Data Collection Tool – 12 years & 16 or 17 years

Directions: Please review 20 or more charts of patients who were seen for a health supervision visit within the last calendar year (ideally 10 from each age group):

- **Pull 10 or more charts of patients recently seen for their 12 year health supervision visit; and**
- **Pull 10 or more charts of patients recently seen for their 16 or 17 year health supervision visit**
  (Note: It is recommended that you have an equal mix of male and female patient charts, if possible.)

Chart Information:

1.	Health Supervision Visit age	O 12 yrs	O 16 or 17 yrs
2.	Is this patient Male or Female?	O Male	O Female

Data Collection Tool Questions:

Is there documentation in the medical record that the following were done at the most recent health supervision visit?		
3. Were patient/family concerns elicited? If no, skip to Question #4	YES	NO
3a. If yes, did the patient/family express concerns? If no, skip to Question #4	YES	NO
3b. If yes, were those concerns addressed?	YES	NO
4. Was age appropriate developmental surveillance/identification of patient strengths completed?	YES	NO
5. Was age appropriate feedback about youth strengths and development provided?	YES	NO
6. Was an age appropriate risk assessment performed? If no, skip to Question #7	YES	NO
6a. If yes, was the screen positive? If no, skip to Question #7	YES	NO
6b. If yes, was medical screening performed based on the positive risk assessment?	YES	NO
7. Was BMI measured and plotted on the percentile curves?	YES	NO
8. Was an adolescent depression screen completed at the most recent health supervision visit or at another health visit within the last year? If no, skip to Question #9	YES	NO
8a. If yes, was the screen positive? If no, skip to Question #9	YES	NO
8b. If yes, were adolescent emergency services activated or a follow-up plan established?	YES	NO

12 year health supervision visits:		
9. What Bright Futures priorities (anticipatory guidance) were discussed? (*select all that apply*)		
9a. Social determinants of health (risks [interpersonal violence, living situation and food security, family substance use], strengths and protective factors [connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making]	YES	NO
9b. Physical growth and development (oral health, body image, healthy eating, physical activity and sleep)	YES	NO
9c. Emotional well-being (mood regulation and mental health, sexuality)	YES	NO
9d. Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma)	YES	NO
9e. Safety (seat belt and helmet use, sun protection, substance use and riding in a vehicle, firearm safety)	YES	NO
10. Was an appropriate lipid screen completed at least once between ages 9-11 years? If no, **STOP**, you have completed your review of this patient	YES	NO
10a. If yes, was the screen positive? If no, **STOP**, you have completed your review of this patient	YES	NO
10b. If yes, was a follow-up plan established?	YES	NO
12 year old visits, STOP, you have completed your review of this patient		

16 or 17 year health supervision visits:				
11. What Bright Futures priorities (anticipatory guidance) were discussed? (*select all that apply*)				
11a.	Social determinants of health (risks [interpersonal violence, food security and living situation, family substance use], strengths and protective factors [connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making])	YES	NO	
11b.	Physical growth and development (oral health, body image, healthy eating, physical activity and sleep)	YES	NO	
11c.	Emotional well-being (mood regulation and mental health, sexuality)	YES	NO	
11d.	Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma)	YES	NO	
11e.	Safety (seat belt and helmet use, driving, sun protection, firearm safety)	YES	NO	
12.	Was HIV screening completed at least once at a previous health supervision visit or at another health visit within in the last year? If no, or N/A skip to Question #13	YES	NO	**N/A, if patient has no HIV risk factors, practice policy is to screen at 18 yr visit**
12a.	If yes, was the screen positive? If no, skip to Question #13	YES	NO	
12b.	If yes, was a follow-up plan established?	YES	NO	
13.	Does this patient participate in injection drug use?	YES	NO	**N/A, patient was not asked**
14.	Is this patient sexually active? **Females:** If yes, continue to Question #15 **Males:** If yes, continue to Question #16 If no, or N/A, **STOP**, you have completed your review of this patient	YES	NO	**N/A, patient was not asked**

NOTE: The following questions only apply to FEMALE patients:			
15.	Was chlamydia screening completed at the most recent health supervision visit or at another health visit within the last year? If no, **STOP**, you have completed your review of this patient	YES	NO
15a.	If yes, was the screen positive? If no, **STOP**, you have completed your review of this patient	YES	NO
15b.	If yes, was a follow-up plan established? Female patients, **STOP**, you have completed your review of this patient	YES	NO

NOTE: The following questions only apply to MALE patients:			
16.	Was this patient seen in a high risk setting (such as correctional facility, adolescent clinic or STD clinic) or has had sex with another male (MSM)? If no, **STOP**, you have completed your review of this patient	YES	NO
16a.	If yes, was chlamydia screening completed at the most recent health supervision visit or at another health visit within the last year? If no, **STOP**, you have completed your review of this patient	YES	NO
16b.	If yes, was the screen positive? If no, **STOP**, you have completed your review of this patient	YES	NO
16c.	If yes, was a follow-up plan established?	YES	NO

Appendix

Male or Female (anatomic/biological status) – For this course, we are focused on the child's biological status rather than gender identity. It is important to screen youth for risks related to the sexual activities in which they participate and the body parts they possess (ie, ensuring pregnancy protection for a transgender boy who has a uterus).

Elicited – Youth or Parent/Guardian was asked at least once regarding their concerns via one or more of the following methods:

- Youth or Parent/Guardian was asked on the phone when visit was scheduled
- Previsit questionnaire was mailed/emailed prior to the visit
- Questionnaire was conducted during the visit
- Face-to-face communication with youth or parent/guardian during visit

Developmental surveillance/Identification of patient strengths –

- Demonstrates physical, cognitive, emotional, social, and moral competencies
- Engages in behaviors that promote wellness and contribute to a healthy lifestyle
- Forms a caring, supportive relationship with family, other adults, and peers
- Engages in a positive way in the life of the community
- Displays a sense of self-confidence, hopefulness, and well-being
- Demonstrates resiliency when confronted with life stressors
- Demonstrates increasingly responsible and independent decision making

Age appropriate feedback about youth strengths and development – Engage patients with an intentional, productive and constructive approach in the context of their communities, schools, organizations, peer groups, and families. Recognize, utilize, and enhance youths' strengths and promote positive outcomes by providing opportunities, fostering positive relationships, and providing support needed to build on their unique strengths.

Risk assessment – The following Bright Futures documents are helpful when performing age appropriate risk assessment:

- Bright Futures Preventive Services Prompting Sheet (https://brightfutures.aap.org/Bright%20Futures%20Documents/PreventiveServicesPromptSheet_Sample_MC_Adol.pdf)
- Bright Futures Periodicity Schedule (https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)

Medical screening – For example: vision, hearing, TB, dyslipidemia, anemia, alcohol and substance abuse, STIs

BMI measured and plotted on the percentile curves – Growth patterns are best studied by accurately plotting stature, weight, and body mass index (BMI) for children 2 years of age and older on age-appropriate CDC growth charts.

Bright Futures priorities – 12 Years

- Social determinants of health (risks [interpersonal violence, living situation and food security, family substance use], strengths and protective factors [connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making])
- Physical growth and development (oral health, body image, healthy eating, physical activity and sleep)
- Emotional well-being (mood regulation and mental health, sexuality)
- Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma)
- Safety (seat belt and helmet use, sun protection, substance use and riding in a vehicle, firearm safety)

Bright Futures priorities – 16 or 17 Years

- Social determinants of health (risks [interpersonal violence, food security and living situation, family substance use], strengths and protective factors [connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making])
- Physical growth and development (oral health, body image, healthy eating, physical activity and sleep)
- Emotional well-being (mood regulation and mental health, sexuality)
- Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma)
- Safety (seat belt and helmet use, driving, sun protection, firearm safety)

Anticipatory guidance – Anticipatory guidance is specific, preventive information given to patients/parents or guardians to improve the well-being of pediatric patients, and promote healthy habits and an understanding of child and youth development.

Adolescent depression screen – Many young adults may not present with classic adult symptoms of depression. Pervasive boredom or irritability still may be symptoms of depression in this age group, as can self-injuring behaviors. It is important to question them directly about suicidal thoughts or attempts if there is any concern about depression or other mental health problems at every health supervision visit. Examples of standardized depression screen include: Patient Health Questionnaire (PHQ-2; PHQ-9; PHQ-A), Beck Depression Inventory (BDI) or Columbia Depression Scale. More information regarding screening can be found here: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf

Adolescent emergency services – If the patient is actively suicidal, the health care professional should immediately refer to crisis/emergency services (may include subsequent referral to in-patient treatment).

Appropriate lipid screen –
Per the NHLBI Guidelines, "Screening for dyslipidemia in childhood is based on the concept that early identification and control of dyslipidemia throughout youth and into adulthood will substantially reduce clinical CVD risk beginning in young adult life." Universal cholesterol screening helps to identify all children with familial hyperlipidemias and lipid abnormalities that require lifestyle modification, allowing for proper intervention and follow-up, leading to the prevention of future atherosclerotic disease.

> For children between 9 and 11 years of age with no risk factors, do a non-fasting lipid screening test at least once between those ages.
>
> For children between 9 and 11 years of age with borderline/high cholesterol or known risk factors, screen with a fasting lipid profile.

Chlamydia screening – Per the CDC, Chlamydial infection is the "most commonly reported sexually transmitted infection (STI) in the United States." It is the leading preventable cause of infertility in the United States. The first step to consistent chlamydia screening is determining and documenting every adolescent's sexual history. Develop a system to alert the practitioner if a need for screening is determined, even for patient is being seen for a non-health supervision visit and has not been screened in the past year. Chlamydia screening is recommended to be performed annually in females who are sexually active and annually in males who are sexually active and have risk factors.

HIV screening – According to the AAP statement, all adolescents should be universally screened for HIV once between the ages of 15 and 18. *NOTE: If it your practice's policy to conduct universal screening at the18 year health supervision visit, you can choose N/A.* Youth at high risk for HIV infection (eg, sexually active, participate in injection drug use) should be tested for HIV and reassessed annually.