

# Youth Engagement with Health Services (YEHS!)

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## Middle 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 Provider =**

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

**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 **past 12 months**, have you gone to a health care provider for a check-up (like a sports physical or annual check-up)?

- Yes
- No
- Not sure

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

- None
- 1 time
- 2 times
- 3 times
- 4 times or more

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 - 3 times
- 4 – 6 times
- 7 – 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 – 3 times
- 4 – 6 times
- 7 – 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

## Health Communications

**This section asks you about conversations you have ever had with a doctor or other health care provider.**

7. Has a health care provider <b>ever</b> talked with you about the following?			
	<b>YES</b>	<b>NO,</b> but I need to talk about that	<b>NO,</b> I do 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"/>
b. <b>Weight</b>	<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"/>
d. <b>Physical activity or exercise</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>How you feel about the way you look</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Health Communications

8. Has a health care provider **ever** talked with you about the following?

	<b>YES</b>	<b>NO,</b> but I need to talk about that	<b>NO,</b> I do not need to talk about that
a. <b>Your family</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Your friends</b>	<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"/>
d. <b>Your future plans</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Health Communications

9. Has a health care provider **ever** talked with you about the following?

	<b>YES</b>	<b>NO,</b> but I need to talk about that	<b>NO,</b> I do not need to talk about that
a. <b>Your emotions or moods</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>How you deal with stress</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Sleep</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Sexual orientation or gender identity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Health Communications

10. Has a health care provider **ever** talked with you about the following?

	<b>YES</b>	<b>NO,</b> but I need to talk about that	<b>NO,</b> I do 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"/>
b. <b>Condoms</b>	<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"/>
d. <b>Birth control</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. During the **last 12 months**, 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"/>						

12. Have you ever had sex (including oral sex)?

Yes

No

## Privacy & Confidentiality

13. Have you ever had a chance to talk with a health care provider alone, without anyone else in the room?

Yes

No

14. Has a health care provider ever told you that what you talked about with them was **confidential/private**? (Meaning that what you talked about would not be shared with anyone else.)

Yes

No

15. Has a health care provider ever given you information about what health services you can get that are confidential?

Yes

No

## Experience of Care

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

	Never	Sometimes	Usually
a. Do health care providers <u>really listen</u> to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you feel a <u>language difference</u> between you and your health care provider <u>gets in the way</u> ? (For example, English and Spanish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you <u>understand the words</u> that your health care provider uses to explain things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do health care providers show <u>respect for what you have to say</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do health care providers <u>spend enough time</u> with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Youth Health Engagement

17. Do you have health insurance?

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

18. Do you **agree** with these sentences?

	Yes	No
a. I know where to get health care when the school-based health center is closed.	<input type="checkbox"/>	<input type="checkbox"/>
b. There are adults I can talk to about my health.	<input type="checkbox"/>	<input type="checkbox"/>
c. I know which health services are confidential and which are not.	<input type="checkbox"/>	<input type="checkbox"/>

## Youth Health Engagement

19. Do you **agree** with these sentences?

	Yes	No
a. I will tell a doctor or other health care provider about what I need, even if they don't ask.	<input type="checkbox"/>	<input type="checkbox"/>
b. I ask my health care provider about my options when making decisions about my health.	<input type="checkbox"/>	<input type="checkbox"/>
c. I make health care appointments for myself.	<input type="checkbox"/>	<input type="checkbox"/>
d. When I make a plan with a health care provider, I follow the plan.	<input type="checkbox"/>	<input type="checkbox"/>
e. I have a trusting relationship with at least one health care provider.	<input type="checkbox"/>	<input type="checkbox"/>

## School-Based Health Center (SBHC) Involvement

20. Do you **agree** with these sentences?

	Yes	No
a. My SBHC is welcoming (reception area, rooms, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
b. The staff at my SBHC are welcoming (friendly).	<input type="checkbox"/>	<input type="checkbox"/>
c. My SBHC gives out youth-friendly information (brochures, websites, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
d. My SBHC makes it easy to use their services.	<input type="checkbox"/>	<input type="checkbox"/>
e. Students can work on projects with the SBHC.	<input type="checkbox"/>	<input type="checkbox"/>
f. There is a way to share my opinions and ideas with SBHC staff.	<input type="checkbox"/>	<input type="checkbox"/>
g. My SBHC has a student group that gives help and advice to the SBHC.	<input type="checkbox"/>	<input type="checkbox"/>

## Demographics

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

21. 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"/>						

22. What is your gender?

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

23. Are you Hispanic/Latino?

- Yes
- No

24. 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"/>

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

26. Were you born in the USA?

- Yes
- No

27. 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.

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

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

29. 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

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