

Provider Sites - Please check Medi-Cal or Non-Medi-Cal and Corresponding Insurance/Plan of Adolescent

Medi-Cal OR **Non-Medi-Cal**

Insurance Plan

iAlameda Alliance	iBlue Cross- CP	iBlue Cross- GMC North	iBlue Cross- GMC South	iBlue Cross- Stanislaus
iBlue Cross- Tulare	iCal-Optima	iCentral Coast	iCommunity Health	iContra Costa
iHealth-Net –CP	iHealth-Net –GMC North	iHealth-Net – GMC South	iHP of San Joaquin	iHP of San Mateo
iInland Empire HP	iKaiser-Sacramento	iKaiser-San Diego	iKern	iLA Care
iMolina-Sacramento	iMolina-Riverside/San Bernardino	iPartnership	iSan Francisco HP	iSanta Barbara RH
iSanta Clara Family HP	iSharp HP	iTurtle HP	iUniversal Care	iWestern Health



**California Department of Health Services
Medi-Cal Managed Care**

Adolescent Report of Health Visit

THIS SURVEY IS CONFIDENTIAL AND ANONYMOUS

County: _____

Provider Site Name: _____

Doctor/Nurse Practitioner Name: _____

Today's Date: _____

1. Your Age: _____
2. Your Grade as of today (if it is summer vacation, list the grade you will be in this fall): _____
3. Your sex (circle one): Male Female
4. How do you describe your ethnic background? (Circle all that apply to you)
 - a. White-not Hispanic
 - b. African American or Black
 - c. Mexican or Mexican American
 - d. Central American
 - e. South American
 - f. Cuban
 - g. Puerto Rican
 - h. Asian Indian
 - i. Chinese
 - j. Japanese
 - k. Filipino
 - l. Vietnamese
 - m. Cambodian
 - n. Laotian
 - o. Korean
 - p. Native American or Alaskan Native
 - q. Hawaiian or Pacific Islander
 - r. Other (describe)

5. When you checked in for your visit at the clinic or doctor's office today, did you receive a health questionnaire to fill out? Yes No

• If you were not given a health questionnaire, skip to question 9.

6. Did you have enough time to complete the health questionnaire before your doctor started your visit today? Yes No

7. Were you able to fill out the health questionnaire privately, so that

no one (other patients, parents, or anyone else) could see your answers while you were filling it out?

Yes

No

Please continue onto the next page...

8. During your doctor visit, did your doctor ask you about information that you put on your health questionnaire? Yes No
9. Did you have some time with your doctor *without your parent*? Yes No
10. Did your doctor explain to you that there were certain things that s/he *would* not tell your parents about? Yes No
11. Did your doctor explain to you that there were certain things that s/he *would* tell your parents about? Yes No

All teens answer this question.

12. Did your doctor ask if you smoke or chew tobacco?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- If you do not use tobacco, or did not let your doctor know that you use tobacco, please skip to Question #14.
- If you do use tobacco and did let your doctor know that you use tobacco, please continue with Question #13.

This section is only for teens who use tobacco and who let their doctor know.

13. Did your doctor express concern that you use tobacco? Yes No

Please skip Questions #14-15 and continue with Question #16.

14. Did your doctor encourage you to remain a non-smoker or non-tobacco user? Yes No
15. Did your doctor ask whether you plan on starting to use tobacco in the next year? Yes No

All teens answer this question.

16. Did your doctor ask if you drink alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- If you do not use alcohol, or did not let your doctor know that you use alcohol, please skip to Question #19 on the next page.
- If you do use alcohol and did let your doctor know that you use alcohol, please continue with Question #17-18.

This section is only for teens who use alcohol and who let their doctor know.

17. Did your doctor ask you how much you drink? Yes No
18. Did your doctor express concern that you drink alcohol? Yes No

Please skip Questions #19-20 and continue with Question #21 on the next page.

19. Did your doctor encourage you not to start using alcohol? Yes
 No
20. Did your doctor ask whether you plan on starting to use alcohol in the next year? Yes No

Please continue onto the next page...

All teens answer this question

21.	Did your doctor ask if you have ever used drugs?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	

- If you have not used drugs, or did not let your doctor know that you have used drugs, please skip to Question #24.
- If you have used drugs and did let your doctor know that you use drugs, please continue with Question #22-23.

This section is only for teens who have used drugs and who let their doctors know.

22.	Did your doctor ask you how often you have used drugs?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	
23.	Did your doctor express concern that you've used drugs?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	

Please skip Questions #24-25 and continue with Question #26.

24.	Did your doctor encourage you to not start using drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Did your doctor ask whether you plan on starting to use drugs in the next year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

All teens answer these questions

26.	Did your doctor ask if you use a helmet when using a bicycle, skateboard, or rollerblades?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	Did your doctor encourage you to use a helmet when using a bicycle, skateboard, or rollerblades?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28.	Did your doctor ask if you use a seatbelt when riding in a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Did your doctor encourage you to use a seatbelt when riding in a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Did your doctor ask you if you ever ride in a car with a driver who has been drinking or who has taken drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please continue onto the next page...

All teens answer this question.

31. Did your doctor ask if you have ever had sex? Yes No

- If you have not had sex, or did not let your doctor know that you have had sex, please skip to Question #36.
- If you have had sex, and did let your doctor know that you have had sex, please continue with Question #32-35.

This section is only for teens who have had sex and who let their doctor know.

32. Did your doctor ask if you or your partner always use condoms when you have sex? Yes No

33. Did your doctor ask if you or your partner always use some method to prevent pregnancy when you have sex? Yes No

34. Did your doctor encourage you to always use (or your partner to always use) condoms when you have sex? Yes No

35. Did your doctor encourage you to always use (or your partner to always use) some method to prevent pregnancy when you have sex? Yes No

Please skip Questions #36-37 and continue with Question #38.

36. Did your doctor encourage you to wait longer before you started to have sex? Yes No

37. Did your doctor ask whether you plan on starting to have sex in the next year? Yes No

All teens answer these questions

38.	Did your doctor discuss the prevention of sexually transmitted diseases (STDs) and HIV with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39.	Did your doctor talk to you about:		
39a.	Preventing over-exposure to the sun?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39b.	How much physical activity you do?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39c.	Eating nutritionally balanced meals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39d.	Getting help if you feel sad or depressed?		<input type="checkbox"/> Yes
	<input type="checkbox"/> No		
39e.	Completing your teen immunizations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39f.	Violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40.	Did your doctor ask you about the important adults in your life?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41.	Did your doctor ask you about your school grades and activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please continue onto the next page...

42. Did your doctor ask you about your responsibilities at home/school? Yes No
43. Did your doctor ask you about your activities that help others? Yes No

44. Would you want to see this doctor again to discuss health issues?
- | Choose One Answer | | | |
|-------------------|----------------|----------------|-------------------|
| <u>Definitel</u> | <u>Probabl</u> | <u>Probabl</u> | <u>Definitely</u> |
| <u>y</u> | <u>y</u> | <u>y Not</u> | <u>Not</u> |
| 1 | 2 | 3 | 4 |

45. Is there anything else you would like to tell us regarding your provider?

Questionnaire adapted from survey developed by the University of California, San Francisco.
 Ozer, Adams, Lustig, Millstein, Camfield, El-Diwany, Volpe & Irwin, C.E., Jr. Can It Be Done? Implementing Adolescent
 Clinical Preventive Services. Health Services Research 36:6, Part II (December 2001).
