medical home to promote confidentiality, continuity of care, patient-care transitions, and overall quality of care. These include criteria for electronic health records that encompass flexibility and specific technological capabilities and are compatible with state-specific laws as well as billing systems.[69] Requirements regarding explanations of benefits add additional

confidentiality concerns relevant to the medical visit for the privately insured adolescent, and strategies to address or mitigate the potential for inadvertent confidentiality breeches associated with explanations of benefits vary widely by state.[71] Current electronic health record and billing systems afford an opportunity to prompt providers to address adolescent-specific needs of the patient, to document adolescent health care compatible with current recommendations, and to provide data for process improvement in care for adolescents. Electronic health record and billing systems also allow for meaningful use of data, portals for patients to access their own electronic health records, secure messaging systems to expand access for adolescents to their health care team, and the opportunity for improved patient education through patient instruction sheets and other electronic means. Despite many systems in place, these opportunities are, as yet, not fully realized, and their effectiveness has not been well studied.[70–72]

QUALITY MEASURES FOR ADOLESCENT HEALTH CARE

Although multiple data sets and measures currently exist in the United States, there is no robust national information system that can provide timely, comprehensive, and valid and reliable indicators of health and health care quality specifically for adolescents. The health of adolescents is influenced by multiple factors, including biology, behavior, and social and physical environments. It is also influenced by the availability, use, and quality of health care services, especially for those with life-threatening conditions or special health care needs who require frequent interactions with health care providers. Therefore, understanding the health status of adolescents is closely intertwined with understanding the quality of health care they receive. Health and health care measures can be used to assess the effects of many variables and inform improvements to adolescent health quality. In response to a mandate in the Children's Health Insurance Program Reauthorization Act of 2009 (Pub L No. 111-3), the Institute of Medicine and the National Research Council of the National Academies, under contract with the US Department of Health and Human Services, conducted an 18-month study concluding that, although multiple and independent federal, state, and private data sources exist that include measures of health and health care quality of children and adolescents, the existing data sources are fragmented, not timely, and insufficiently robust as a whole; lack standardization in measurements; and reveal an absence of common definitions.[73] The recommendations of that study included setting goals for child and adolescent quality measures, including adolescent measures in annual reports; standardizing measurement disparities in health and health care quality; improving data collection, reporting, and analysis; and improving public and private capacities to use and report data.

HEDIS outcomes within an adolescent medical home–enrolled population allow a practice to monitor the preventive health status for specific disease elements deemed important to the practice. HEDIS provides objective measurement of patient-centered quality care delivery. Limitations of HEDIS measures as markers of quality adolescent care are that they are relatively few in number, disease specific, and dependent on the practice to record and track the data. Similarly, a set of quality health care measures for Medicaid and the Children's Health Insurance Program, known as the child core set, allow for states to voluntarily report their quality metrics and may serve as reasonable early measures for a practice to adopt (http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-child-core-set.pdf).

One area for improvement of quality measures includes using adolescents themselves as sources of measurement data. Adolescents have been found to be more valid and reliable than chart review and other data sources in reporting their experiences with preventive care.[74–76] However, even health systems that measure patient satisfaction with care do not directly query adolescents younger than 18 years. Although standardization of clinical care and the process of care within the medical home may provide much progress toward the goals outlined in this policy statement, it is important that this process be accompanied by similarly standardized and rigorous research methods in measures of quality and quality services for adolescents.[23,77]

RECOMMENDATIONS

The AAP recommends the following:

1. Adolescents should receive comprehensive, appropriately confidential, developmentally appropriate primary care, as recommended by AAP guidelines (*Bright Futures*), within a medical home.
2. Feasible, valid, and reliable quality measures should be developed and implemented that use adolescent self-reported data to help assess the quality of preventive care provided to youth. In addition, existing measures that were developed in association with initiatives designed to improve the care delivered to adolescent patients should be cataloged and improved for use by external quality-measurement organizations.

3. Research on the effectiveness of the PCMH to achieve specific adolescent quality outcome measures is necessary to gauge the impact, and guide the future direction, of the medical home on the health of adolescents.
4. Adolescent access to care, continuity of care, confidentiality of care, preventive care, and desired measurable health outcomes should be rewarded by private-sector and government payers to promote high-quality adolescent health care.
5. Electronic health records and associated billing and notification systems should protect the confidentiality of care for adolescents. Electronic health records should be configured with templates that are compliant with *Bright Futures* and HEDIS measures.
6. PCMHs that care for adolescents should plan for a well-timed and well-executed transition to adult care, especially for adolescents with chronic health conditions.
7. Pediatricians and other adolescent health care providers from multiple disciplines should receive professional education about effective strategies for delivery of high-quality adolescent primary care, in accordance with *Bright Futures* guidelines. Educational opportunities currently exist to improve quality through Maintenance of Certification part IV activities as offered by the American Board of Pediatrics.

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ABBREVIATIONS

AAP: American Academy of Pediatrics
HEDIS: Healthcare Effectiveness Data and Information Set
PCMH: patient-centered medical home
SBHC: school-based health centers

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Achieving Quality Health Services for Adolescents

COMMITTEE ON ADOLESCENCE

Pediatrics 2016;138;
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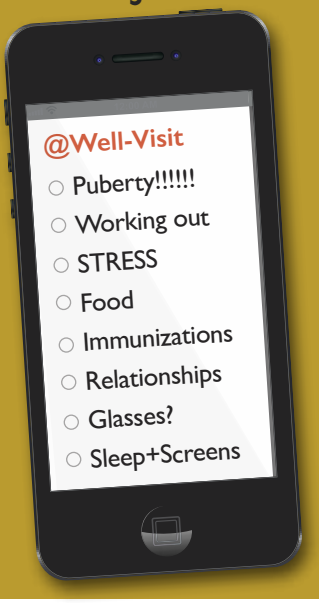
adolescents & young adults

do they still need a WELL-VISIT?

a.k.a.
Annual Visit
Well-child Visit
Yearly Check-Up
Wellness Exam
~~Sports Physical~~ not the same thing

what?

This preventive health care visit focuses on healthy physical and emotional growth. It includes a health assessment, physical exam and offers guidance on teen and young adult health and well-being.



when?

1x every year

Teens & young adults should receive a well visit annually.

where?

Visit your family practice doctor or pediatrician – or ask at any local clinic.

who?

At a well-visit, young people meet with health experts **privately** and **together** with their care-givers.

care team
- Doctor
- Nurse
- Physician's Assistant

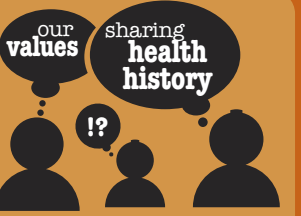
home team
- Teens
- Young Adults
- Families & Care Givers

why?

HEALTHY ADULTING

- Advocating for and managing health
- Navigating the health care system
- Building a relationship with health provider

adolescence is a time of **physical, social** and **emotional** growth with unique **health** challenges and opportunities



good time for a **family health talk**

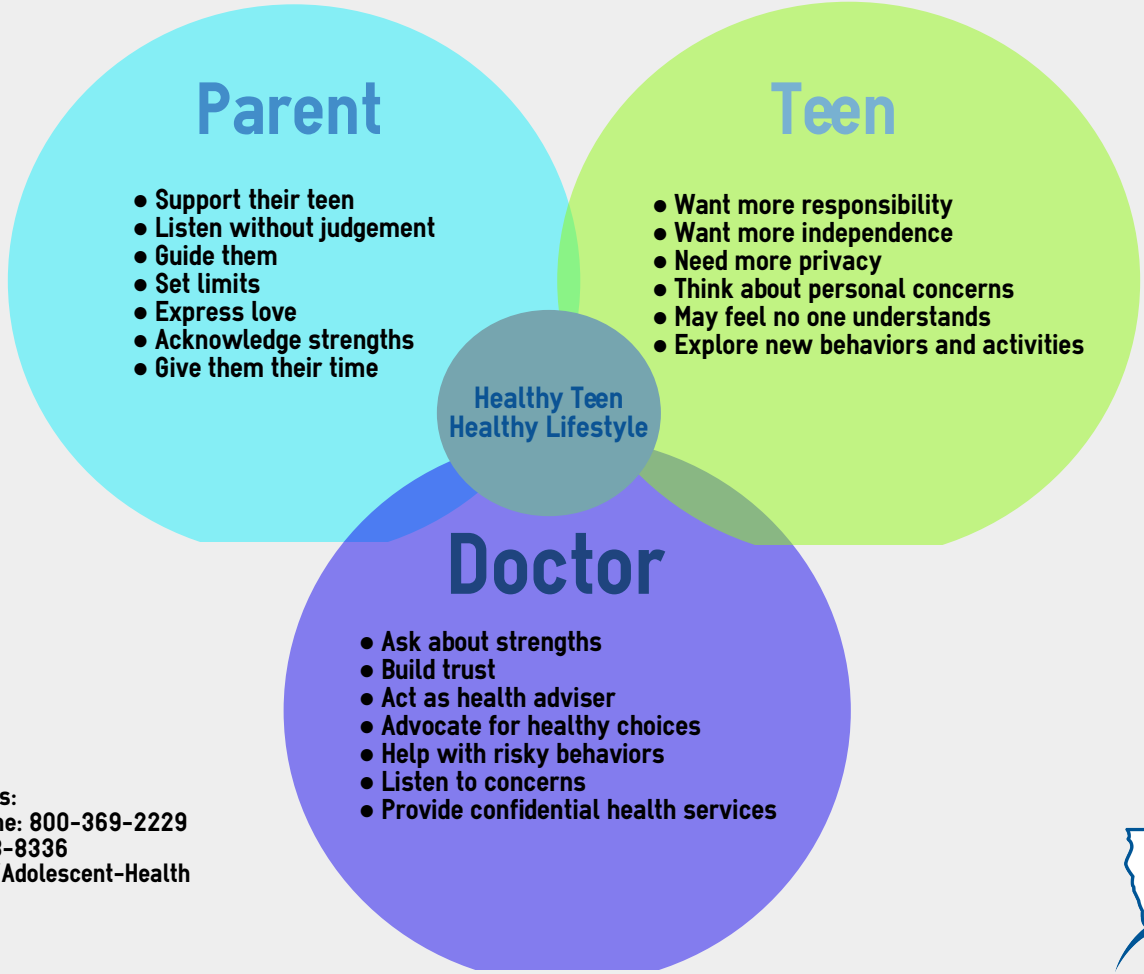
American Academy of Pediatrics liked
Centers for Disease Control Retweeted

TheRealBenFranklin@1706...
An ounce of #prevention is worth a pound of cure.

Supported (in full or in part) by Grant # U45MC27709 from the Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (Title V, Social Security Act), Division of Child, Adolescent and Family Health, Adolescent Health Branch

Understanding the Roles

Teens experience many changes, from physical and emotional changes to social roles and relationship changes. Creating healthy behaviors early on will play an important role into adulthood. Teens need involved parents and doctors. However, they also need privacy.



Additional Resources:
Healthy Families Line: 800-369-2229
TEEN Line: 800-443-8336
www.idph.iow.gov/Adolescent-Health

IDPH
Iowa Department of Public Health

5 Things

PARENTS NEED TO KNOW ABOUT THE *Adolescent Well Visit*

01

When should teens get a well visit?

The American Academy of Pediatrics recommends that adolescents and young adults to get a well visit every year.

02

What happens at the well visit?

A well visit is more than a physical exam. The visit also includes discussion of other health related topics or anything that is troubling either you or your child.

03

How much does it cost?

Most insurance companies will have NO charge for an annual well visit.*

* check with your insurance company

04

Why should I take my teen to a well visit?

Getting a well visit helps identify and guide your teen's behaviors. It also allows the opportunity to ask a professional any questions.

05

A well visit isn't just for teens!

Teens tend to follow in their parent's footsteps. Schedule a well visit for yourself which will help to encourage your teen to get a well visit.

#EveryAgeEvenTeenage

Additional Resources:
Healthy Families: 800-369-2229
www.idph.gov/Adolescent-Health

IDPH

5 things YOU need to know about the Adolescent Well Visit

The well visit is more than a physical

It includes discussion of health topics

The well visit is recommended every year

The doctor will respect your privacy

The doctor can talk about any of your personal concerns

Don't be embarrassed or afraid of being honest

#EveryAgeEvenTeenage

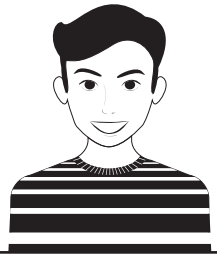
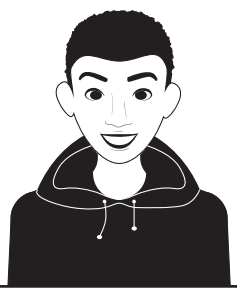
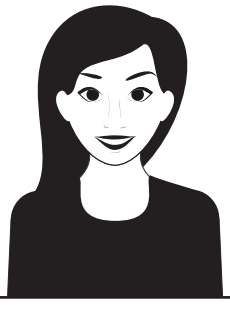
Additional Resources:
TEEN Line: 800-443-8336
www.idph.iowa.gov/Adolescent-Health

IDPH Iowa Department of Public Health

TAKE CHARGE OF YOUR HEALTH CARE

Throughout your teenage years, there are opportunities for you to take charge of your health and your health care. Your parents or guardians may currently help you do things like make appointments, fill prescriptions, and keep track of any medications you might take. As you get older, it's important for you to learn how to do these yourself.

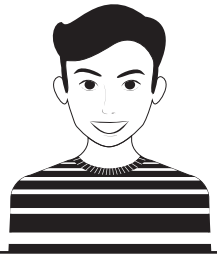
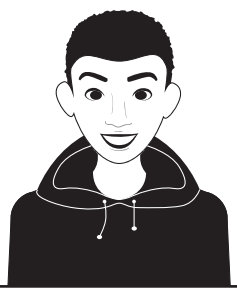
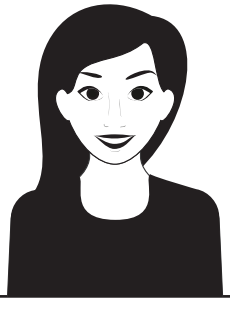
Take a look at the chart below for ideas on how to access health care on your own. The age ranges and tips presented on this chart are just suggestions. Try out those that feel most comfortable to you. Any progress you make helps set you up for a healthy future!

AGE 11–12	AGE 13–14	AGE 15–16	AGE 17–18
☑ Know your health care rights. ☑ Learn your personal and family medical histories, including any medications and allergies. ☑ Know your medications and take them on schedule. ☑ Talk directly with the health care provider at your appointment: Be honest and ask questions.	☑ Ask to spend time alone with your health care provider during your visit. ☑ If available, set up an online portal to view medical information and message your health care provider. ☑ Check in for your appointment yourself.	☑ Make your own appointments. ☑ Call your pharmacy to refill your prescriptions. ☑ Know how to contact all of your health care providers (doctor, dentist, etc.). ☑ Learn about your health insurance and carry your card. ☑ If you don't have insurance, ask about your options.	☑ If you are moving away from home or need to switch to an adult care provider, make a plan for where you will receive health care next. ☑ Transfer your medical records to your new health care provider, if applicable. ☑ Ask your health care provider what your privacy rights will be when you turn 18. ☑ Make sure you will still have health insurance after turning 18. If you won't, talk to your health care provider about options.
			

TAKE CHARGE OF THEIR HEALTH CARE

Your child's teen years are an excellent time to set them up for a healthy future! You have the opportunity to help them learn and care about their health. Just like you support your teens to develop skills, like cleaning up after themselves and driving, you can also help them learn how and why their health is important.

This chart provides some suggestions about how teens can become more involved in their health care. Different teens will be ready to take these steps at different times. Your health center can partner with you and your teen to put these tips into practice.

AGE 11–12	AGE 13–14	AGE 15–16	AGE 17–18
☑ Know your health care rights. ☑ Learn your personal and family medical histories, including any medications and allergies. ☑ Know your medications and take them on schedule. ☑ Talk directly with the health care provider at your appointment: Be honest and ask questions.	☑ Ask to spend time alone with your health care provider during your visit. ☑ If available, set up an online portal to view medical information and message your health care provider. ☑ Check in for your appointment yourself.	☑ Make your own appointments. ☑ Call your pharmacy to refill your prescriptions. ☑ Know how to contact all of your health care providers (doctor, dentist, etc.). ☑ Learn about your health insurance and carry your card. ☑ If you don't have insurance, ask about your options.	☑ If you are moving away from home or need to switch to an adult care provider, make a plan for where you will receive health care next. ☑ Transfer your medical records to your new health care provider, if applicable. ☑ Ask your health care provider what your privacy rights will be when you turn 18. ☑ Make sure you will still have health insurance after turning 18. If you won't, talk to your health care provider about options.
			

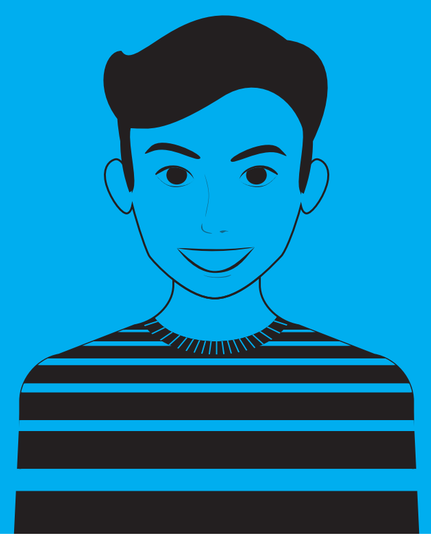
TAKE CHARGE OF YOUR HEALTH CARE

Created by:

ADOLESCENT **HEALTH** INITIATIVE

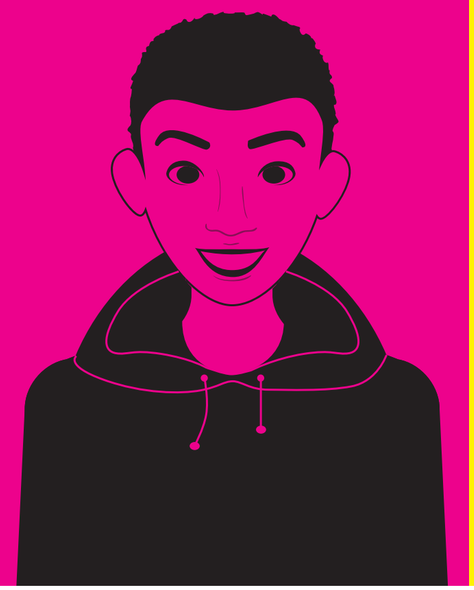
AGE 11–12

- ☑ Know your health care rights.
- ☑ Learn your personal and family medical histories, including any medications and allergies.
- ☑ Know your medications and take them on schedule.
- ☑ Talk directly with the health care provider at your appointment: Be honest and ask questions.



AGE 13–14

- ☑ Ask to spend time alone with your health care provider during your visit.
- ☑ If available, set up an online portal to view medical information and message your health care provider.
- ☑ Check in for your appointment yourself.

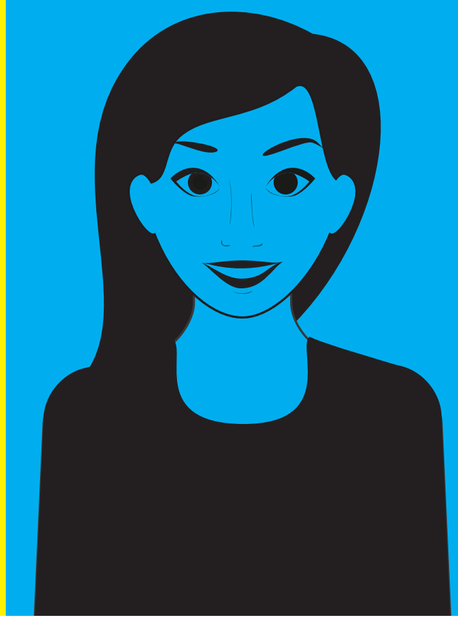


AGE 15–16

- ☑ Make your own appointments.
- ☑ Call your pharmacy to refill your prescriptions.
- ☑ Know how to contact all of your health care providers (doctor, dentist, etc.).
- ☑ Learn about your health insurance and carry your card.
- ☑ If you don't have insurance, ask about your options.

AGE 17–18

- ☑ If you are moving away from home or need to switch to an adult care provider, make a plan for where you will receive health care next.
- ☑ Transfer your medical records to your new health care provider, if applicable.
- ☑ Ask your health care provider what your privacy rights will be when you turn 18.
- ☑ Make sure you will still have health insurance after turning 18. If you won't, talk to your health care provider about options.



BARRIERS to increasing adolescent and young adult (AYA) well-child exams

Increasing adolescent well-child exam rates is a genuine challenge for clinics. Parents and adolescents may not see the value in well-child exams. And adolescents typically won't make these appointments themselves and come in independently for a check-up. There are issues with access, as sometimes it can take months to get in for a well-child exam, which is frustrating for families.

STRATEGIES for adolescent risk screening

Provide education for parents and families.

- Provide information for families detailing what happens in the well exam. Here[1] is an infographic from the Adolescent & Young Adult Health National Resource Center that includes key points about the value of well-visits for parents of AYA.
- Explain why it is important to do appropriate risk screening. Here[2] is an AAFP article discussing why risk screening is important.
- Discuss the importance of counseling on healthy behaviors, catching people up on immunizations, and the need for appropriate screening labs for some patients.

Send reminders to parents, AYAs, and families.

- Have automatic mailings, texts, emails, or calls reminding patients to make appointments for yearly check-ups.

Change your scheduling paradigm.

Adolescents don't often come in for a yearly well exam, but they are usually seen at least once a year for an acute visit. Therefore, have systems in place where that acute visit can be changed to be acute/well visit whenever possible.

- Train the schedulers/call center/front desk staff to schedule a well visit instead of acute visit when possible.
  - When an adolescent or parent calls, if the AYA hasn't been seen for a well visit in the past year and does not have one scheduled, a prompt can come up in your scheduling system that tells your scheduler to schedule the appointment as a well visit instead of an acute visit.
  - This can be tricky with timing, but can happen if they have room for an extended visit during that time slot, or if you have the capability to have a little bit of wiggle room in your schedule to accommodate a well visit in an acute spot.
- Schedule a future well exam at the same time you schedule an acute appointment.

Use your EHR as a tool to increase well-child rates.

- Providers can have a prompt that reminds them that the patient is due for a well exam, and they may be able to transition an acute appointment into a well visit upon seeing that cue.

Do a well-child exam for sports physical visits.

- If you see a patient who is scheduled for a sports physical who hasn't had a well visit, the sports physical should be rolled into a comprehensive well exam whenever possible.
  - It's very rare to die from sudden cardiac disease, but it's very common to get chlamydia or have depression, and so providers should focus in issues that have significant morbidity for AYA patients.
- Sports physical season is an excellent time to capture young people who need well exams, but it also requires an office to be very facile about accommodating a large number of patients for these visits. Some strategies to consider include adding a Saturday clinic or evening clinic just for well visits during sports physical season.
- We don't want patients doing mass screenings in a gym setting or going to an urgent care to get their sports physical. We want them coming to their medical home to get a comprehensive well exam. We need to be able to accommodate those, and quickly, during sports physical season

Partner with school-based health centers (SBHCs).

- Communicate with patients who are due for a well exam about visiting their/a local SBHC for this service.
  - SBHCs are almost always staffed with a Nurse Practitioner who can complete the well exam. SBHCs often also have a Social Worker on site who can offer additional behavioral health support. Find and connect with SBHCs in your area.
  - If you and the SBHC use a shared EHR, you can pull reports of patients who have been seen at both sites. Care coordinators can help patients coordinate care between PCPs and SBHCs and ensure that care is provided across the continuum.
- PCP payment may hinge on meeting quality measures including well-child exams, and it doesn't matter where the patient gets the physical, so creative partnerships may improve your bottom line.
- Read the AAP's Policy Statement[3] on SBHC/PCP collaboration.

ADDITIONAL RECOMMENDATIONS

- The NAHIC has a helpful summary[4] of recommended guidelines for clinical preventive services for young adults (18-26). This can be helpful and easily referred to during clinical practice.

[1] http://nahic.ucsf.edu/wp-content/uploads/2018/01/Full-customizable-package.pdf
[2] http://www.aafp.org/afp/2012/1215/p1109.html
[3] http://pediatrics.aappublications.org/content/129/2/387
[4] http://nahic.ucsf.edu/yaguidelines/

the adolescent and young adult well-visit FAQ

A GUIDE FOR FAMILIES

What is an Adolescent Well Visit?

A well visit is a yearly checkup with a health provider for young people (ages 11-21).

The goal is to keep your child healthy, and allow them to get their important health questions answered.

1x every year

Teens and young adults should receive a well visit annually.

What happens at a Well Visit?

Health providers (e.g., doctor, nurse practitioner, physician's assistant):

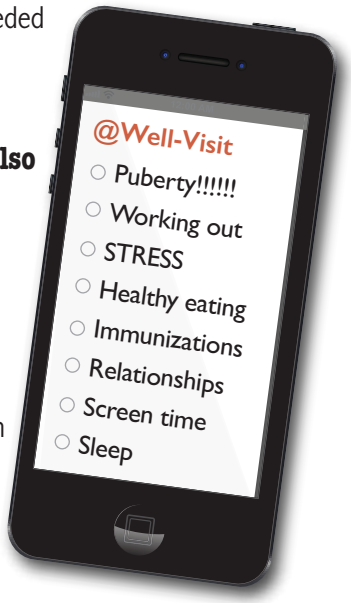
- Conduct a physical exam, height/weight and blood pressure check
- Check for behavioral and mental health concerns
- Give advice and support on staying healthy (e.g., healthy eating physical activity, healthy relationships, stress management)
- Give Immunizations as needed

My adolescent just had a Sports Physical. Do they also need an Adolescent Well Visit?

YES. The Well Visit addresses important issues that are not covered in a Sports Physical.

A Sports Physical is a limited exam that only evaluates health issues that would prevent participation in sports.

Ask your provider if both can be done at the same time.



Why is the Well Visit important – even when my adolescent is feeling well?

Maintains Good Health

It's an important opportunity to discuss healthy development and other important information with adolescents and their parents/caregivers.

Develops Skills

Spending time alone with a health care provider helps young people learn to

- Take charge of their health
- Build trusting relationship with their providers
- Discuss health topics important to them.

Helps Families Communicate

Families help adolescents understand their health history, and learn how to schedule appointments.

HEALTHY ADULTING

- 👉 Advocating for and managing health
- 👉 Navigating the health care system
- 👉 Building a relationship with health provider

Learn More

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UPDATE: JULY 2017

Comparison of the Adolescent Well Care Visit and Pre-participation Physical Evaluation



Oregon Health Authority

PUBLIC HEALTH DIVISION
Adolescent and School Health

TRANSFORMATION CENTER
Health Policy & Analytics Division

OREGON SCHOOL ACTIVITIES ASSOCIATION
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Executive summary

Comparison of the Adolescent Well Care Visit and Pre-participation Physical Evaluation was created through a partnership between the Oregon Health Authority and the Oregon School Activities Association to help organizations understand the differences between the Adolescent Well Care Visit (AWV) and the Pre-participation Physical Evaluation (PPE), also known as a "sports physical." These organizations include Oregon's school districts, schools, athletic departments, school-based health centers, adolescent primary care providers, private insurers and coordinated care organizations. Student athletes benefit from both the AWV and the PPE:

- The AWV has a stronger sense of development and overall health and well-being.
- The PPE has focused screening for medical conditions or injuries (primarily cardiovascular and musculoskeletal, respectively) which may be worsened by athletic activity (a sample PPE form has been included on pages 9-11).

This publication emphasizes that schools and providers should encourage student athletes to complete both evaluations as recommended. There is enough overlap between the two methods that a health care provider could complete both assessments at the same time. The table* provides points of comparison to maximize coordination in parental involvement, the health information sought during a pre-visit questionnaire, and the physical exam. It shares recommendations for providers on modifying an AWV or PPE to include elements of both. This coordination will help limit a student's absence from school and sports, and will ensure exams cover all aspects of a student's health during an Adolescent Well Care visit or sports physical.

	Adolescent Well Care Visit (AWV)	Pre-participation Physical Evaluation (PPE) "Sports Physical"
Timing	n/a	Recommend at least six weeks before the start of the sports season. Can take place as early as May to enable use for summer camps.
Periodicity	Annually	Once every two years (state law)
Provider	MD, DO, PA, NP, ND	MD, DO, PA, NP, ND, DC

* The content for this table was sourced from best practices presented in:
Adolescent Well Care Visit (American Academy of Pediatrics' *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*): https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx and Bright Futures Adolescence Tools: https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/adolescence-tools.aspx

Pre-participation Physical Evaluation (American Academy of Pediatrics' *PPE: Physical Evaluation, Fourth Addition*): https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-sports-medicine-and-fitness/Pages/PPE.aspx

	Adolescent Well Care Visit (AWV)	Pre-participation Physical Evaluation (PPE) "Sports Physical"
Parental Involvement	Parents are encouraged to be involved in the AWV. The patient can be alone, however, for some adolescent visits. Pre-visit questionaries' are confidential based on applicable Oregon law.	Parental involvement needed to ensure accuracy of medical history. Physical and risk screening completed confidentially.
Goals/Priority	**First Priority:** Address concerns of adolescent and parent **Bright Futures Discussion Priorities:** 1. Physical growth and development 2. Social and academic competence 3. Emotional well-being (coping, MH, sexuality) 4. Risk Reduction (tobacco, alcohol, pregnancy, STI) 5. Violence and injury prevention	**Primary goals:** 1. Screen for conditions that may be life-threatening or disabling 2. Screen for conditions that may predispose to injury or illness **Secondary goals:** 3. Determine general health 4. Serve as an entry point to the health care system 5. Provide an opportunity to initiate discussion on health-related topics
Structure/ Components	1. Pre-visit questionnaire and history (supplemental assessment) 2. Developmental Observation: - Observation of parent-child interaction - Development surveillance - School Performance 3. Physical exam, screenings, and immunizations 4. Anticipatory guidance	1. Medical history questionnaire 2. Physical exam and screenings (includes confidential risk screening questions and some anticipatory guidance) 3. Specialty exam (if needed) 4. Optional: Immunization, education 5. Clearance for activity
Pre-visit Questionnaire/ History Forms	Pre-visit includes discussion prompts based on Bright Futures priorities; screening questions on vision, hearing, TB, alcohol, drugs, cigarettes, sex/STI/pregnancy, and anemia; and growth and development questions. Supplemental questions follow Bright Futures priorities in detail (includes detailed questions on nutrition, emotional well-being, etc).	• General medical history • Heart health (family and patient) • Musculoskeletal • Head injury or concussion • Asthma • Diabetes • Medications • Supplements • Allergies • Heat illness • Missing organ • Vision and eye injuries • Nutrition and eating disorder • Sickle cell • Menstruation (anemia) PPE requires specific details in physical health history (including family history). Physical exam gets at risk behaviors influencing health in part.
Immunizations	Screening required: Consult with https://www.cdc.gov/vaccines/schedules/	Screening optional

	Adolescent Well Care Visit (AWV)	Pre-participation Physical Evaluation (PPE) "Sports Physical"
Highlighted Elements of Full Physical Exam and Screenings	1. **Vitals:** blood pressure, height, weight, BMI	1. **Vitals:** blood pressure, height, weight, BMI, pulse
	2. **Vision/Eyes:** acuity (periodicity varies)	2. **Vision/Eyes:** acuity and pupil size
	3. **Skin:** acne, acanthosis nigricans, atypical nevi, tattoos and piercings, signs of abuse, injury	3. **Skin:** MRSA, herpes simplex, signs associated with eating disorders
	4. **Musculoskeletal:** examine back/spine	4. **Musculoskeletal:** full general screen*/ upper extremity
	5. **Genitalia** - **Females:** Sexual maturity rating, visual observation for STIs, pelvic exam if warranted but by age 21 - **Males:** Testicles for hernia, varicocele, masses; sexual maturity rating; and observe for STIs	5. **Genitalia** - **Females:** NA unless part of health maintenance exam - **Males:** (optional) Scrotum for hernia, varicocele, masses. (Not contraindicatied for athletics).
	6. **Breasts: Females** assessed for sexual maturity rating, clinical breast exam after age 20. **Males:** gynecomastia	6. **Breasts:** NA for PPE
	7. **ENT:** Universal hearing screening (once in early, mid, and late adolescence)	7. **ENT:** Hearing if signs of damage, oral ulcers, herpes, leukoplakia (tobacco), nasal polyps, deviated septum
	8. **Cardiovascular:** dyslipidemia (screen* at least once between age 17-21)	8. **Cardiovascular:** vitals, dynamic auscultation of heart, palpation of heart, physical exam for Marfan Syndrome*.
	9. **Anemia:** if positive on risk screen	9. **Anemia:** check for eating disorders through visual observation of height, weight, ear, nose, mouth, throat, abdomen, and skin; and history of injury, neurological conditions, nutrition, and menstrual cycle.
	10. **Tuberculosis:** if positive on risk screen 11. **STIs:** if sexually active 12. **HIV:** universal at least once between age 15 and 18 13. **Pregnancy:** if sexually active without contraception, late menses, or amenorrhea 14. **Cervical Dysplasia:** universal screen at age 21 15. **Alcohol or drug use:** universal risk assess 16. **Depression:** universal screen 17. **Psychosocial/Behavior:** universal assess 18. **Oral health:** screen for fluoride supplementation up to age 16	10. **Central Nervous System:** Upper extremity, neck range of motion, reflexes. 11. **Pulmonary Exam** (bronchospasm test, tobacco) 12. **Abdominal exam** 13. **Risk Behavior:** Stress, Depression, Feeling Safe, Tobacco, Alcohol, Drugs, Steroids, Supplements, Body Image
Anticipatory Guidance	Tied to Bright Futures priorities, and based on patient needs, developmental observation, and stage of adolescence	Related to reduction in risk of injury or sustained absence. Examples: warnings about PED use, teaching self-admin testicular exam, prevention strategies on MRSA

* http://www.osaa.org/sportsmedicine

The state requires that a PPE take place every two years. This offers a unique opportunity for athletes disconnected from the health system to have a wellness exam. Athletes who see a primary care provider for annual check-ups have an opportunity to fulfill the PPE requirement. The following recommendations will help providers maximize care in the assessments.

Recommendations for Providers:

How to modify an Adolescent Well Visit to include all elements of a Pre-participation Evaluation.

- Use the AWV pre-visit screening questions recommended by Bright Futures on physical activity and hobbies. This will help you to broach the subject of school sports.
- Complete PPEs at least six weeks before the start of the sports season. This will allow time for any referrals and follow-up exams. Ideally, you will conduct PPEs in the late spring or early summer for students who participate in fall sports.
- If you know the adolescent to be an athlete, send the parents the comprehensive PPE medical history form prior to the visit. You can also have them obtain it online*.
  - If you do not have the form prior to the visit, then attempt to get a detailed past medical and family history at the visit. The student can fill out as much of the history form as possible. With consent of the adolescent, you or your medical assistant can call a parent to complete the history portion. Then you may review and sign-off on the PPE form. Studies show cardiovascular screening questions are more accurate if the parents help in providing the history.
- Make clear to the student that confidential information provided on the AWV pre-screening questionnaire will not be in the medical history form shared with the parent and school.
- Conduct focused (see above) examinations of the lung, abdomen, heart, and central nervous and musculoskeletal systems.
  - Provider should keep in mind specific recommendations for the cardiovascular/murmur exam, the two-minute musculoskeletal exam, the Marfan screen, and the concussion protocol. These are included on the second page of the OSAA Sports Physical Form found at http://www.osaa.org/sportsmedicine.

* http://www.osaa.org/sportsmedicine

- Assure that you ask appropriate risk behavior questions. Risk behavior questions in the PPE are likely in an AWV.

How to modify a Pre-participation Physical Evaluation to include all elements of an Adolescent Well Care Visit.

- Assure a separate, confidential space is available. This way an athlete can feel comfortable discussing Bright Future's AWV topic areas.
  - This is especially important in an "assembly-line," "locker room," or "station-based" PPE (see Different Formats below).
- Provide previsit questions from Bright Futures/AWV to the student athlete. These can be topical conversation prompts at the time of the visit, for direct anticipatory guidance and to prompt additional physical screens.
- Provide additional screens as necessary (hearing, STIs, pregnancy, cervical dysplasia, and drug or alcohol use, etc.).
- Provide recommended vaccinations for athlete if available or advise to obtain from their primary care provider.
- Complete more thorough examinations of the genitals and breasts, as recommended for the AWV, if private setting is available.
- Based on screening, be prepared to provide pelvic exams which are recommended as needed by age 21.
- Ensure proper claims reporting for the Adolescent Well Visit.

Different Formats for Performing PPE or Sports Physicals

Not all "sports physicals" are equal. Timing, available personnel, and a community's resources, traditions and standards all determine how middle and high school athletes get clearance to participate in sports. Whenever possible, we recommend that athletes receive a sport physical (especially those combined with an Adolescent Well Visit) in an office-based setting, including a School Based Health Center or a patient's primary care home.

- ***The "office-based" examination:*** This type of exam allows privacy for history taking, examination and discussion of specific concerns. It allows for anticipatory guidance and health maintenance (including immunizations), as well as more (but not always sufficient) time. Ideally, the exam takes place in the athlete's medical home. This is where he or she is an established patient with a well-known medical history. An exam at a medical home can be combined with or qualify for an AWV exam***.***

Other sports physical formats will be less than ideal. In addition, these formats may not be conducive to providing a comprehensive well visit. Therefore, avoid the following formats when trying to complete both exams:

- ***The "station-based" examination:*** This is the most appropriate format when performing a mass sports physical at a school or clinic. Athletes proceed through a series of stations. Stations are for height and weight measurements, blood pressure reading, visual acuity, general exam, cardiovascular exam, orthopedic screening, and review of history and final clearance. Ideally, an additional station will focus on risks and behaviors. This can include mental health, sexual health and substance use issues. These topics can be sensitive in the non-medical environment and require provision of confidential space. Station-based exams require multiple volunteer licensed healthcare providers. You may need athletic trainers and coaches to coordinate logistics, if performed at a school.
- ***The "assembly-line" or "locker room" physical:*** A single provider screens a large number of athletes. This occasionally occurs in a medical office, but more often in the school locker room, cafeteria or gymnasium. Although sometimes necessary, you should avoid the assembly-line physical when possible. There is little time to review thoroughly the athlete's medical history. Additionally, it offers little to no privacy for the physical exam or a private discussion of the athlete's history or questions.

School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised May 2017

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the provider. The provider should keep this form in the medical record.)

Date of Exam: _____

Name: _____ Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____ Sport(s): _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines ☐ Pollens ☐ Foods ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS	YES	NO
1. When was the student's last complete physical or "checkup?" Date: Month/ Year _____/_____ (Ideally, every 12 months)		
2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical conditions? If so, please identify below.		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**YES**	**NO**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ___ High blood pressure ___ A heart murmur ___ High cholesterol ___ A heart infection ___ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?		
11. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**YES**	**NO**
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		

BONE AND JOINT QUESTIONS	YES	NO
14. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice, game or an event?		
15. Do you have a bone, muscle or joint problem that bothers you?		
MEDICAL QUESTIONS	**YES**	**NO**
16. Do you cough, wheeze or have difficulty breathing during or after exercise?		
17. Have you ever used an inhaler or taken asthma medicine?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
19. Do you have any rashes, pressure sores, or other skin problems such as herpes or MRSA skin infection?		
20. Have you ever had a head injury or concussion?		
21. Have you ever had numbness, tingling, or weakness, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or someone in your family have sickle cell trait or disease?		
24. Have you, or do you have any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food?		
28. Have you ever had an eating disorder?		
29. Do you have any concerns that you would like to discuss today?		
FEMALES ONLY	**YES**	**NO**
30. Have you ever had a menstrual period?		
31. How old were you when you had your first menstrual period? _____		
32. How many periods have you had in the last 12 months? _____		

Explain "yes" answers here: _____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

School Sports Pre-Participation Examination – Part 2: Medical Provider Completes

Revised May 2017

PHYSICAL EXAMINATION FORM

Date of Exam: _____

Name: _____ Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____ Sport(s): _____

EXAMINATION			
Height:	Weight:	BMI:	
BP: / (/)	Pulse:	Vision R 20/ L 20/	Corrected ☐ YES ☐ NO

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for:

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports: _____
  Reason: _____

Recommendations: _____

_____

_____

_____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of provider (print/type): _____ Date: _____

Address: _____ Phone: _____

Signature of provider: _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

School Sports Pre-Participation Examination – Suggested Exam Protocol for Medical Provider *Revised May 2017*

MUSCULOSKELETAL

Have patient:	To check for:
1. Stand facing examiner	AC joints, general habitus
2. Look at ceiling, floor, over shoulders, touch ears to shoulders	Cervical spine motion
3. Shrug shoulders (against resistance)	Trapezius strength
4. Abduct shoulders 90 degrees, hold against resistance	Deltoid strength
5. Externally rotate arms fully	Shoulder motion
6. Flex and extend elbows	Elbow motion
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists	Elbow and wrist motion
8. Spread fingers, make fist	Hand and finger motion, deformities
9. Contract quadriceps, relax quadriceps	Symmetry and knee/ankle effusion
10. "Duck walk" 4 steps away from examiner	Hip, knee and ankle motion
11. Stand with back to examiner	Shoulder symmetry, scoliosis
12. Knees straight, touch toes	Scoliosis, hip motion, hamstrings
13. Rise up on heels, then toes	Calf symmetry, leg strength

MURMUR EVALUATION – Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:	Rules out:
1. S1 heard easily; not holosystolic, soft, low-pitched	VSD and mitral regurgitation
2. Normal S2	Tetralogy, ASD and pulmonary hypertension
3. No ejection or mid-systolic click	Aortic stenosis and pulmonary stenosis
4. Continuous diastolic murmur absent	Patent ductus arteriosus
5. No early diastolic murmur	Aortic insufficiency
6. Normal femoral pulses (Equivalent to brachial pulses in strength and arrival)	Coarctation

MARFAN'S SCREEN – Screen all men over 6'0" and all women over 5'10" in height with echocardiogram and slit lamp exam when any two of the following are found:

1. Family history of Marfan's syndrome (this finding alone should prompt further investigation)
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ratio more than 1 standard deviation below mean
7. Myopia
8. Ectopic lens

CONCUSSION -- When can an athlete return to play after a concussion?

After suffering a concussion, no athlete should return to play or practice on the same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown that the young brain does not recover that quickly, thus the Oregon Legislature has established a rule that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play or practice.

Once an athlete is cleared to return to play, they should proceed with activity in a stepwise fashion to allow their brain to readjust to exertion. The athlete may complete a new step each day. The return to play schedule should proceed as below following medical clearance:

Step 1: Light exercise, including walking or riding an exercise bike. No weightlifting.
Step 2: Running in the gym or on the field. No helmet or other equipment.
Step 3: Non-contact training drills in full equipment. Weight training can begin. Step 4: Full contact practice or training.
Step 5: Game play.

If symptoms occur at any step, the athlete should cease activity and be re-evaluated by a health care provider.

581-021-0041 Form and Protocol for Sports Physical Examinations

1. The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination " dated May, 2017 that must be used to document the physical examination and sets out the protocol for conducting the physical examination. The form may be used in either a hard copy or electronic format. Medical providers may use their electronic health records systems to produce the electronic form. Medical providers conducting physicals of students who participate in extracurricular activities in grades 7 through 12 must use the form.
2. The form must contain the following statement above the medical provider's signature line:
   This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".
3. Medical providers conducting physicals on or after April 30, 2011 and prior to May 1, 2017 must use the form dated May 2010.
4. Medical providers conducting physicals on or after May 1, 2017 and prior to May 1, 2018 may use either the form dated May 2010 or the form dated May, 2017.
5. Medical providers conducting physicals on or after May 1, 2018 must use the form dated May, 2017.

NOTE: The form can be found on the Oregon School Activities Association (OSAA) website: http://www.osaa.org
Stat. Auth.: ORS 326.051 Stats.
Implemented: ORS 336.479

Oregon Health Authority

PUBLIC HEALTH DIVISION
Adolescent and School Health

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To learn more about additional metric resources please visit:
www.oregon.gov/oha/Transformation-Center/Pages/Resources-Metric.aspx

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact Wes Rivers at 971-673-0249 or 711 for TTY, or email adolescent.program@state.or.us.

OHA 8460 (Rev. 07/2017)

AYA Male Health Toolkit

SAMPLE PATIENT QUESTIONS

Health Provider Toolkit for Adolescent and Young Adult Males

Before you start screening it is important to build trust with your adolescent patient. To foster honest responses, and to build that trust, consider:

1) Interview the adolescent patient without their parents in the room. At times it might be difficult to ask parents to leave the exam room, but below is one approach:

   "Your child is getting older and at this developmental stage, I believe that it is important to foster their involvement in the clinical encounter and to respect decision-making. Therefore, I like to put some time aside at each appointment from this point forward to talk to them individually about their health decision and behaviors. Afterwards, I can bring you back into the room and we can wrap up the appointment together."

2) Clearly explain your confidentiality policy right from the start. Accepted practice is that providers will only break confidentiality if and when an adolescent states that they want to harm themselves or others. You can explain this by saying:

   "As your doctor, I am called to respect your confidentiality. This means that the things we talk about will just stay between the two of us. It is important that you feel comfortable disclosing information so that I can provide you with medical advice and recommendation based your specific situation. The only exception to my ability to keep your information confidential is if you tell me you are going to harm yourself or others. As your doctor, I want to keep you and everyone healthy so if you have thoughts or intentions to harm yourself or others, then I would have to tell the appropriate people to prevent that from happening. Do you have any questions about this?"

3) Use the HEADDSSS approach because it goes from least to most invasive questioning fostering increasing trust as the encounter proceeds:

   H: Home (who lives at home, dynamics, concerns, smokers in the home)
   E: Education/Employment (school, grade, grades/evaluations, learning disabilities, bullying/harassment, jobs)
   A: Activities (sports, clubs, what do they do with their free time)
   D: Drugs (alcohol, smoking, marijuana, IV drug use, anabolic steroid , supplement use, medication misuse)
   D: Developmental Concerns (independence, autonomy, judgment, appropriate socializing, risk-taking)
   S: Safety (including access to firearms, gang involvement, intimate partner violence)
   S: Sex (gender identity, sexual orientation, current relationship, comprehensive sexual history, contraception use/understanding)
   S: Suicidality (and Mood/Anxiety Assessment)

Healthy Eating and Physical Activity

Do you have friends who are concerned about their weight? Are you concerned about your body (image) or weight? Have you gained or lost weight recently?
Do you know how to tell if you are too heavy, too light, or just right? How do you feel right now?
Are their foods you try to avoid? Why? Do you avoid fats? Do you know that your body needs to metabolize fats to function normally and to not get any fat can lead to medical problems?

Do you do anything to change your weight? Have you ever dieted? Have you ever restricted your diet, tried to eat less, or skipped meals in order to lose weight? Have you ever made yourself vomit in an effort to lose weight? Do you Calorie count or always look at nutrition labels before eating foods? Why? Does anyone you know?
Do you take pills, laxatives, vitamins or any other supplements or medications to change your body shape or to change your appetite? Does anyone you know?
Do you ever over-indulge or over-eat? How often? Do you think this is a problem for you? Why?
Do you use steroids or sports supplements (such as powdered protein or creatine drinks) to make yourself stronger? Does anyone you know?
Do you participate in sports or exercise regularly? How much? Why do you exercise? Do you exercise solely for the reason of losing weight or burning off calories?
What would you do if you had a problem with your eating or you were concerned that a friend had a problem? Do you known anyone who has a problem with their eating? Have you talked to them about it or tried to get help for them?
Do you ever feel guilty about your eating? How often do you feel this way? Why?
Adapted from Abigail H. Natenshon, http://www.empoweredparents.com
Do you participate in sports?
If you exercise, how much per day?

Sexual and Reproductive Health

Sexual development and maturity

Are you in a romantic relationship? Have you ever been?
Have your friends started dating? Have you been on a date? What kinds of things do you do on dates?
Have any of your relationships ever been sexual relationship? What does it mean to you to be in a "sexual relationship"? Do you have any friends in sexual relationships?
Have you ever had sex? How old were you the first time you had sex?
When was the last time you had sex?
Do you have any specific concerns related to relationship, dating, sex, or sexuality?
Where do you get information about sex? Have you talked about sex in school/health class? With your friends? With your parents or any family members? Do you trust the information you receive? Do you have any questions?

Sexual Orientation

Have your partners been male, female or both?
Do you prefer male partners, females, both or neither?
How would describe your sexuality and sexual orientation? Is there a term that you prefer I use?
Have you ever liked someone of the same-sex? Do you know that straight people can have same-sex attractions, especially in adolescents?
Do you know anyone who is gay, lesbian, bisexual, questioning or queer (LGBQQ)? Do you have any friends or do any of your friends have parents who

	are LGBQQ? What challenges do they face? Are you being bullied or teased because of your real or perceived sexual orientation? Do you known anyone who has been? Has anyone spread rumors about your sexual orientation? Are you afraid for your safety at all? *(If pt has same sex attractions or identifies as LGBQQ):* Do you have anyone you can trust talk to about this? Who makes up your support system? *(If pt has same sex attractions or identifies as LGBQQ):* Have you ever thought about coming out? Would it be safe to do so? What might you be risking? What would the benefits be? Do you think your friends and family would accept your [sexuality, attractions, etc.]? *(If pt has same sex attractions or identifies as LGBQQ):* Do you know that relationship violence, STIs/STDs, and HIV/AIDS can happen in homosexual relationships? Do you have any concerns about these topics? Are you having any thoughts of wanting to hurt or kill yourself?
Gender Identity	Do you have any concerns about your gender? How do you define your gender? Do you have the sense that your body does not match your gender identity? Have you ever been bullied or teased about your real or perceived gender? Do you known anyone who is? Has anyone spread rumors about your gender? Are you afraid for your safety at all? *(If pt identifies as transgender):* Do you have anyone you can trust talk to about this? Who makes up your support system? *(If pt identifies as transgender):* Have you ever thought about coming out? Would it be safe to do so? What might you be risking? What would the benefits be? Do you think your friends and family would accept your gender identity? *(If pt identifies as Female-to-Male transgender):* Do you know that even though you identify as male, you can still become pregnant if you are having sex with men? What is your birth control plan? Is there any chance that you could be pregnant? *(If pt identifies as Female-to-Male transgender):* How do manage issues such as going to the bathroom at school or public places? Changing for gym class? Swimming? Going to the beach? How can I support and advocate for you? Are you having any thoughts of wanting to hurt or kill yourself?
HIV/STI Risk Assessment and Reduction	How many sexual partners have you had? What kind of sex do you have? Have you ever had anal or oral sex? What do you know about STIs/STDs? What do you known about HIV/AIDS? What is your plan to prevent yourself from getting STIs/STDs and HIV/AIDS? Do you think you are at risk for an STI/STD or HIV/AIDS? Why? Have you ever been tested or treated? Do you know where you can get testing? Would you like to get tested for STIs/STDs and HIV/AIDS? Do you ever talk to your partner about their STI/STD and HIV/AIDS status? Has your partner been tested? How do you know? Have you talked about getting

	tested together? If you have female partners, are you aware that birth control (such as "the pill" or IUD, etc.) does not prevent STIs/STDs or HIV/AIDS? Do you know how to use condoms? Do you have condoms? Did you use condoms every single time you have had sex, including anal and oral sex? Do you know where you can get them? Has anything ever gotten in the way of using condoms? Have you ever had sex while you were intoxicated (drunk or high)? Have you ever had sex for money, drugs, gifts or other things? Do you know how to use condoms? Do you have condoms? Did you condoms them every single time you have had sex, including anal and oral sex? Do you know where you can get them? Has anything ever gotten in the way of using condoms?
Reproductive Life Plan & Pregnancy Prevention/ Preconception Care	*(For male patients who report having sex with men)* Have you ever had a sexual relationship with a woman? Have you ever gotten someone pregnant? Are worried that could happen? Why? What are you and your female partners using for birth control? Have you talked to your female partners about what they are using? Do you know what options are available to girls? Do you know what options are available to boys? Are you satisfied with the methods you have chosen? Do you know what "Plan B" is? Do you know that if your female partners want "Plan B" that you, as a guy, can buy it for them? Do you know how to get it? Have you ever thought about having a family? Have you throught about being a father? How does being a father fit with your other goals and aspirations (e.g. going to college, getting a job, etc.)? Do you know anyone your age who is a father? What challenges do they face? Have you ever used a condom?

Trauma

Intimate Partner or Relationship Violence	Do your partners respect you? What does it mean for them to respect you? Do you they ever hurt you in any way? Are your sexual activities enjoyable? Are you ever forced to do things you do not want to? What does "safe sex" mean? Have you ever heard of the term "relationship violence"? Do you know anyone who has been in a violent relationship? Have you ever been? Have you ever heard of the term "rape"? Do you know that violence and rape affect both men and women, and can occur in all relationships including gay and straight ones? Have you ever experienced relationship violence or rape? Have you ever had sex while you were intoxicated (drunk or high)? Do you know that if you have sex with someone who cannot say "no" because they are intoxicated (or for any other reason) that it can be considered rape? Have you ever had sex for money, drugs, gifts or other things?
Violence	Do you feel safe at home, school, in your community/neighborhood, and online? Who do you get along with at home? How is conflict resolved at home? When

people argue in your house, what happens? Do arguments or fights ever become physical?
Do you know anyone who is bullied or who is a bully? How would you respond if you witness someone being bullied? Have you ever been bullied or bullied someone else?
Are you on Facebook, or any social networks? Have you ever seen mean things or rumors online about your friends? Have people spread rumors about you online? Do you ever talk to people you do not know? Do you use online dating sites? How do you keep yourself safe online?
Is there a lot of violence in your school? In your neighborhood? Among your friends? Are there gangs in your school or community? Are you involved in a gang?
Has anyone ever touched you inappropriately? Do people ever say things about you that make you feel bad about yourself? Has anyone ever hit, slapped or punched you? Do you feel like you ever have been physically, sexually, or emotionally abused?
Are there guns in your home? Are they locked? Can you access them? Have you ever felt the need to carry a weapon such as a knife or gun? Do you carry a weapon? Why?
Have you ever been arrested? What for? Have you ever thought about hurting or killing someone else? Have you been in a fight recently? Why?

Unintentional Injury

What do you like to do for fun/after school?
Have you ever had a serious injury or motor vehicle accident? Have any of your friends? What happened? How could it have been prevented?
Do you know what the #1 cause of teenage deaths is? (Accidental injuries, specifically motor vehicle accidents where teens are not wearing their seatbelt)
Do you always wear a seatbelt? Do you always wear a helmet on your….(bike, skateboard, ATV, snowboard, when skiing, etc)? Do wear a mouthguard when you play contact sports?
Do you drive (with or without) a license? Are you planning to learn? How?
Have you ever driven with someone who was drunk or high? How often? *If Yes, then follow with remainder of CRAFFT screen (see Substance abuse section below).*

Substance Use Disorders

Have you EVER tried [insert items below]? How much do you use this substance? How often? When did you start? Why do you use them
cigarettes, chewing tobacco, or other tobacco products
alcohol
IV drugs such as heroin
Inhalants such as crack, household cleaners or glue/paint
Hallucinogenics such as Molly, Ecstasy, PCP, LSD, or shrooms
Do you know anyone who uses tobacco, alcohol or drugs? Does anyone in your family have a problem now or in the past with drugs or alcohol?
Have you ever taken medications out of the medicine cabinet (prescribed to you or someone else) and taken them in order to get a high?

Where do you get information about drugs? Have you talked about sex in school/health class? With your friends? With your parents or any family members? Do you trust the information you receive? Do you have any questions?
CRAFFT Screen for Adolescents:
Opening Questions: In the past 12 months, did you…
…drink and alcohol?
…smoke any marijuana?
…use anything else to get high?
If no to all three, only ask the "C" question. If yes to any, then ask all CRAFFT questions:
C - Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
A - Do you ever use alcohol/drugs while you are by yourself, ALONE?
F - Do you ever FORGET things you did while using alcohol or drugs?
F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
T - Have you gotten into TROUBLE while you were using alcohol or drugs?
Two or more positive responses indicates further evaluation for substance use is needed.
Do you know anyone who uses tobacco, alcohol or drugs?
Who talks with you about alcohol or drugs?
Does anyone in your family have a problem now or in the past with drugs or alcohol?
Have you ever tried tobacco, alcohol or any drugs including prescriptions that weren't yours to get high?

Mental Health

ADHD

Do you have difficulty staying focused on a task or activity, such as reading a book or paying attention in class?
Do you have difficulty finishing your work because you get distracted? Do people tell you that you are disorganized or forgetful?
Do you have difficulty sitting still? Do you have difficulty in activities that require you to be quiet?
Do you blurt out answers in class or have trouble waiting until you are called on to participate? Have you heard that you need to work on taking turns? Do people get mad that you frequently interrupt them?
Do you have trouble concentrating? Do you have trouble sitting in one place even if you are watching a video or movie?
Did your teachers in elementary school ever say things like you are disorganized, you are not working up to your potential, you are talking out of turn?

Psychotic Disorders

Do you see or hear things that other people do not see or hear?
Do you ever feel that people are following you or trying to hurt you? Do you have special powers, abilities (e.g. ability to read others' minds), or status?

	When you hear the radio, watch TV, use a computer, or read, do you feel that there are messages intended just for you? Do you ever hear someone speaking to you even if there is no one around? Do you ever see fleeting shapes or shadows? Do you ever hear unusual noises or someone calling your name? Do you worry that others may be following you or want to harm you? Do you have any thoughts that you think are unusual or others would think are unusual?
Bipolar Disorder	Do you ever feel the opposite of depressed—very cheerful, happy, productive? Does it last more than a week and impact your relationships, school work, and ability to function? Do you find that during these periods you do not need much sleep to feel rested? Do your thoughts race? Do you sometimes feel too good or cheerful for a long time? During those times do you have trouble sleeping? Do you ever have extreme mood swings? Like you feel very very happy or very very irritable, and other times when you feel extremely depressed, like it's hard to function?
Depressive Disorders	Have you been feeling down, sad, depressed, irritable or angry? Have you felt this way in the last 2 weeks? Have you lost interest in activities that you used to enjoy? Have you had any recent changes in sleep, weight, sex drive, or your energy level? Do you ever feel worthless or guilty? Have you ever had thoughts of wanting to hurt or kill yourself? Are you feeling down, irritable for the last few weeks? Is it hard to get your mind off of how you are feeling? If so, do you have trouble doing every day things like going to school or work? Do you do things that interest you or give you pleasure? Do you ever feel hopeless?
Anxiety Disorders	Do you worry a lot? Is it hard for you to control? Does this worrying affect your relationships, school work, extracurricular involvements or ability to function? Do you ever have episode of intense fear for no apparent reason when you don't expect it? Do you feel tense or nervous to the point that in gets in the way of you doing things? Have you ever felt panicky or had a panic attack? (describe symptoms: heart pounding, shortness of breath, sweating, nausea, chest tightness, tingling in extremities, feeling of going crazy or fear that you are dying) If so, how often and in what circumstances? (panic disorder) Do you have anxiety in social situations? crowds? just in general? (social anxiety, agoraphobia, general anxiety disorder) If you are feeling anxious, what do you do to help yourself feel better? Does it work? Is there anything you are really afraid of? i.e. Heights? Illness? germs? needles? (phobias)
Obsessive Compulsive	Do you have unwanted urges, thoughts or obsessions? Are you driven to do