

Guidance for Clinics: Using the AYA Health Questionnaire

This guidance document provides rationale, recommendations, and resources for clinics that may wish to use the [Adolescent and Young Adult \(AYA\) Health Questionnaire](http://www.health.state.mn.us) (www.health.state.mn.us). This a youth self-report questionnaire designed to assess health strengths and risks as a part of Child and Teen Checkups visits for patients 11 through 20 years. It is not a standardized screening tool; use a separate standardized instrument for depression or mental health screening.

Using the Questionnaire

Offer the questionnaire to the adolescent or young adult at their visit in a way that ensures they can answer the questions honestly, on their own – without help from parents or friends who are with them. This supports them to take charge of their own health and maintains confidentiality. Offer the questionnaire to the young person in a folder or show them to a private area in the waiting room to complete the questionnaire.

Why Does Using a Questionnaire Like This Matter?

- Helping adolescents learn early how to take charge of their health helps them transition to healthy adulthood. Little by little, young people learn to think about their health, ask questions, and take charge of their health visits.
- Adolescence is an exciting, but challenging time of change! Doctors and nurses are some of the most trusted people by parents and adolescents. An important part of preventive adolescent health and parent support is identifying and addressing key health issues and knowing what health education a young patient needs.
- Research indicates that adolescents who are offered a private way to share concerns are more likely to do so and may feel more comfortable doing it in writing than face-to-face.

Why Are You Asking Some of These Questions?

Some of the questions seem extreme or very sensitive, especially for younger patients – like “Have you ever traded sex for money, a place to live, food or clothing?”

- These questions identify high-risk situations that are strongly linked to health and safety issues.
- Whether or not we ask, many patients are experiencing issues that significantly affect their health and emotional well-being. Many of these issues can be hard for a young person to bring up on their own, even in the context of a very healthy family and positive clinic environment.
- Asking questions shows that a provider is interested in learning more about the unique strengths and needs of this young individual, gives permission to raise difficult or sensitive topics, and pinpoints critical resources or support that may be needed.

Setting the Stage

Youth-Friendly Environment

The number one way of welcoming young people is for every staff person and provider to offer respect: be friendly, use warm eye contact, and thank them for coming into the clinic. Use processes, signs, and reading materials that show adolescent and young adult patients:

- That they are respected as developing individuals,
- That they will be supported in taking charge of their own health,
- That they can expect a non-judgmental approach, and
- That they are welcome and safe in all their diverse ways of being (gender, race, language, religion, age, sexual orientation, etc.)

Minors’ Consent and Confidentiality, Including Limitations

All staff should be familiar with Minnesota statutes on [minors' consent for health care \(www.house.leg.state.mn.us\)](http://www.house.leg.state.mn.us). Health care topics covered under minors’ consent should be discussed with the patient privately during private one-to-one (1:1) time between the patient and their healthcare provider.

Clearly communicate to both parents and patients that certain topics are confidential under state and federal laws, and that your goal is always to work with the young person toward a healthy and safe future. It’s also important to share with young people the limits of confidentiality: if the provider has significant concerns about the patient or someone else being in danger, they will work with the young person on how to best include their parents in discussion and planning for next steps.

Setting 1:1 Time as the Clinic Standard for Ages 11-20

By age 8-11 years, let patients and families know that each patient will get 1:1 time with their provider starting at age 11, to help them learn how to take charge of their own health, and to make sure they have a chance to get their own questions answered.

One way of communicating this standard is to adapt this [family letter template \(www.health.state.mn.us\)](#) to give out to all families, or to share the CDC's [infobrief for parents on 1:1 time \(www.cdc.gov\)](#).

It's important to start at an early age with 1:1 time for the following reasons:

- By age 8 to 12 years, most children are noticing body changes, and these changes always seem to come earlier than parents and caregivers expect.
- Emotional and brain growth don't always line up with body growth. Waiting until they "look mature" or seem "old enough" to talk about sensitive and important health issues means missing an opportunity to promote health and prevent unwanted health conditions.
- Using a health questionnaire like this sends the message that it is okay for the young patient to ask questions – even personal or potentially embarrassing questions – and that their healthcare provider is there to help with more than just physical health.
- As young adolescents get older, they have already practiced having health conversations with their doctor.
- Assessment of risk for substance use and sexually transmitted infections starting at 11 years of age is recommended by the American Academy of Pediatrics and required for a complete C&TC visit. These topics are covered under Minnesota's minors' consent statutes and warrant confidential (1:1) conversations between the healthcare provider and young patient.

Engaging Parents and Family

Engaging parents and family in the young person's care is critical! Parents or caregivers will come with their own concerns and questions, and benefit from support in parenting their developing child during adolescence. If possible, include a few minutes of 1:1 time between the provider and the parent, to address concerns they may not want to raise in front of their child. A good resource for family engagement in adolescent care is [Parents and Family Matter: Strategies for developing family-centered adolescent care within primary care practices \(www.ncbi.nlm.nih.gov\)](#).

Sample Scripting for Offering the Questionnaire

The following examples show ways of talking to parents and young people when using the questionnaire.

Front Desk Staff to Adolescent Patient:

“You’re getting older now, so we have some questions for you about your health. We ask all kids your age these questions, because we want to make sure we’re not missing anything you might want to talk about. If there’s a question you don’t know how to answer or you’re not comfortable with, just leave it blank. Your provider will give you a chance to talk about these questions one-to-one.”

[Give the AYA Health Questionnaire and the standardized mental health screening tool such as PSC, PHQ-2, or PHQ-9.]

Front Desk Staff to Parent:

“We have forms for you to update too. The provider will want to hear any of your questions or concerns today too.”

[Give the family health history form, sports physical form, or other forms that need to be completed by the parent or guardian.]

Rooming Staff to Both Patient and Parent:

“I just wanted to make sure you had a chance to finish your forms. If you have any questions about the forms, you can ask your provider. Is there anything I can help with?”

[Make sure the patient has completed the AYA Questionnaire and mental health screening; make sure the parent has completed the health history/family history or other forms; offer help with translation or reading through the questions together if needed.]

Clinician to Both Patient and Parent:

“Thank you for filling out all the paperwork. We’ll talk about the health history and parent’s concerns together. Then each of you will have a few minutes to talk with me one-to-one. I want to make sure that [patient] has a chance to ask their own questions, and can practice taking charge of their own health at visits, so by the time they’re an adult they feel more confident about getting what they need at health visits.”

[Review non-confidential portions of the AYA Questionnaire together with the patient and parent. Confidential portions should be discussed during private 1:1 time with the patient, to honor minors’ consent and confidentiality.]

Using the Questionnaire in the Visit

Efficient Processes for Youth-Centered Care

If the questionnaire is completed by the time the provider enters the room for the appointment, this helps to efficiently focus the visit on things that are most important for the patient, and serves as a starting point for the 1:1 conversation between the provider and the patient about sensitive topics. Using this questionnaire is one way to address required components for C&TC such as health history, social determinants of health, STI risk assessment, substance use risk assessment, and more.

Will They Be Honest?

The young person may or may not feel comfortable answering all of the questions honestly, but the questionnaire will help them better understand all the types of topics that are okay to discuss with their provider. Over time, as the provider shows that they are an ask-able, trustworthy adult, the young person may feel more comfortable sharing their concerns and questions.

Reviewing Responses to the Questionnaire

Always respect the young person's confidentiality by only reviewing confidential portions of the form during 1:1 time with the patient. Confidential portions of the questionnaire are clearly marked, and include discussions related to sexual health and substance use.

When and How to Approach 1:1 Time with The Provider

By the time the provider enters the room, both the parent and patient should already be familiar with the concept of 1:1 time at each visit, from the clinic letter, signage, or conversations with the front desk and rooming staff.

For the Patient:

Rather than asking the adolescent if they want their parent to leave the room (which puts the burden on the patient), the provider should explain to both the patient and the parent the purpose and process of 1:1 time, and when it’s time, show the parent where they can comfortably wait.

The 1:1 conversation with the patient may be done before or after the physical exam but should not be done during the physical exam. The adolescent is at their most vulnerable on the exam table. It’s best practice to have the parent (or a staff person) present during the physical exam unless the adolescent requests otherwise.

The 1:1 conversation with the adolescent patient starts by establishing rapport, learning about this young person, and finding out what is most important to them at today’s visit. Their responses to the questionnaire serve as a starting point for more focused conversation about both health strengths and risks, establishing patient goals, and discussing how they will bring the parent/family back into the conversation.

For the Parent/Caregiver:

To allow for brief 1:1 time with the parent, an option is to step into an empty exam room with the parent on the way to the waiting room, to ask whether they have any additional questions they want to address. Ask whether they have talked with their child about tobacco, drugs, relationships and sex – many parents will either offer their own values about those issues, or admit they haven’t talked about them with their child because they don’t know how, or they don’t think their child is old enough. This is an opportunity to provide anticipatory guidance on how important parent conversations are, versus what the child may hear from friends at school or see on the internet. Have resources available for parents about common topics they might want to talk about with their child.

Rationale and Resources for Selected Questionnaire Items

Item	Rationale	Suggested Response & Resources
Your name/What you like to be called Your Gender	Allows patient to share nickname or preferred name. Allows patient to share gender identity (which might not be the same as the gender marked on their birth certificate)	Use patient’s preferred name and pronouns My Pronouns: What and Why (www.mypronouns.org)
What four words best describe you?	Patient-centered conversation starter. Strengths-based way for young people to share their personality, interests, or values.	
What do you want to get out of today’s visit?	Helps young person invest in visit, get needs met.	Focus the visit on patient-identified priorities
Do you feel safe at school, home, and in your community?	Safety risk assessment; may bring up issues related to neighborhood violence, bullying, or school safety	www.stopbullying.gov
Do you think you are about the right weight for how tall you are?	Body image, risk for disordered eating, basis for patient motivation for nutrition or activity	Discuss range of normal, review growth chart, discuss recommendations as needed

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Item	Rationale	Suggested Response & Resources
<i>NOTE: Above this line between #8 and #9, a “yes” is reassuring. Below this line, a “yes” is concerning.</i>	<i>This allows the clinician to quickly scan the form for concerns</i>	
Do you ever skip meals, use laxatives or diet pills, or throw up on purpose to lose weight or to control your weight?	Risk for disordered eating	National Eating Disorders Association (www.nationaleatingdisorders.org)
Do you or anyone you live with have a gun or carry around a gun?	Assesses for safety	
Do you worry about money, a place to live, food or clothing?	Social determinants of health	Social Worker Minnesota Help Info (www.mnhelp.info)
Have you ever run away from home? Have you ever been in a gang (now or in the past)?	History of running away correlates with risk for sexual exploitation; similarly for gang activity	Safe Harbor MN (www.health.state.mn.us)
Do you ever hurt or cut yourself on purpose?	Cutting is a very common concern, often unidentified, related to mental health and coping	Mental health consultation
Have you ever texted/sent or received a sexual message or picture?	Sexting is a common issue with potential for bullying, exploitation, or other concerns	Sexting Handbook (icmec.org)
Have you ever had any kind of sex (with anyone of any gender)?	Assesses for risk of sexually transmitted infections, unintended pregnancy. Adolescent focus groups recommend being more specific (listing oral, vaginal, anal sex or fingering)	Use language that is gender neutral and that does not assume sexual orientation Assess for age, consent, risk for exploitation or abuse
Have you ever had an infection that is spread by having sex? (like herpes, gonorrhea, chlamydia, genital warts, pelvic inflammatory disease, HIV, syphilis)	STI risk assessment and follow up	Follow STI and HIV testing and treatment guidelines Refer to STD Information for Health Professionals (www.health.state.mn.us)
Have you ever traded sex for money, a place to live, food or clothing?	Marker for homelessness, social determinants of health, sexual exploitation	Safe Harbor MN (www.health.state.mn.us)
Are you, or do you wonder if you are gay, lesbian, bisexual, pansexual, asexual, or other?	Assessing for sexual orientation – this can guide conversation, risk assessment, sexual health guidance and plan	OutFront Minnesota (www.outfront.org)
Are you, or do wonder if you are transgender, gender diverse, or have a gender identity that is different from what you were called (boy or girl) at birth?	Assesses for gender identity, which develops early on and may become more of an issue as pubertal body changes diverge more and more from gender identity	Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents (www.pediatrics.aappublications.org)
Have you ever been physically, sexually, or emotionally abused or hurt by anyone? (such as kicked, hit, forced or tricked into having sex, touched in a way that made you feel uncomfortable, called worthless)	Assessing for abuse	Reporting Maltreatment of Minors (www.house.leg.state.mn.us)

Item	Rationale	Suggested Response & Resources
Have you had any stressful or scary events in the last year? (or before then, if it still bothers you)	Assesses for history of trauma, which may influence behavior, academics, or other health/wellness.	Consider social worker or mental health consultation

Back side: Substance Use and Mental Health Screening

The tobacco, alcohol, and marijuana use questions are modified from the S2BI.

The full, validated [S2BI \(www.drugabuse.gov\)](http://www.drugabuse.gov) online screening tool is available online, along with guidance for the clinician based on results. The [BSTAD \(www.drugabuse.gov\)](http://www.drugabuse.gov) is another online tool. Both are identified by NIH as [screening tools for adolescent substance use \(www.drugabuse.gov\)](http://www.drugabuse.gov).

The [CRAFFT \(www.crafft.org\)](http://www.crafft.org) is another option for screening for alcohol and drug use; the CRAFFT 2.1 includes tobacco.

Clinics may choose to use the above questionnaires or tools, or other methods of assessing risk for substance use.

Mental Health Screening

Mental health screening is required at every C&TC visit for youth 12 through 20 years of age and recommended for children up through 11 years and younger. This AYA Health Questionnaire does not include mental health screening; a separate standardized tool must be used.

The [Pediatric Symptom Checklist \(www.brightfutures.org\)](http://www.brightfutures.org) is validated for 4-16 year-olds; there is a parent version and a youth self-report version.

The [PHQ-9 Modified for Teens \(www.aacap.org\)](http://www.aacap.org) is validated for 12 years and older. Alternatively, use the first two questions (the PHQ-2), and continue with the full PHQ-9 if one of those questions is positive.

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To obtain this information in a different format, call: 651-201-3650.