

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 there 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 know 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 LGBTQ? What challenges do they face?
Are you being bullied or teased because of your real or perceived sexual orientation? Do you know 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 LGBTQ):
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 LGBTQ):
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 LGBTQ):
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 know 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 you 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 know 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?

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*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 thought 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 it 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

and Related Disorders things in order to avoid or reduce the distress associated with these urges, thoughts, or obsessions?

Do you have to do things in very particular ways or it makes you upset? Do you have repetitive thoughts that you can't shake?

Do you have any habits that don't make sense but you do them anyway, like checking things, counting, handwashing?

Do you have any thoughts that you don't want to think, but they keep occurring?

Disruptive, Impulse-Control and Conduct Disorders

Do you ever become so upset that you make or act upon threats to hurt other people, animals, or property? Do you tend to get in a lot of physical fights? Do you find that you often resort to threats and violence to solve problems?

If you do hurt someone, do you feel bad about it afterwards?

Are you having any thoughts of wanting to hurt or kill anyone else?

Have you ever been arrested? For what? Do you frequently have run-ins with law enforcement?

Do you sometimes do things that you wish you had not done on an impulse? Are you frequently getting into conflicts with others or into trouble with authorities?

Do you ever feel out of control?

How quickly do you get very angry?

Do you have trouble controlling your anger?

Do you ever get in fights? hurt others? punch walls?

Do you ever get so angry that you black out?

Suicidal and Self-Injurious Behaviors

Do you have thoughts of hurting or killing yourself? How would you do it, do you have a plan? Do you have the means available to hurt or kill yourself? When do plan on doing it?

Do you cut, burn, punch, or starve yourself? Do you hurt yourself as a means to cope with feeling overwhelmed or emotionally distressed?

Do you sometimes feel life is not worth living? Do you have thoughts of harming yourself? Do you have a plan as to how? Do you have access to the means to fulfill your plan? Have you tried to harm yourself in the past?

Do you ever feel that you wish you were dead?

Do you ever actually want to kill yourself?

Trauma and Stressor Related Disorders

Have you ever been abused, neglected, or in a situation where you were seriously injured or your life was in danger?

Do you think about it a lot? Do you experience thoughts, images, or dreams related to this event? Do you avoid reminders of this event?