

PROVIDER CHECKLIST FOR YOUNG ADOLESCENT FEMALES AGES 9-14

-HEALTHCARE PROVIDER CHECKLIST-

Thinking about

Good Health

Consider making available the companion patient self-assessment document, ***Thinking about Good Health, Ages 9-14***, that young females may bring to the visit to get them thinking about issues related to their mental and physical health, immunizations, and other issues.

Questions and discussions included in this checklist should be done in addition to guidelines or recommendations for the physical examination and routine history taking that apply to all adolescents.

This checklist is meant to suggest questions for your next young female (ages 9-14) clinical visit. **Main questions within each domain are highlighted with supplementary questions for additional exploration, as warranted.** To enhance and develop trust with young females, explore less personal topic areas before asking questions around body image, relationships or mental health. A number of the questions won't be appropriate for each patient, of course, but they are designed to encourage clinicians to challenge assumptions and be proactive in addressing sensitive topics such as sexual health.



To encourage a frank conversation and build rapport:

- Depending on the age of the patient, your office may send letters prior to visits letting parents know you may want some time to interview that adolescent alone. If the parents are reluctant to leave explain that building trust and conveying respect to the adolescent encourages an open, honest dialogue.
- Emphasize your privacy policy to the patient at the beginning. Tell her *“As your healthcare provider, I promise to respect your confidentiality. What we talk about will remain just between us. The only time I would share our discussions is if I am concerned about your safety or the safety of others.”*

Questions

★ Main Questions

Diet, Activity, and Sleep

- ★ **Do you eat lots of fast food or snacks like chips or soda/ sugary drinks? How about fruits and veggies?**
- ★ **Do you play a sport or get regular exercise? How often? Why do you exercise?**
- Are you happy with how you feel about your body and weight?
- Have you ever dieted? Do you ever over-eat? How often? Does this ever worry you?
- Do you sleep well? How many hours sleep would you say you get each night?
- How much time do you spend watching TV, playing games, or on some device like a cell phone?

Body Changes & Puberty

- ★ **Do you have any concerns or questions about how your body or your private areas are changing?**
- ★ **[If menstruation has begun] Does your period ever last longer than five days?**
- ★ **Has your period been late or missed recently?**

Safety

- ★ **Is there a lot of violence in your school? In your neighborhood?**
- ★ **Have you ever been bullied? Have you ever bullied someone?**
 - Are there guns in your home? Are they locked up?
 - Do you wear a seatbelt in the car?
 - Do you wear a helmet when you're on anything with wheels?

Substance Abuse

- ★ **Let's talk about:**
 - Tobacco use (cigarettes, cigars, vaping, chewing tobacco)?
 - Alcohol use (Do you drink? How often?)
 - Drugs like marijuana, Ritalin, inhalants, pills not prescribed for you, or other drugs?

Mental Health

- ★ **Do you ever feel: Sad? Anxious? Angry?**
 - Do you have trouble concentrating or sitting still?
 - Have you had any thoughts about hurting yourself?

Sexual Health & Relationships

- ★ How are things going with you and your friends?
- ★ Has anyone ever touched you inappropriately or forced you to have sex?
- ★ [If patient identifies as LGBT] Who do you talk to if you have questions or a problem?
- ★ Do you have any worries related to sex or your sexuality?
- Has anyone ever given you a hard time because of your sexual orientation?

- ★ [Beginning around age 12] I ask this of all my patients: Have you ever had sex?
- ★ What kind of sex have you had (oral, anal, vaginal)?
- ★ Do you and your partners use condoms when you have sex?
- ★ Do you use any other birth control?
- ★ Do you have sex with males, females, or both?
- Have you had your HPV vaccine?



The Centers for Disease Control and Prevention (CDC) offers detailed immunization recommendations by age, risk factors, and health conditions at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

Adolescent/Young Adult Vaccine Recommendations from the Centers for Disease Control and Prevention (CDC)

- **Hepatitis A:** through age 26 if not previously vaccinated or in a high risk group (e.g., men who have sex with men, travelers to regions with high infection rates, injecting drug users, occupational exposure risk; clotting factor disorders, liver disease).
- **Hepatitis B:** through age 18 if not previously vaccinated. Through age 26 with risk factors (e.g., sexually active and not in a monogamous relationship; occupational exposure risk; diabetes; liver disease; HIV infection).
- **Tetanus, diphtheria, pertussis (Tdap):** through age 26 if not previously vaccinated
- **Pneumococcal vaccines:** recommended for adolescents not previously vaccinated who have certain conditions (e.g., cerebrospinal fluid leak; cochlear implant; sickle cell disease; asplenia; immunocompromised).
- **Inactivated poliovirus:** through age 18 if not previously vaccinated
- **Influenza:** annual vaccination
- **Measles, Mumps, Rubella (MMR):** through age 18 if not previously vaccinated; through age 26 depending on indication.
- **Varicella:** through age 26 if not previously vaccinated (varicella vaccine is not recommended for patients who are pregnant or immunocompromised)
- **Human Papillomavirus (HPV):** through age 26 in not previously vaccinated.
- **Meningococcal:** through age 18 if not previously vaccinated. Through age 26 with certain health conditions (e.g., asplenia, travelers to areas where meningococcal disease is epidemic).

Immunizations

Human Papillomavirus (HPV) vaccination is available for males and females ages 9-26.

The [Food and Drug Administration \(FDA\)](http://www.fda.gov) has approved a 2-dose schedule for Gardasil-9® HPV vaccine for males and females ages 9-14 which calls for the second dose of the vaccine to be given 6-12 months following the first. Those beginning the vaccine series after age 14 should receive the 3-dose schedule originally licensed with the vaccine; this regimen involves three doses administered over six months. Data indicate immunogenicity among younger adolescents receiving the two-dose regimen is similar to that observed in older adolescents and young adults who received three doses of the vaccine. [The CDC recommends the 2-dose regimen for all 11 and 12 year olds.](http://www.cdc.gov) For detailed recommendations go to: <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html>.

PROVIDER CHECKLIST FOR ADOLESCENT FEMALES AGES 15-YOUNG ADULT

-HEALTHCARE PROVIDER CHECKLIST-

Thinking about

Good Health

There is a similar patient self-assessment document, **Thinking about Good Health, Ages 15-Young Adult**, that young females may bring to the visit to get them thinking about issues related to their mental and physical health, immunizations, and other issues. Questions and discussions included in this checklist should be done in addition to guidelines or recommendations for the physical examination and routine history taking that apply to all adolescents.

This checklist is meant to suggest questions for your next young female (teen and young adult) clinical visit. **Main questions within each domain are highlighted with supplementary questions for additional exploration, as warranted.** To enhance and develop trust with young females, explore less personal topic areas before asking questions around body image, relationships or mental health. A number of the questions won't be appropriate for each patient, of course, but they are designed to encourage clinicians to challenge assumptions and be proactive in addressing sensitive topics such as sexual health.



To encourage a frank conversation and build rapport:

- Depending on the age of the patient, your office may send letters prior to visits letting parents know you want to build time into the visit to interview the adolescent alone. If the parents are reluctant to leave explain that building trust and conveying respect to the adolescent encourages an open, honest dialogue.
- Emphasize your privacy policy to the patient at the beginning. Tell her *“As your healthcare provider, I am obligated to respect your confidentiality. What we talk about will remain just between us. The only time I would share our discussions is if I am concerned about your safety or the safety of others.”*

Questions

★ Main Questions

Diet, Activity, and Sleep

- ★ **Do you eat lots of fast food or snacks like chips or soda/ sugary drinks? How about fruits and veggies?**
- ★ **Do you play a sport or get regular exercise? How often? Why do you exercise?**
- Are you happy with how you feel about your body and weight?
- Have you ever dieted? Do you ever over-eat? How often? Does this ever worry you?
- Do you sleep well? How many hours sleep would you say you get each night?
- How much time do you spend watching TV, playing games, or on some device like a cell phone?

Body Changes & Puberty

- ★ **Do you have any concerns or questions about how your body or your private areas are changing?**
- ★ **Does your period ever last longer than five days?**
- ★ **Has your period ever been late or missed recently?**

Safety

- ★ **Is there a lot of violence in your school? In your neighborhood?**
- ★ **Have you ever been bullied? Have you ever bullied someone?**
- Are there guns in your home? Are they locked up?
- Do you wear a seatbelt in the car?
- Do you wear a helmet when riding a bike or skateboard (or other wheels)?

Substance Abuse

- ★ **Let's talk about:**
- Tobacco use (cigarettes, cigars, vaping, chewing tobacco)?
- Alcohol use (Do you drink? How often?)
- Drugs like marijuana, Ritalin, inhalants?
- Prescription pills not prescribed for you?

Mental Health

- ★ **Do you ever feel: Sad? Anxious? Angry?**
- Do you have trouble concentrating or sitting still?
- Have you had any thoughts about hurting yourself?

Sexual Health & Relationships

- ★ How are things going with and your friends?
- ★ Has anyone ever touched you inappropriately or forced you to have sex?
- ★ [If patient is LGBT] Who do you talk to if you have questions or a problem?
- ★ Do you have any worries related to sex or your sexuality?
- Has anyone ever given you a hard time because of your sexual orientation?

- ★ Have you ever had sex? What kind of sex have you had (oral, anal, vaginal)?
- ★ Do you use condoms when you have sex?
- ★ Do you use any other birth control?
- ★ Have you ever been tested for chlamydia or other STIs?
- ★ Do you have sex with males, females, or both?
- Have you had your HPV vaccine?



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- **Pneumococcal vaccines:** recommended for adolescents not previously vaccinated who have certain conditions (e.g., cerebrospinal fluid leak; cochlear implant; sickle cell disease; asplenia; immunocompromised).
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