

# Youth Engagement with Health Services (YEHS!)

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## High School



*The Youth Engagement with Health Services (YEHS!) survey was developed as part of the School-Based Health Center Improvement Project (SHCIP), a Children's Health Insurance Program Reauthorization Quality Improvement Demonstration Project (CMS Grant Award number: 1Z0C30559-01-00).*

## Notes

### **Health Care =**

- medical care you get when you're sick;
- check-ups or physicals;
- emotional or behavioral health counseling;
- reproductive or sexual health services.

### **Health Care Provider =**

- doctor;
- nurse practitioner;
- physician assistant;
- nurse;
- counselor or therapist;
- or anyone else you see for health care.

### **School-Based Health Center =**

- school health clinic (not the school nurse office);
- SBHC;
- or school Wellness Center.

**This survey is anonymous and your answers will not be seen by your provider. Please talk directly with your health care provider if you have any health concerns. Information about mental health services is available at your school-based health center, including information about anonymous hotlines.**

## Health Care Utilization

**This section asks you about things you have done in the past 12 months.**

1. In the **last 12 months**, how many times have you gone to a hospital **emergency room** for medical care?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times or more

2. When was the **last time** you went to a health care provider for a **check-up** (like a sports physical or annual check-up)?

- In the past year
- More than a year ago
- Never

3. In the **last 12 months**, how many times have you visited the **School-Based Health Center (SBHC)** for any kind of health care?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 – 9 times
- 10 times or more

4. In the **last 12 months**, what School-Based Health Center services have you used? (Check all that apply to you)

- Behavioral health (counseling, etc.)
- Check-ups (sports or annual exams)
- Reproductive and sexual health services
- Injury or illness care
- Other

5. In the **last 12 months**, how many times have you visited any other place for health care – besides the School-Based Health Center?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 to 9 times
- 10 times or more

6. In the **last 12 months**, what health services have you used in places other than the School-Based Health Center? (Check all that apply to you)

- Behavioral health (counseling, etc.)
- Check-ups (sports or annual exams)
- Reproductive and sexual health services
- Injury or illness care
- Other

7. What is your overall satisfaction with <b>School-Based Health Center services?</b>	Satisfaction Rating									
	Low					High				
<input type="checkbox"/> N/A	<input type="checkbox"/>									
	1	2	3	4	5	6	7	8	9	10

8. What is your overall satisfaction with services in places <b>other</b> than the School-Based Health Center?	Satisfaction Rating									
	Low					High				
<input type="checkbox"/> N/A	<input type="checkbox"/>									
	1	2	3	4	5	6	7	8	9	10

## Health Communications

9. In the **last 12 months**, did a doctor or other health care provider talk with you about the following? **(either at School-Based Health Center or any other place)**

	YES, AND I GOT what I needed	YES, but I DID NOT get what I needed	NO, but I NEEDED to talk about that	NO, I DID NOT NEED to talk about that
a. <b>Oral care</b> (brushing, flossing, and seeing a dentist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Weight</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Healthy eating or diet</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Physical activity or exercise</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Body image or appearance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Health Communications

10. During the <b>last 12 months</b> , how would you describe your grades in school?	Mostly A's	Mostly B's	Mostly C's	Mostly D's	Mostly F's	None of these grades	Not sure
	<input type="checkbox"/>						

11. In the <b>last 12 months</b> , did a doctor or other health care provider talk with you about the following? ( <b>either at School-Based Health Center or any other place</b> )	YES, AND I GOT what I needed	YES, but I DID NOT get what I needed	NO, but I NEEDED to talk about that	NO, I DID NOT NEED to talk about that
a. <b>Your family</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Your friends</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Your school performance or grades</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Your future plans</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Health Communications

12. During the **last 12 months**, did you ever feel so sad or hopeless **for two weeks or more** in a row that you stopped doing some usual activities?

- Yes
- No

13. In the **last 12 months**, did a doctor or other health care provider talk with you about the following? (**either at School-Based Health Center or any other place**)

	YES, AND I GOT what I needed	YES, but I DID NOT get what I needed	NO, but I NEEDED to talk about that	NO, I DID NOT NEED to talk about that
a. <b>Your emotions or moods</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Suicide</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>How you deal with stress</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Sleep</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Sexual orientation or gender identity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Health Communications

14. Have you ever had sex (including vaginal, oral or anal sex)?

Yes

No

15. In the **last 12 months**, did a doctor or other health care provider talk with you about the following? (**either at School-Based Health Center or any other place**)

	YES, AND I GOT what I needed	YES, but I DID NOT get what I needed	NO, but I NEEDED to talk about that	NO, I DID NOT NEED to talk about that
a. <b>Sexually transmitted diseases or STDs</b> (such as chlamydia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Condoms</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Choosing not to have sex</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Birth control</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Privacy & Confidentiality

16. 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 parents or other people in the room.)

Yes

No

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

Yes

No

## Experience of Care

18. Please **describe your experiences** with health care.

	Never	Sometimes	Usually	Always
a. In the <b>last 12 months</b> , how often did doctors or other health care providers <u>listen carefully</u> to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In the <b>last 12 months</b> , how often did you have a hard time <u>speaking with or understanding</u> your doctor or other health care provider because you spoke different languages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In the <b>last 12 months</b> , how often did doctors or other health care providers <u>explain things</u> in a way that you could understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In the <b>last 12 months</b> , how often did doctors or other health care providers show <u>respect for what you had to say</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. In the <b>last 12 months</b> , how often did doctors or other health care providers <u>spend enough time</u> with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Youth Health Engagement

19. Do you have health insurance?

- Yes
- No
- Not sure

20. How much do you **agree** or **disagree** with the following statements?

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
a. I know where to get health care when the school-based health center is closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There are adults I can talk to about questions or concerns I have about my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I know how to contact my doctor or other health care provider if I have questions or concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I know how to use health insurance to get health care or medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am confident that I understand which health services are confidential and which are not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I know of a place (other than the school-based health center) where teenagers can go to see a doctor or other health care provider without their parents/guardians knowing about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Youth Health Engagement

21. How much do you **agree** or **disagree** with the following statements?

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
a. I will tell a doctor or other health care provider my concerns, even if they don't ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I talk to my doctor or other health care provider about different options to address health problems or concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I make appointments for myself to see a doctor or other health care provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I make a list of questions (either in my head or on paper) before a health care appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I fill out my own medical history forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When I make a plan with a doctor or other health care provider, I can follow-through on the plan at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I have a safe and trusting relationship with at least one doctor or other health care provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Youth Health Engagement

22. How much do you **agree** or **disagree** with the following statements?

<b>SBHC = School-Based Health Center</b>	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
a. My SBHC is welcoming to youth (reception area, exam rooms, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My SBHC gives meaningful, relevant, and youth-friendly health information that youth need to understand issues that affect their health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My SBHC gives youth the chance to make decisions on their own that affect their health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My SBHC takes the time and energy to address barriers to youth participation in their services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Young people are actively involved in outreach or advocacy activities related to my SBHC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have opportunities to work with other students at my SBHC to change things that we think we can improve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Students participate in decision-making for my school-based health center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Does your school-based health center have an **advisory group** that youth can participate in?

- Yes
- No
- Don't know/not sure

## Demographics

**There are no names or identifying information associated with this survey. You can refuse to answer any of the questions at any time.**

24. How old are you?	12 yrs old or younger	13 yrs old	14 yrs old	15 yrs old	16 yrs old	17 yrs old	18 yrs old or older
	<input type="checkbox"/>						

25. What is your gender?

- Female
- Male
- \_\_\_\_\_

26. Are you Hispanic/Latino?

- Yes
- No

27. What is your race? (Select one or more responses)	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Which of the following best describes you?	Heterosexual (straight)	Gay or lesbian	Bisexual	Questioning/ Not sure	None of These
	<input type="checkbox"/>				

29. Were you born in the USA?

- Yes
- No

30. How often do you speak a language other than English at home?

- Never
- Less than half the time
- About half the time
- More than half the time but not all the time
- All of the time

**Now we are going to ask a few questions about your family.**

31. Does your family own a car, van, or truck?

- No
- Yes, one
- Yes, two or more

32. During the past 12 months, how many times did you travel away on vacation with your family?

- Not at all
- Once
- Twice
- More than twice

33. Do you have your own bedroom for yourself?

- No
- Yes

34. How many computers does your family own?

- None
- One
- Two
- More than two

**Thank you for completing the YEHS! Survey! This survey is anonymous and your answers will not be seen by your provider. Please talk directly with your health care provider if you have any health concerns. Information about mental health services is available at your school- based health center, including information about anonymous hotlines.**