For Office Use Only *Type of supplement*	**Acrostic**	**No.**

If the child you talked about in the survey is 12 years old or older please continue with the Adolescent Supplement

ALLKIDS ADOLESCENT SUPPLEMENT

The following questions are to be answered if the child who this survey is addressed to is 12 years of age or older. These questions should be answered by <u>your adolescent</u> (if at all possible); by you and your adolescent; or by you. <u>All questions refer to the adolescent</u> enrolled in ALL Kids.

1. Who is filling out this part of the survey?

1 ☐ Youth between 12 and 18 years old

2 ☐ Youth and parent

3 ☐ Parent of youth

4 ☐ Other (specify) _____

2. What is the highest grade in school you have completed? Please circle the correct grade.

Grade School	High School	College/Technical
1 2 3 4 5 6 7 8	9 10 11 12 GED	13 14 15 16

3. In the last 12 months, did you call a doctor's office or clinic to get help or advice for yourself?

1 ☐ Yes

2 ☐ No

4. In the last 12 months, when you called a doctor's office or clinic for advice, how often did you get the help or advice you needed for yourself?

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

5 ☐ I did not call for help or advice in the last 12 months.

5. **In the last 12 months, have any of your doctors or other health providers talked with your about taking responsibility for your own health?**

1 ☐ Yes
2 ☐ No
3 ☐ I had no visits in the last 12 months

6. **In the last 12 months did any of your doctors or other health providers give you reassurance and support about taking responsibility for your own health, with the support of your family, when possible?**

1 ☐ Yes
2 ☐ No
3 ☐ I had no visits in the last 12 months

7. **In the last 12 months, how often were you involved in these decisions about your health care?**

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
5 ☐ No decisions were made in the last 12 months concerning my health care

8. **In the last 12 months, how much of a problem was it to get your doctors or other health providers to agree with you on the best way to manage your health conditions or problems?**

1 ☐ A big problem
2 ☐ Somewhat of a problem
3 ☐ A small problem
4 ☐ Not a problem
5 ☐ No decisions were made in the last 12 months concerning my health care

9. **In the last 12 months, did you get a chance to speak with a doctor or other health care provider privately? (Meaning one on one – without your parent or other people in the room.)**

1 ☐ Yes
2 ☐ No
3 ☐ Don’t know

10. In the last 12 months, did a doctor or other health provider discuss that what you (the adolescent) talked about was confidential? (Meaning what you talked about would not be shared with anyone else.)

1 ☐ Yes
2 ☐ No
3 ☐ Don't know

In the last 12 months, did a doctor or other health provider talk with you about any of the following? Please check either Yes, No, or Don't Know for each question.

		Yes	No	Don't Know
11	Weight……..	☐	☐	☐
12	Healthy eating or diet……..	☐	☐	☐
13	Physical activity or exercise ……...	☐	☐	☐
14	Using a bike helmet…….	☐	☐	☐
15	Your friends…….	☐	☐	☐
16	Riding in a vehicle with a driver who has been drinking or using drugs……	☐	☐	☐
17	Tobacco use…….	☐	☐	☐
18	Alcohol use……..	☐	☐	☐
19	Street drug use (marijuana, pot, cocaine)……	☐	☐	☐
20	Party or designer drug use (ecstasy, lace)……..	☐	☐	☐
21	Use of steroid pills or shots without a doctor's prescription……...	☐	☐	☐
22	Sexually transmitted diseases or STD's (such as gonorrhea or chlamydia)……..	☐	☐	☐
23	Suicide……..	☐	☐	☐
24	Sexual or physical abuse……..	☐	☐	☐
25	Violence prevention…….	☐	☐	☐
26	Guns or other weapons…….	☐	☐	☐
27	HIV / AIDS……..	☐	☐	☐

In the last 12 months, have you experienced any of the following? Answer Yes or No. If you respond yes, then check whether or not a doctor or health care professional talked with you about your feelings?

		Experienced this feeling or emotion		If yes, did a health care professional talk with you?	
		Yes	**No**	**Yes**	**No**
28	Feeling low, sad, or blue……...	☐	☐	☐	☐
29	Feeling tense or nervous……	☐	☐	☐	☐
30	Feeling short tempered……..	☐	☐	☐	☐
31	Feeling worried or concerned……	☐	☐	☐	☐
32	Had problems coping……	☐	☐	☐	☐
33	Had problems sleeping……..	☐	☐	☐	☐
34	Had problems eating…….	☐	☐	☐	☐
35	Had problems paying attention….	☐	☐	☐	☐

36.During the past 30 days, on how many days did you smoke cigarettes?

1 ☐ 0 days-Didn't smoke
2 ☐ 1 or 2 days
3 ☐ 3 to 5 days
4 ☐ 6 to 9 days
5 ☐ 10 to 19 days
6 ☐ 20 to 29 days
7 ☐ All 30 days
8 ☐ Don't know

37. During the past 30 days, on how many days did you have at least one drink of alcohol?

1 ☐ 0 days-Didn't drink alcohol
2 ☐ 1 or 2 days
3 ☐ 3 to 5 days
4 ☐ 6 to 9 days
5 ☐ 10 to 19 days
6 ☐ 20 to 29 days
7 ☐ All 30 days
8 ☐ Don't know

You have finished the Adolescent Survey. Thank you for your time. Your answers are very valuable to us. If you have any more comments for us, or would like to include something not covered in the survey, please write on the lines below.

_____

_____

_____

_____