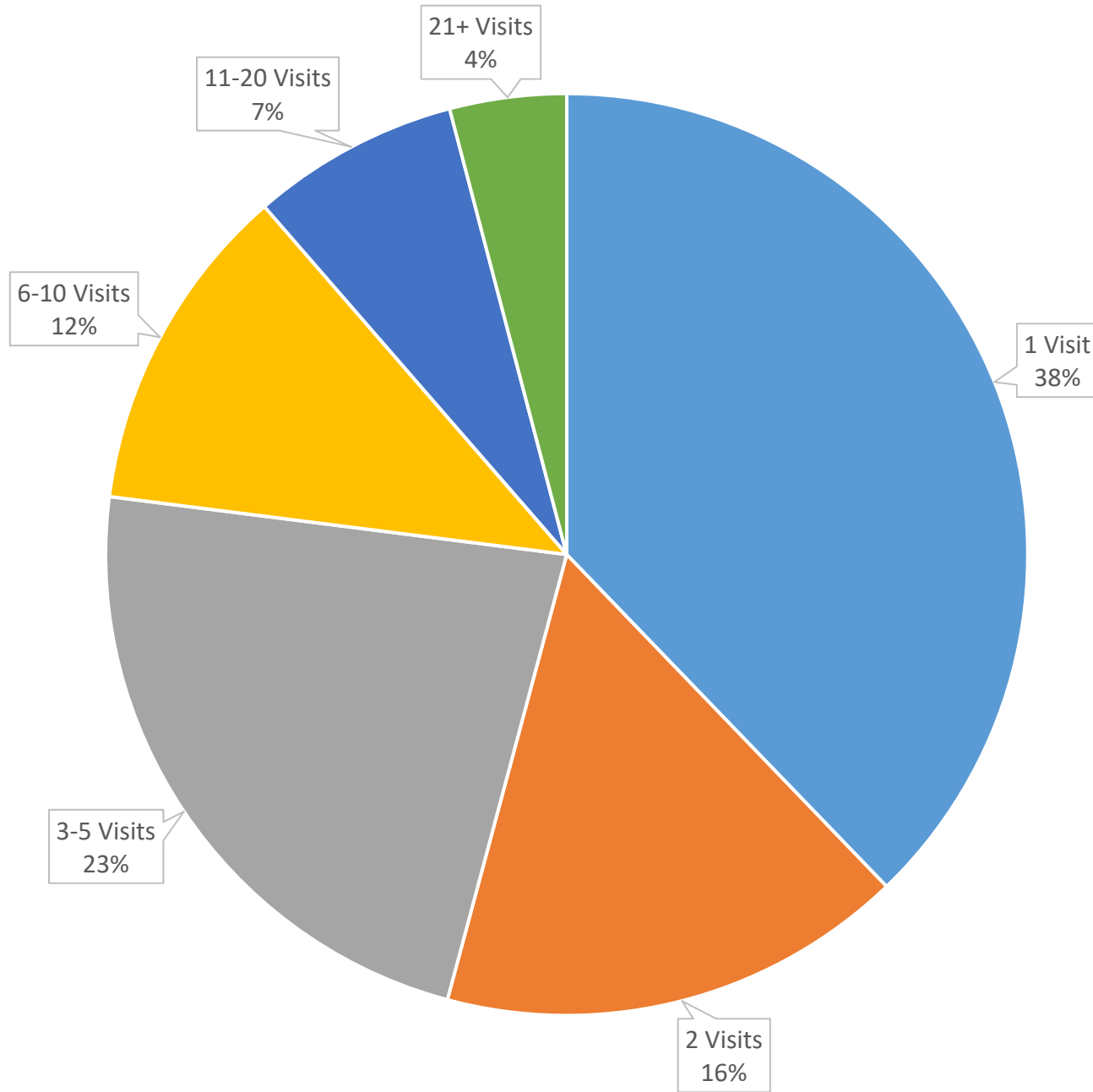




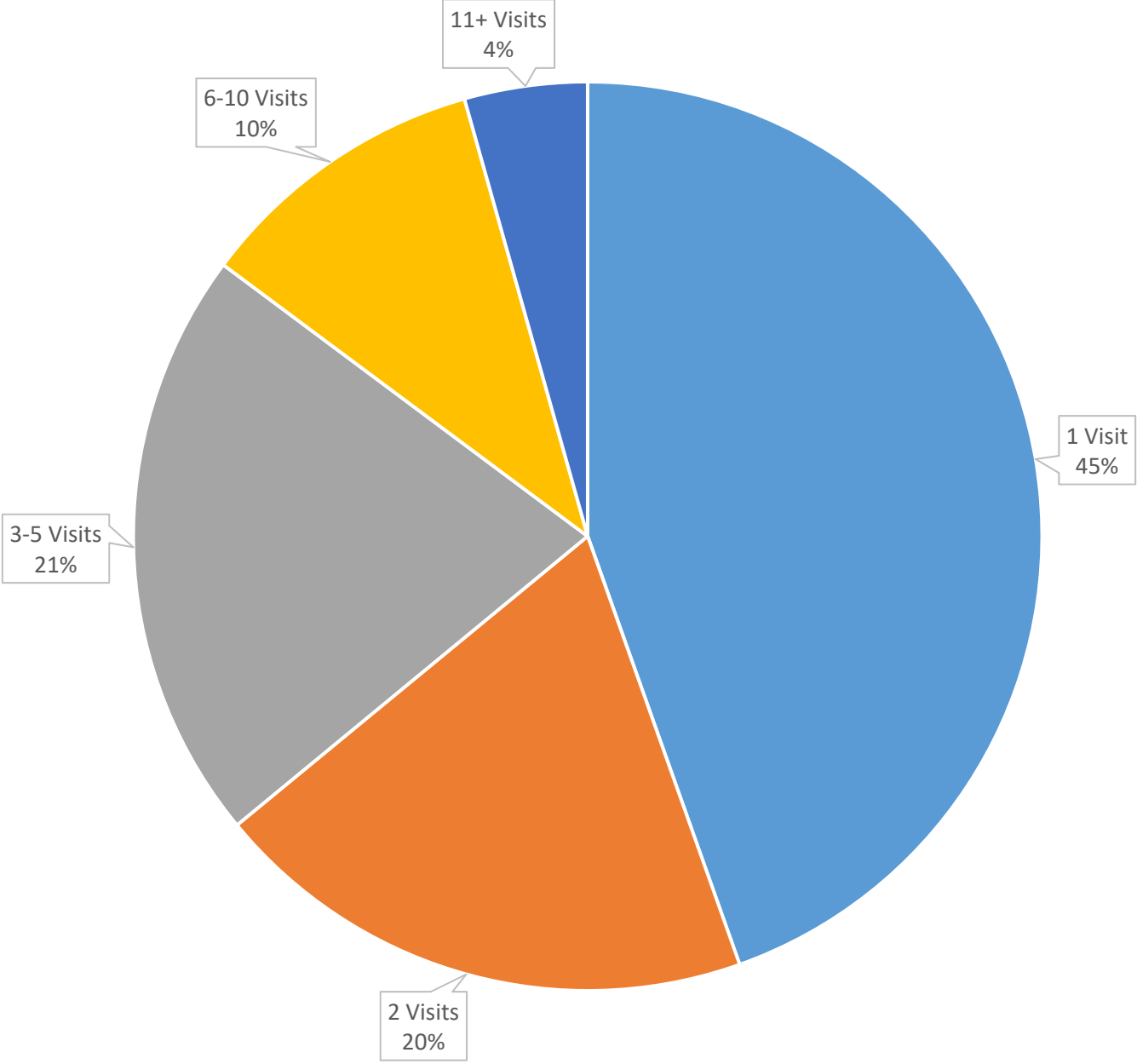
Abbotsford Youth Health Centre

Year 6 Visit & Intake Statistics

ALL VISITS: November 9, 2010 to March 31, 2016: Visits Per Patient (1344 Patients, 6664 Visits, Average of 5 visits per patient)

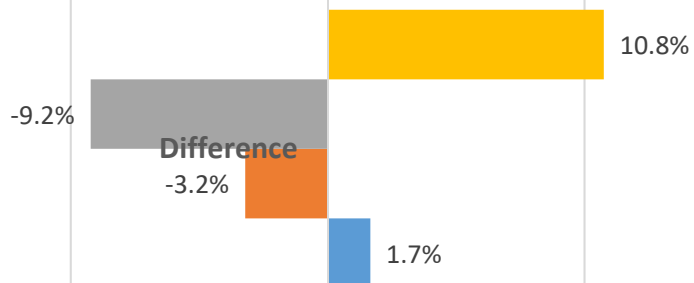
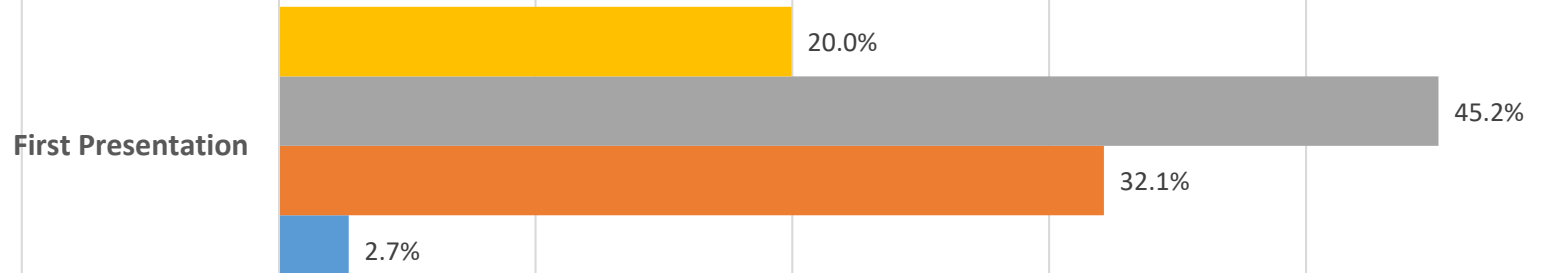


LAST FISCAL VISITS: April 1, 2015 to March 31, 2016: Visits Per Patient (709 Patients, 2,127 Visits, Average of 3 visits per patient)



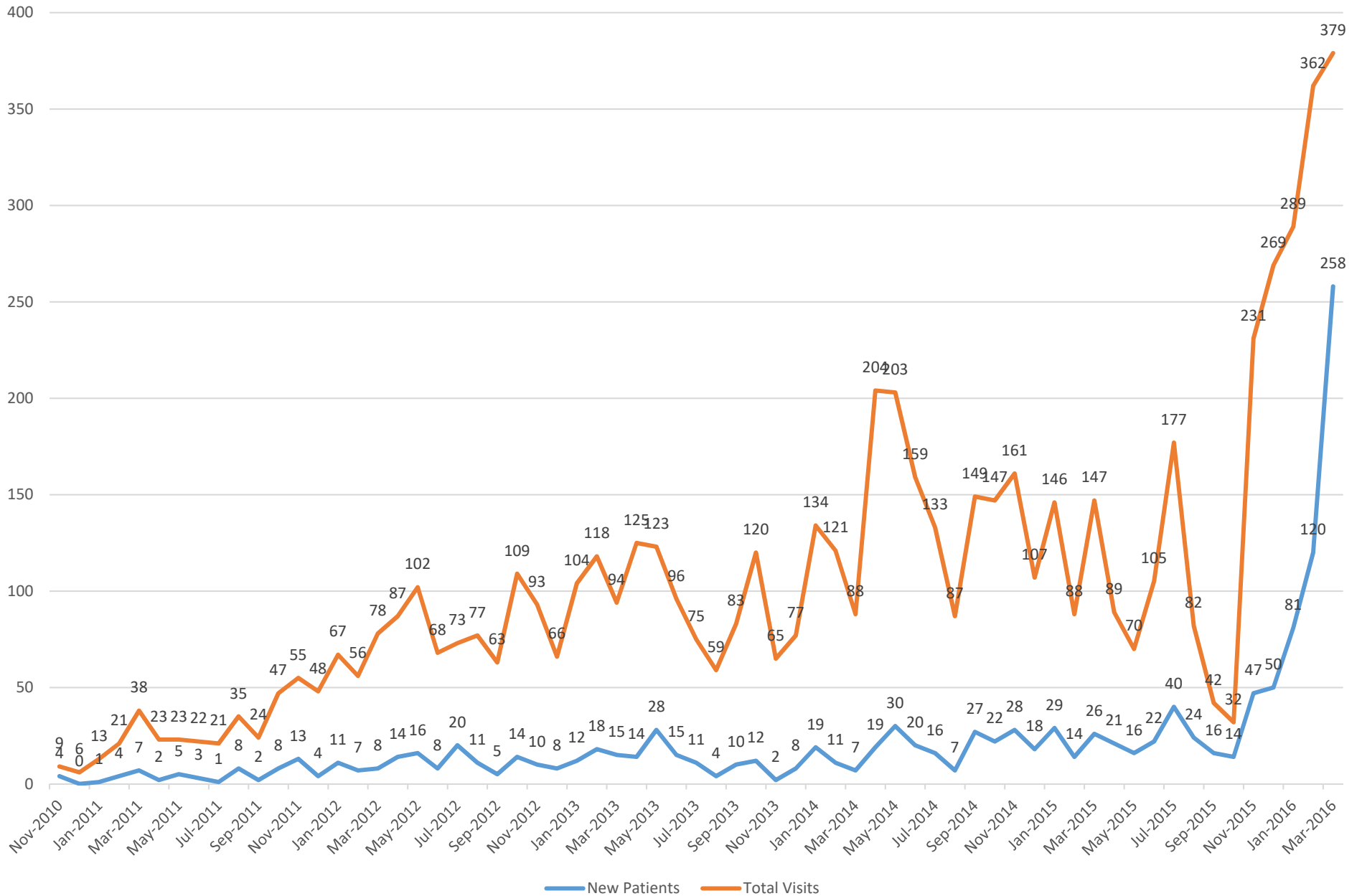
Initial Presentations vs. All Treated Conditions

■ Substance Use/Mental Health ■ Reproductive/Sexual Health ■ Medical Conditions ■ Complex Care/Multiple Conditions

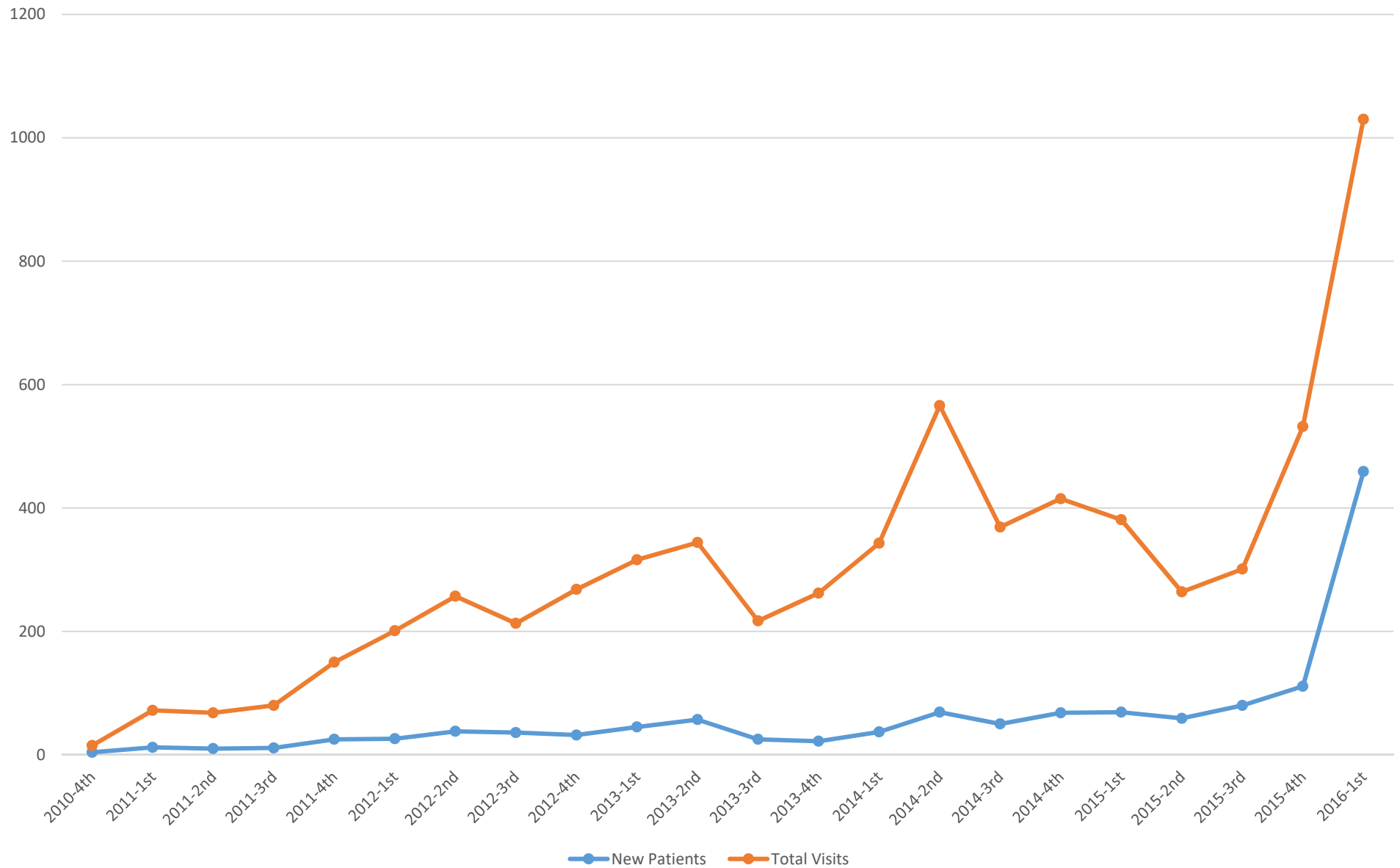


-20.0% -10.0% 0.0% 10.0% 20.0% 30.0% 40.0% 50.0%

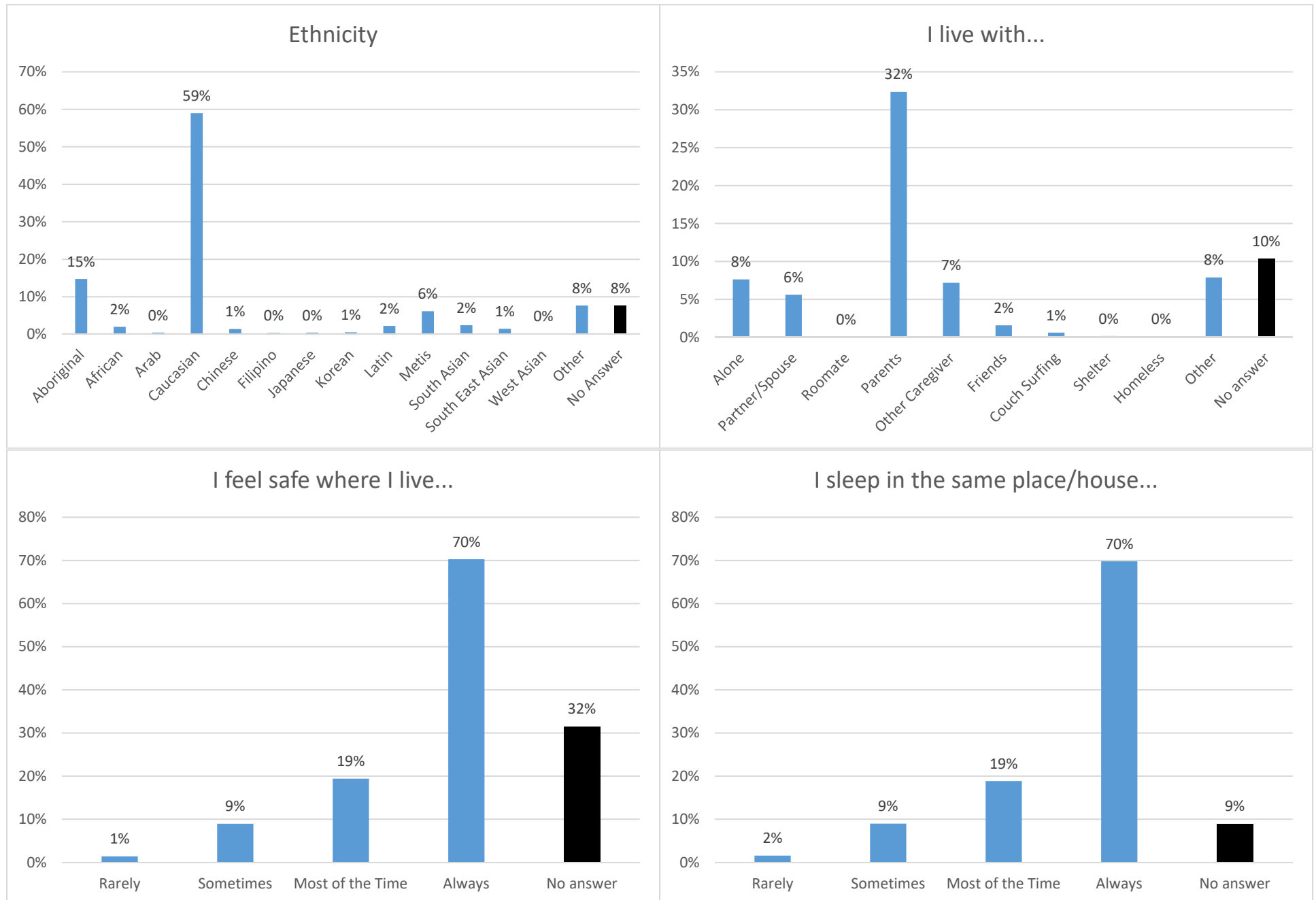
November 9, 2010 to March 31, 2016: New Patients (1344 total) and Visits (6664 Total) per month



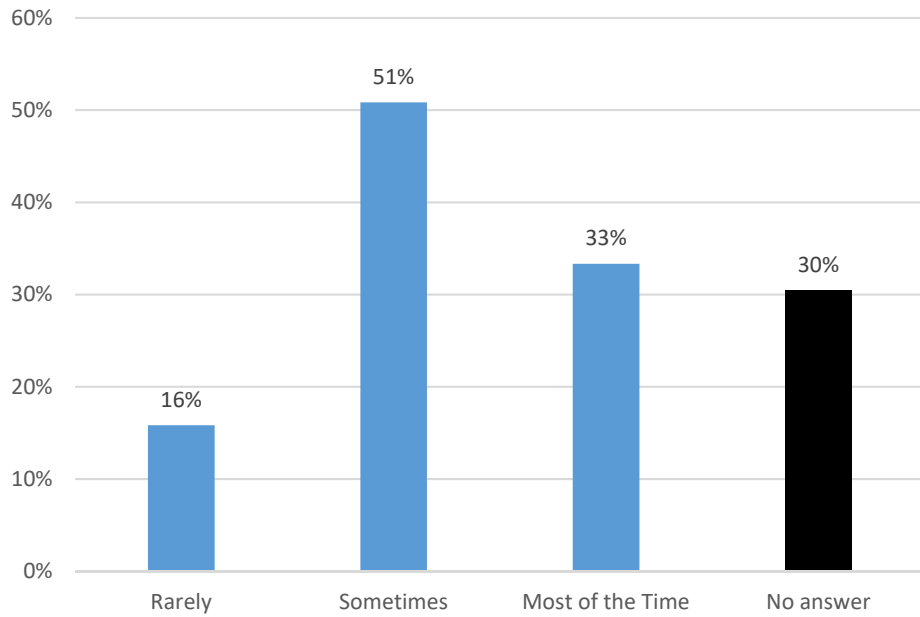
November 9, 2010 to March 31, 2016: New Patients (1344 total) and Visits (6664 Total) per quarter



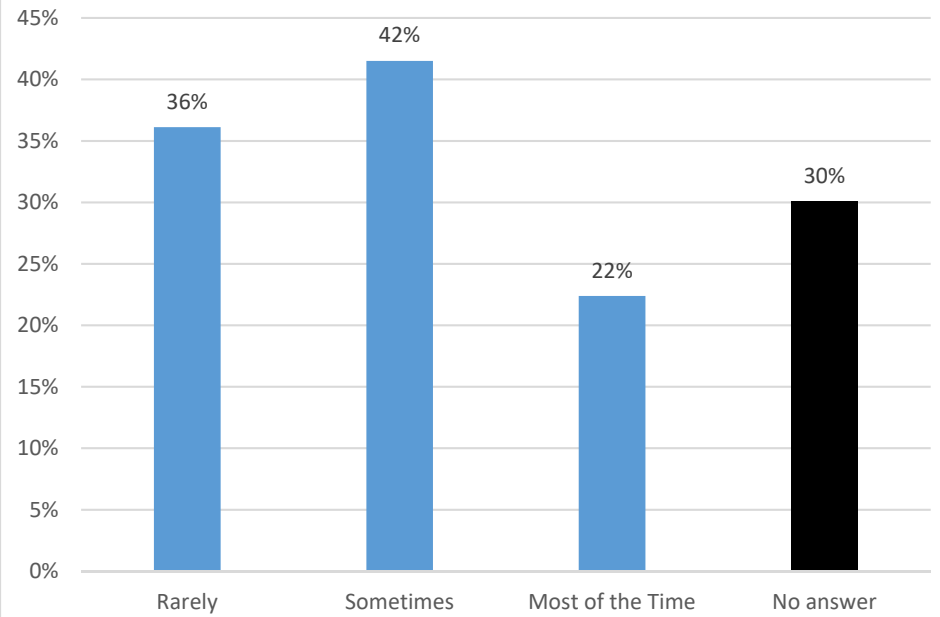
Intake Stats (Intake/first visit only, no follow-up data). 1,344 patients from November 2010 to March 2016 (1% = ~13 patients). The blue bars indicate the answers from those patients who answered the question. The black bars indicate the percentage of all patients who did not answer the question.



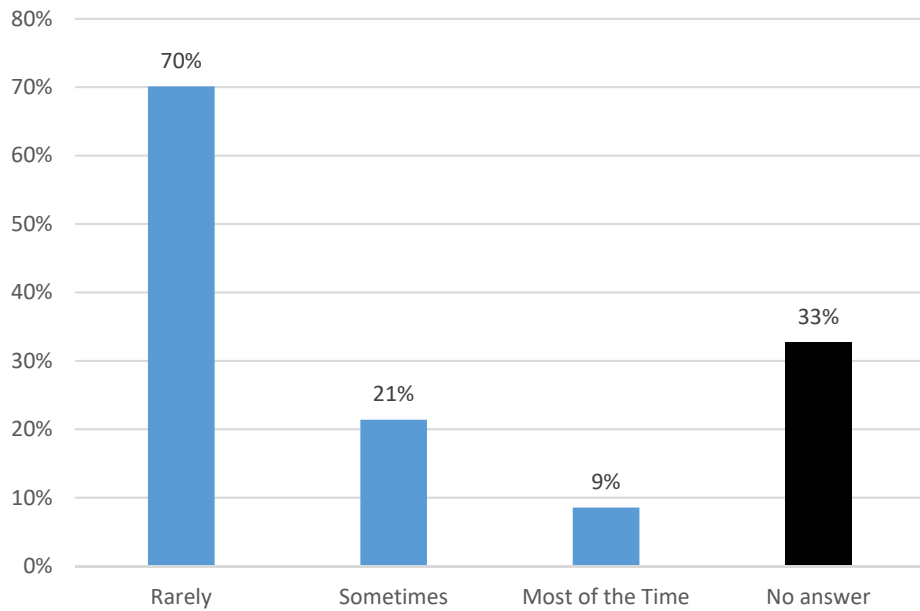
I feel stressed in my everyday life...



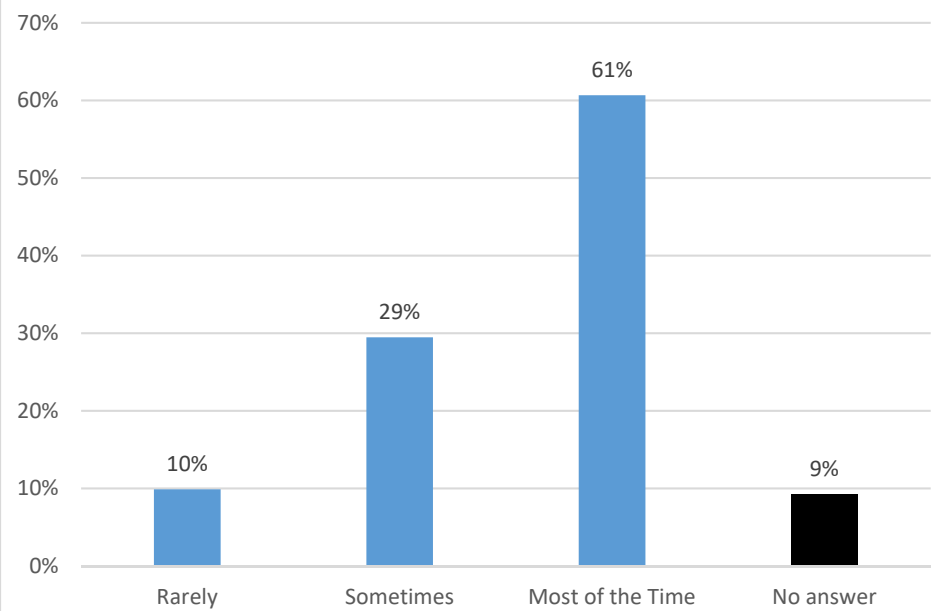
I feel depressed, sad or meaningless...



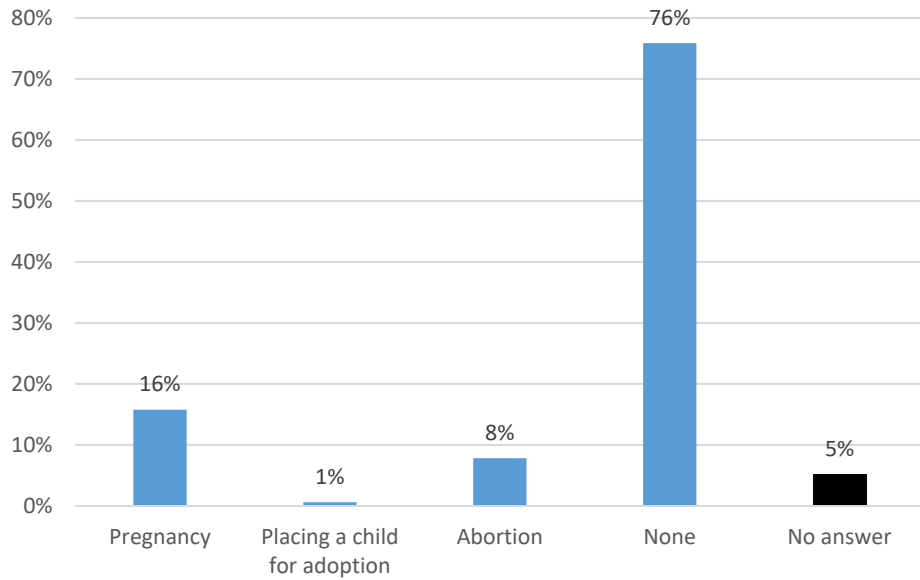
I have tried to hurt myself or others...



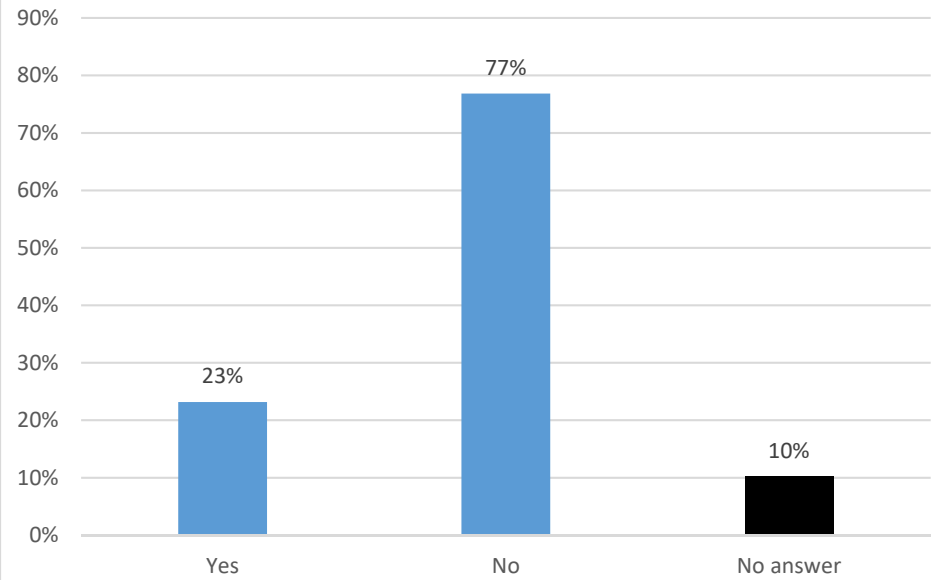
I feel in control of my thoughts/actions...



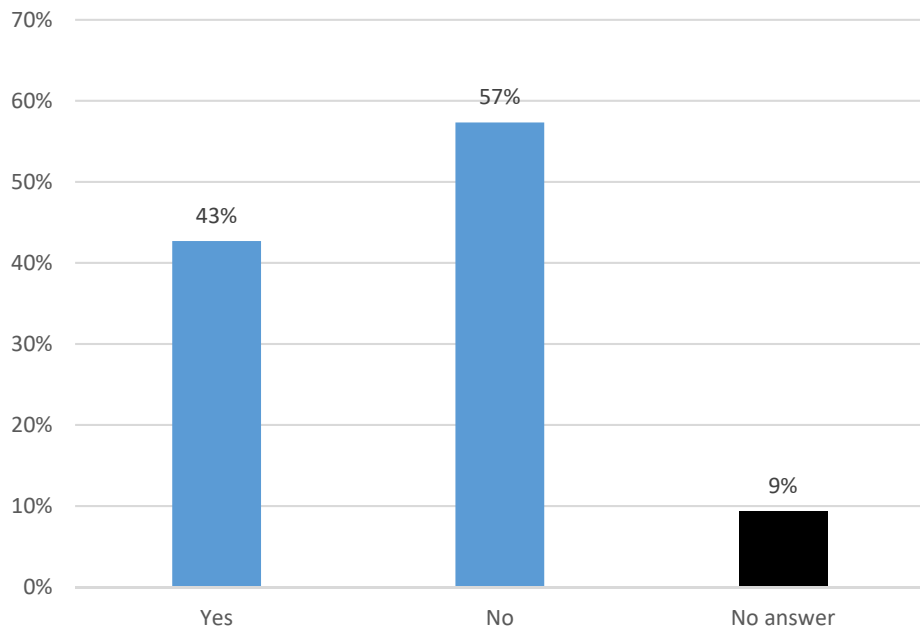
I have experienced... (where applicable)



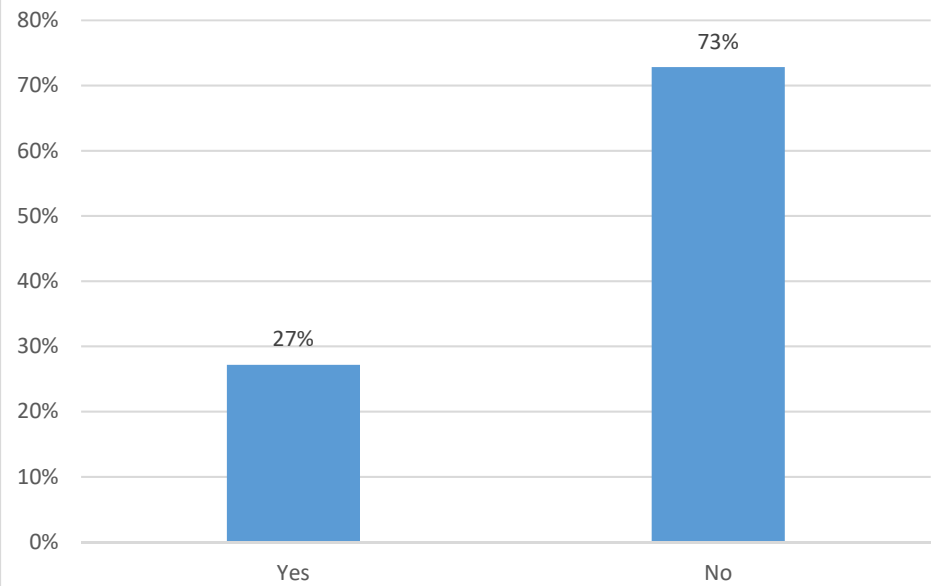
I have seen a gynecologist (where applicable)



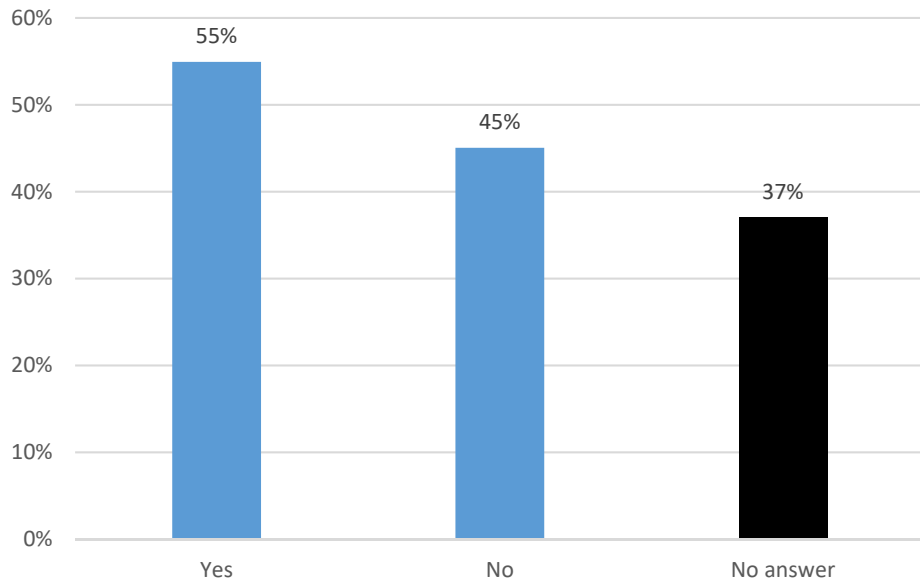
I have had a Pap test (where applicable)



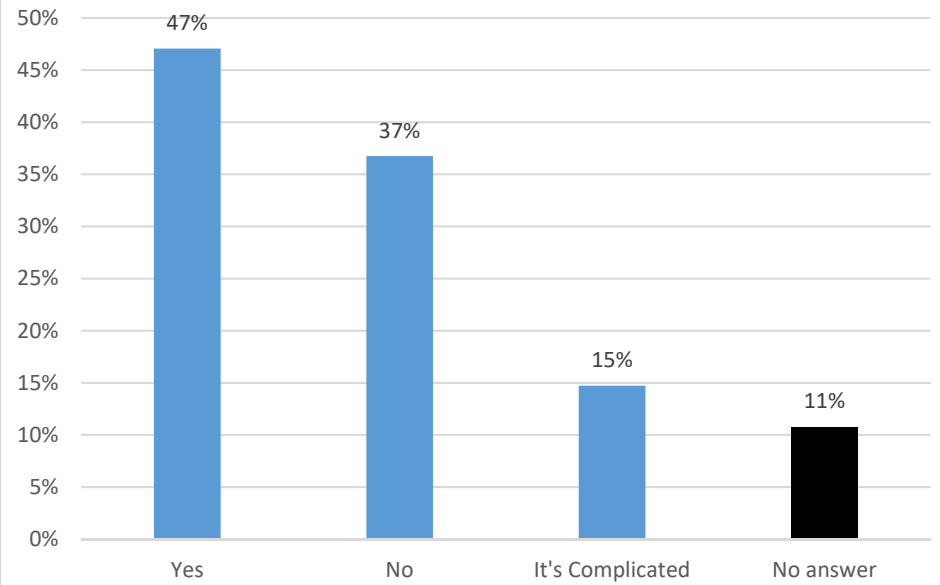
Results of my pap test (of those who have had a pap test) were abnormal



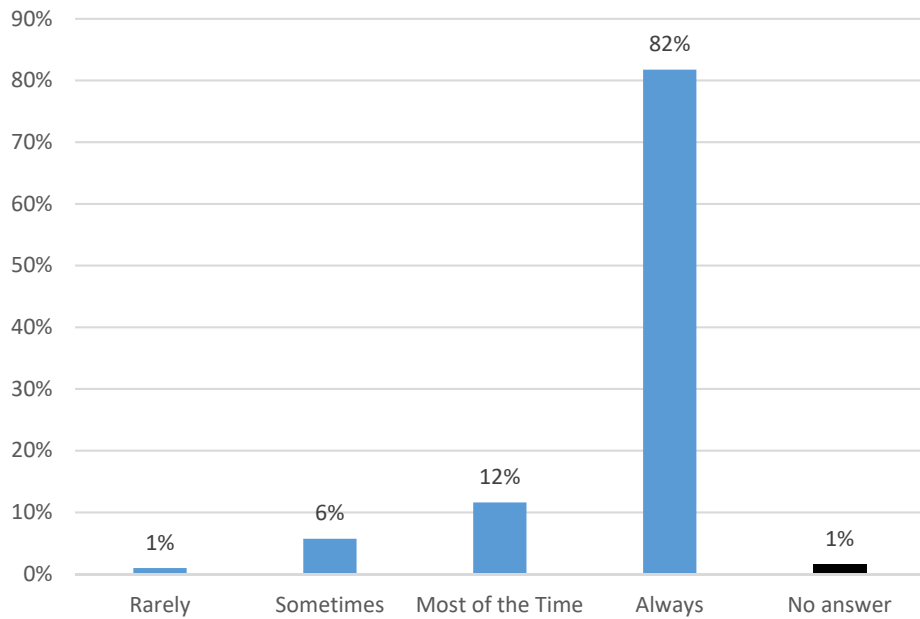
I regularly check my testicals (where applicable)



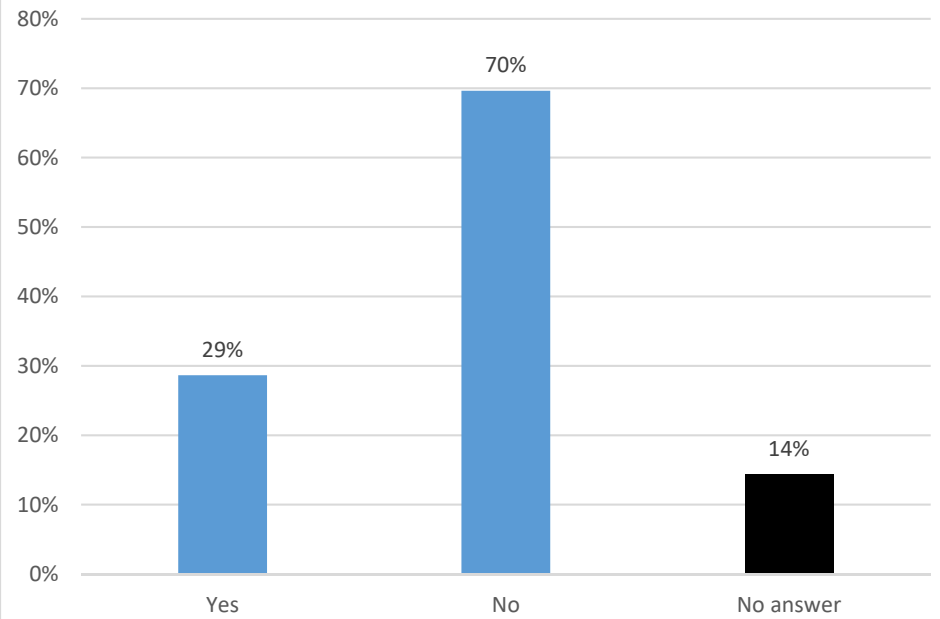
I am in a romantic relationship...



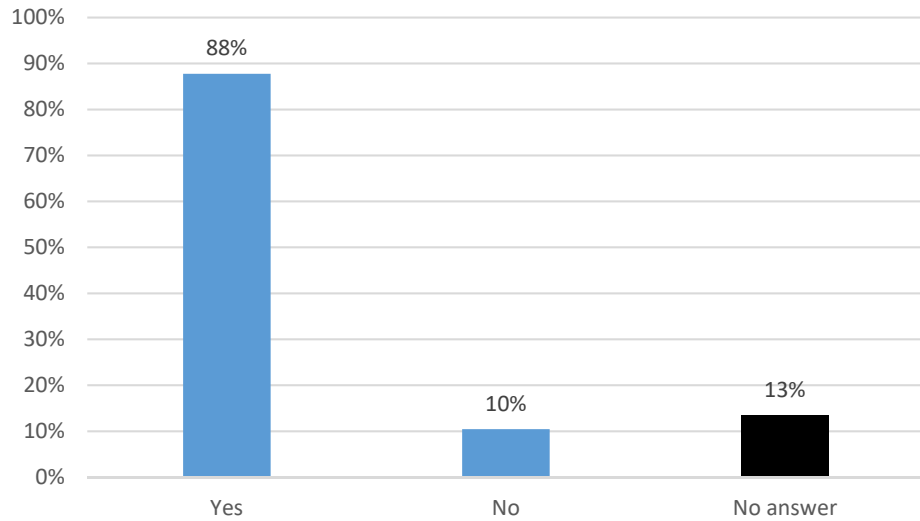
I feel safe and supported in my relationship...



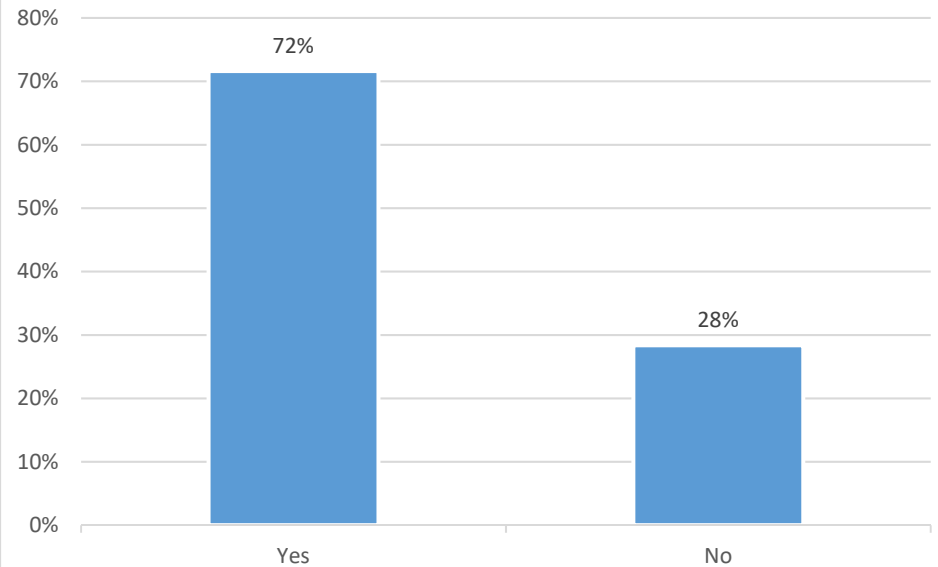
I have major problems with adults in my life...



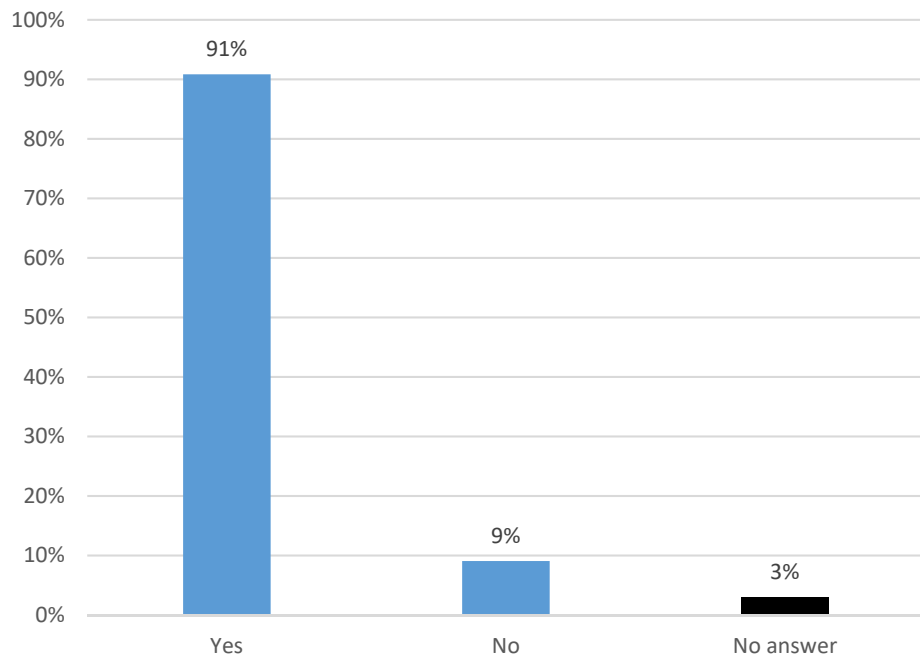
I have friends/family who I feel safe telling whatever I'm doing/feeling/thinking...



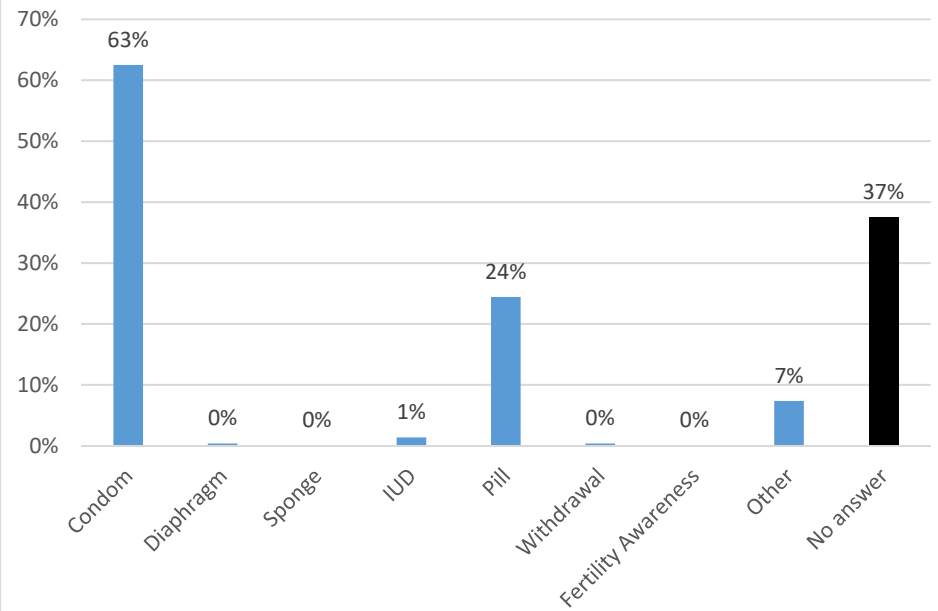
I am sexually active...



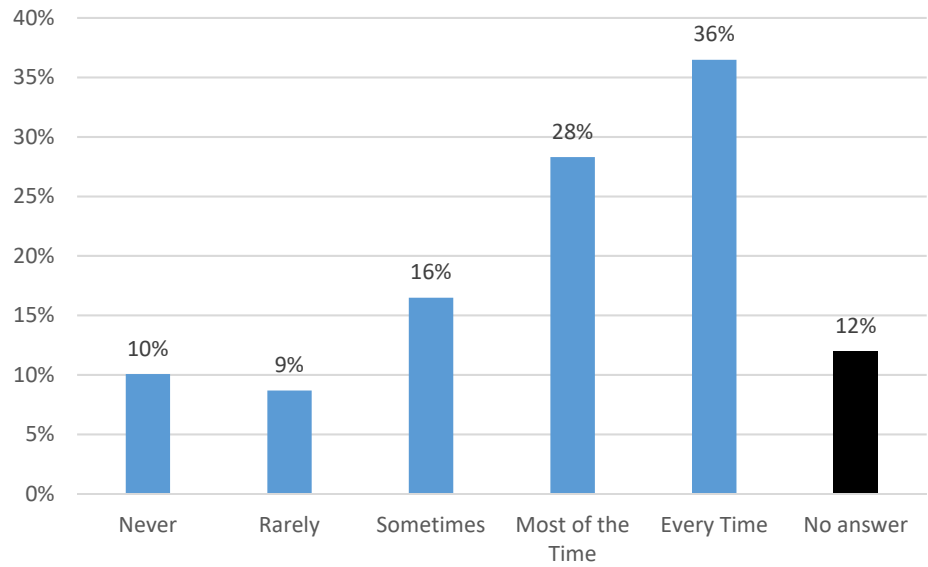
I have used methods to avoid pregnancy/STIs



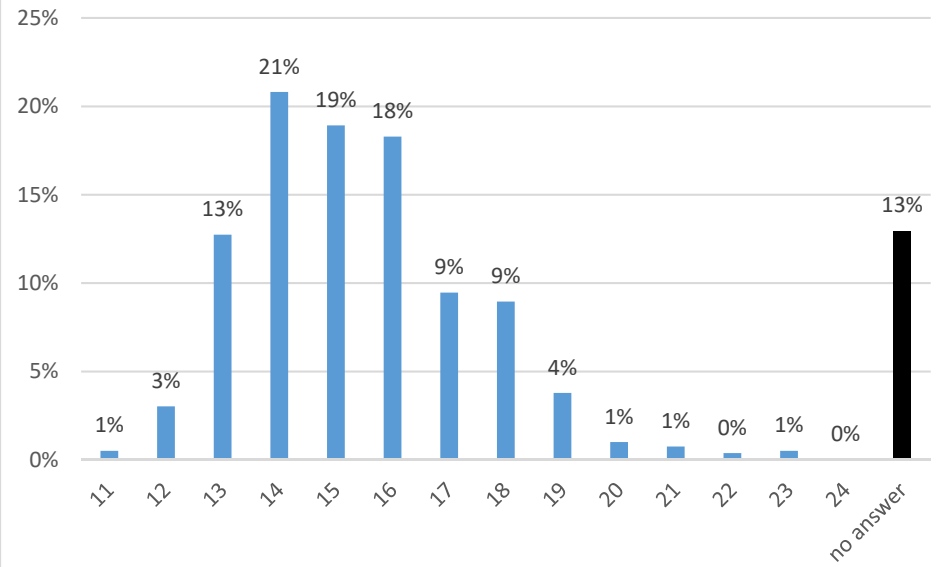
If I have used methods to avoid pregnancy/STIs, they have been...



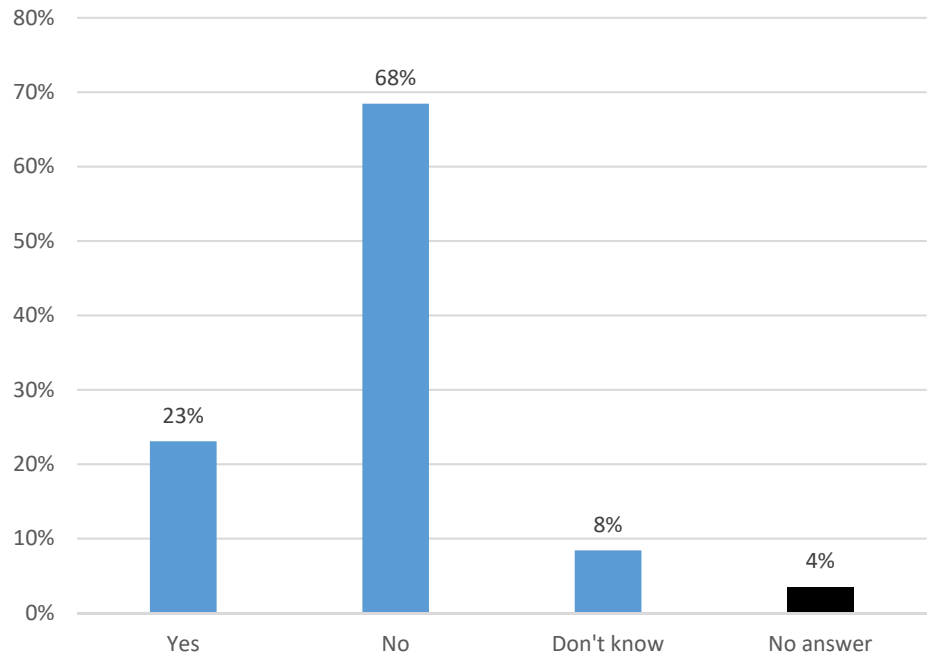
I use protection from pregnancy/STIs...



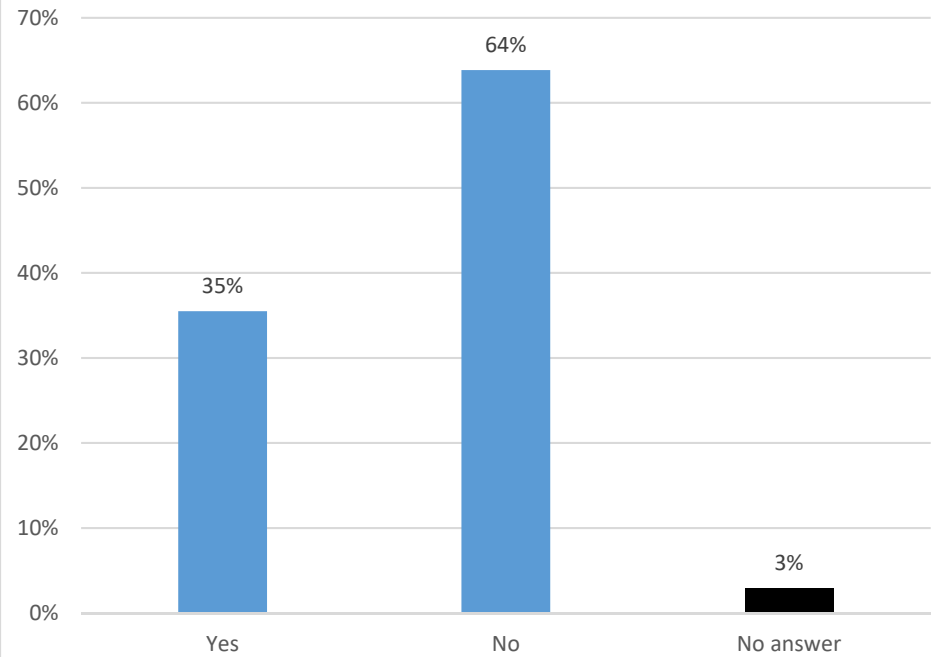
If I've had sex, the age I first did was...



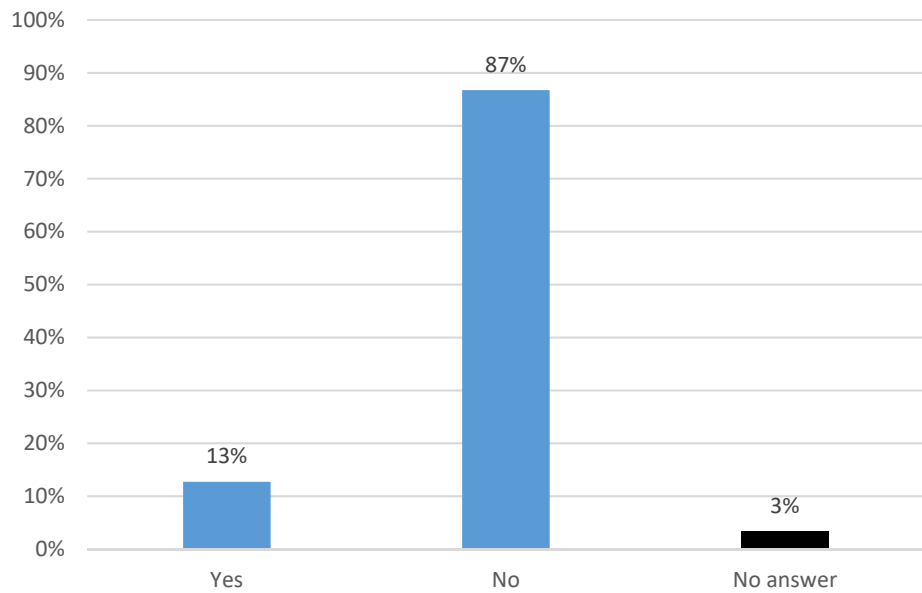
My sexual activity has resulted in a pregnancy...



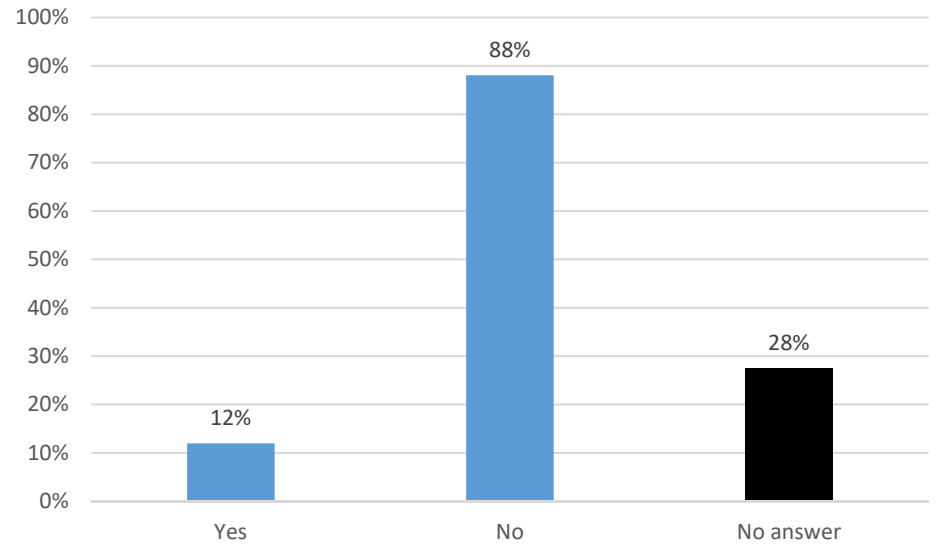
I've been test for STIs (sexually active only)



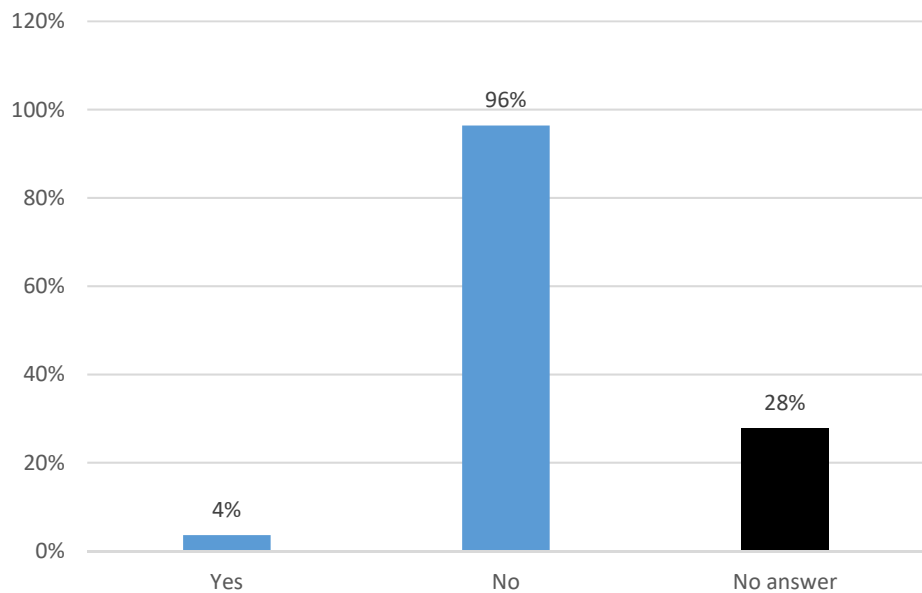
I've been treated for an STI (sexually active only)



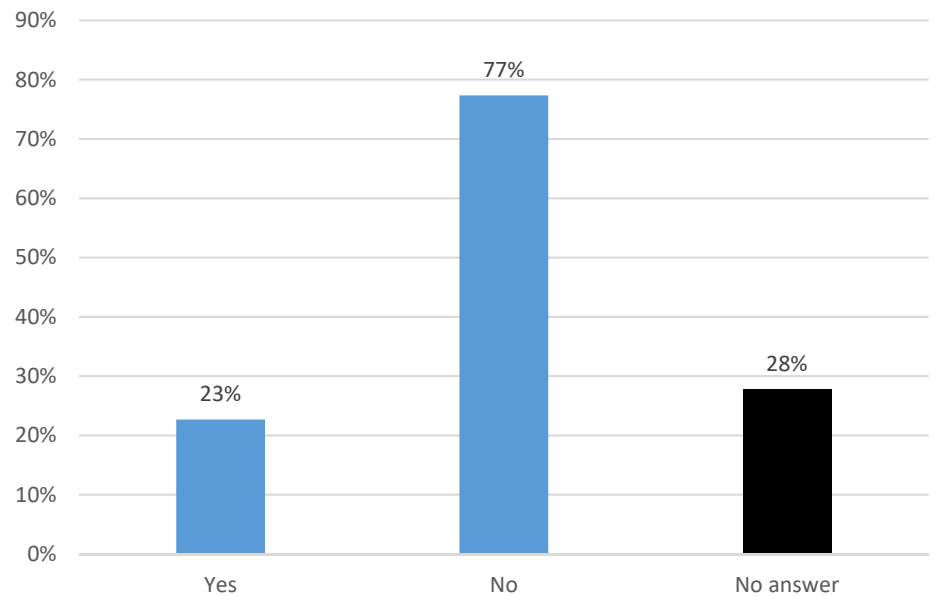
Someone has offered me money or other valuables for sex... (all patients)



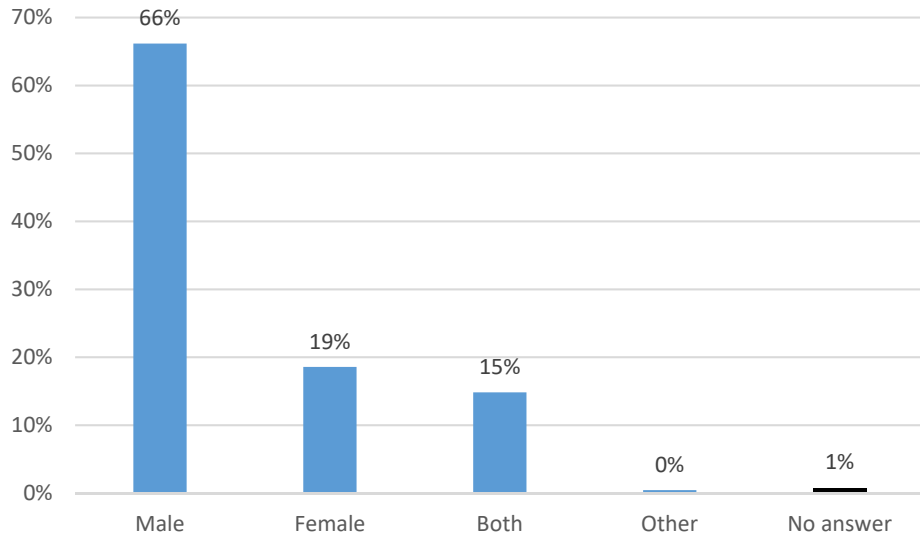
I have traded sex for money or other valuables... (all patients)



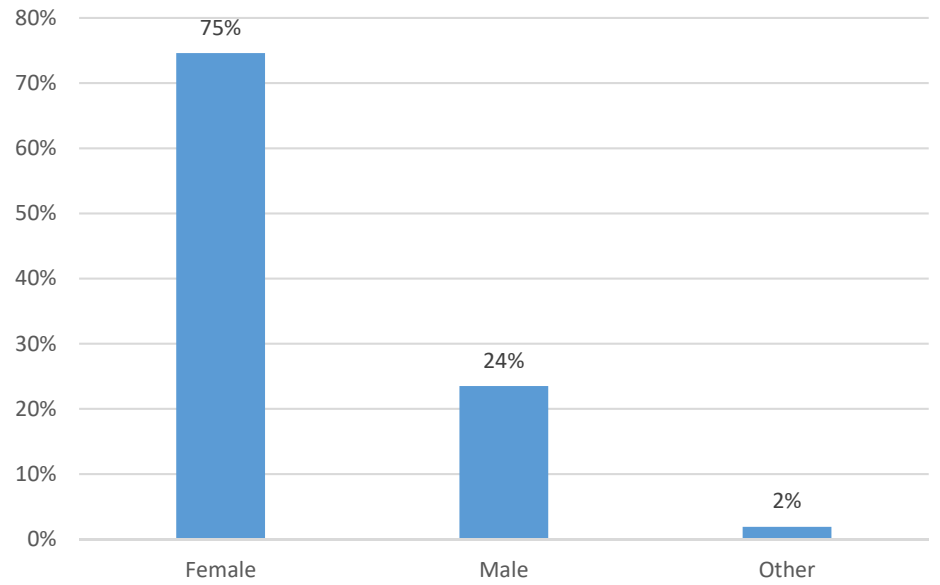
I have had or have been forced to have sex when I didn't want to... (all patients)



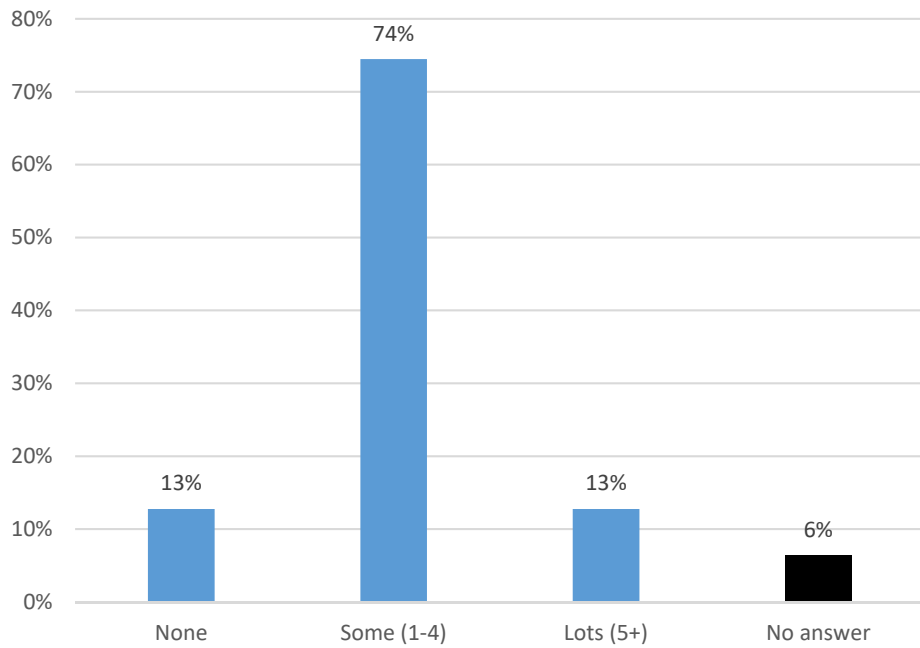
My sexual partner/s have been... (sexually active patients only)



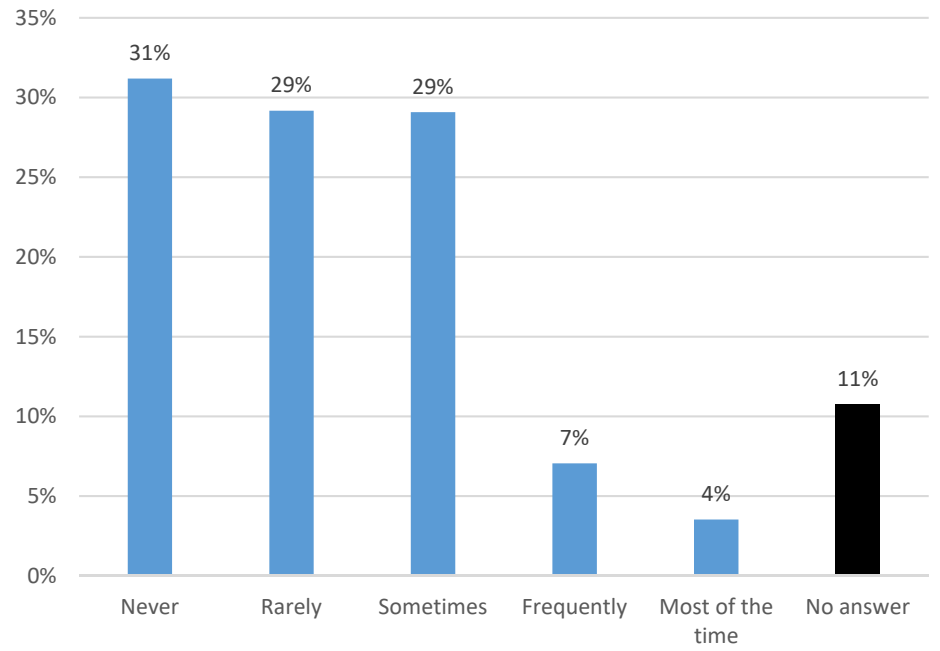
Gender Identity



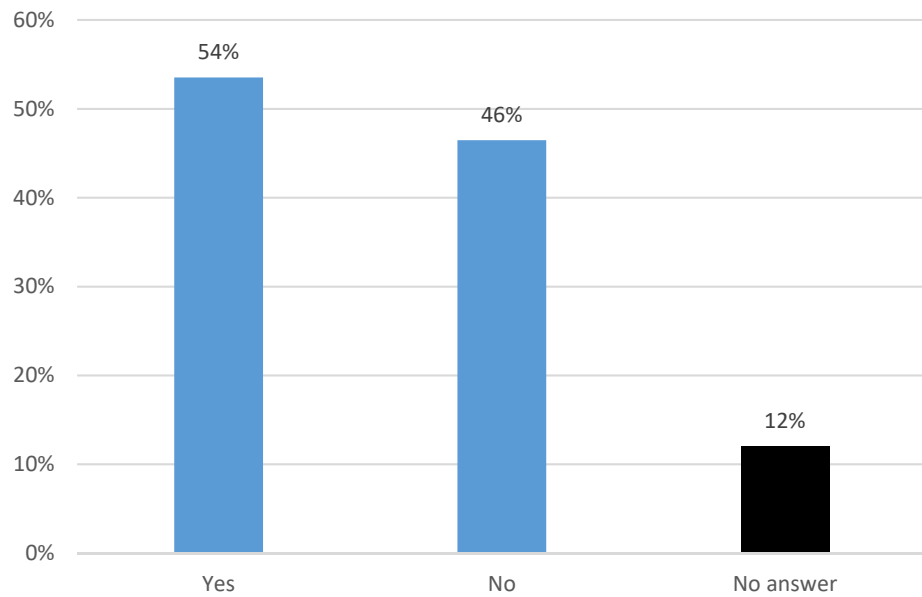
I usually eat ____ fruits and vegetables per day.



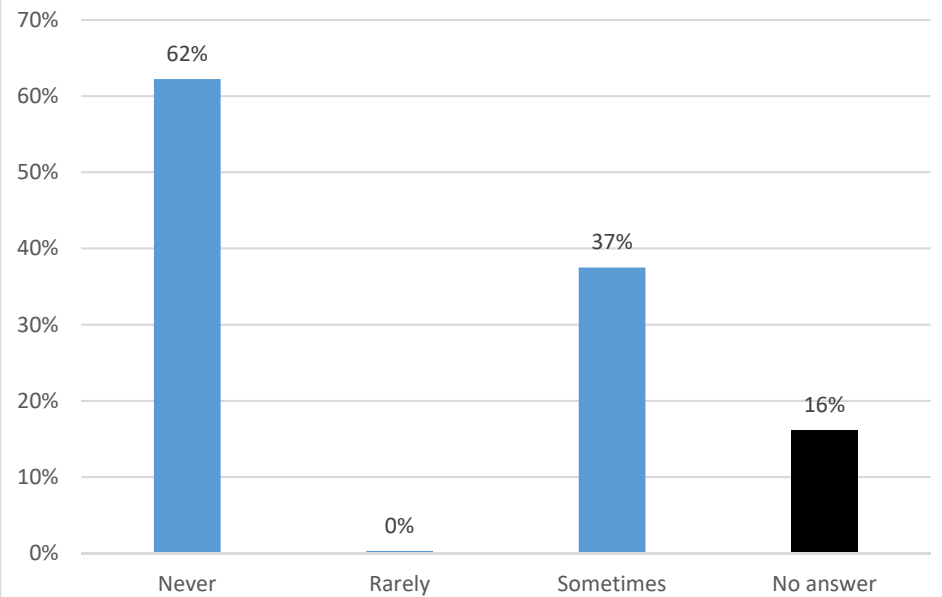
I go hungry...



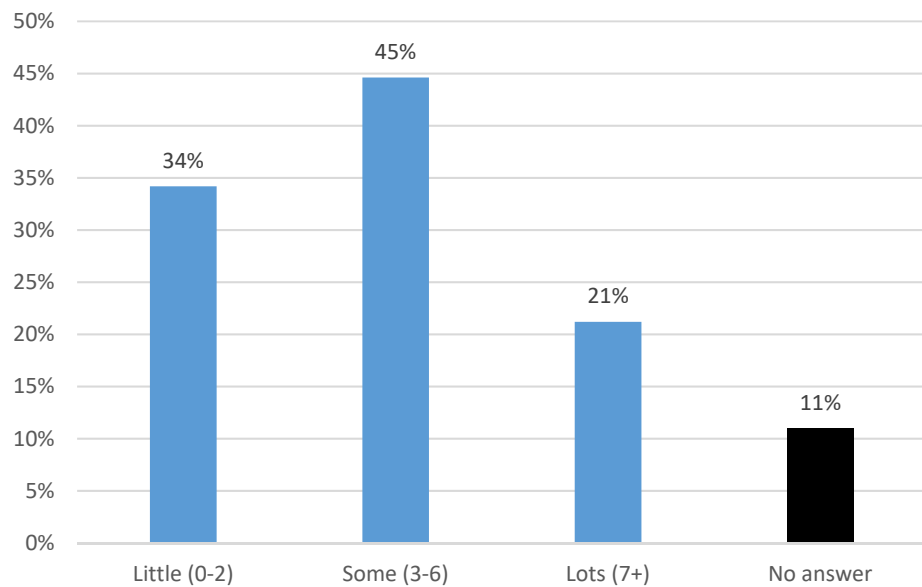
I am happy with my weight...



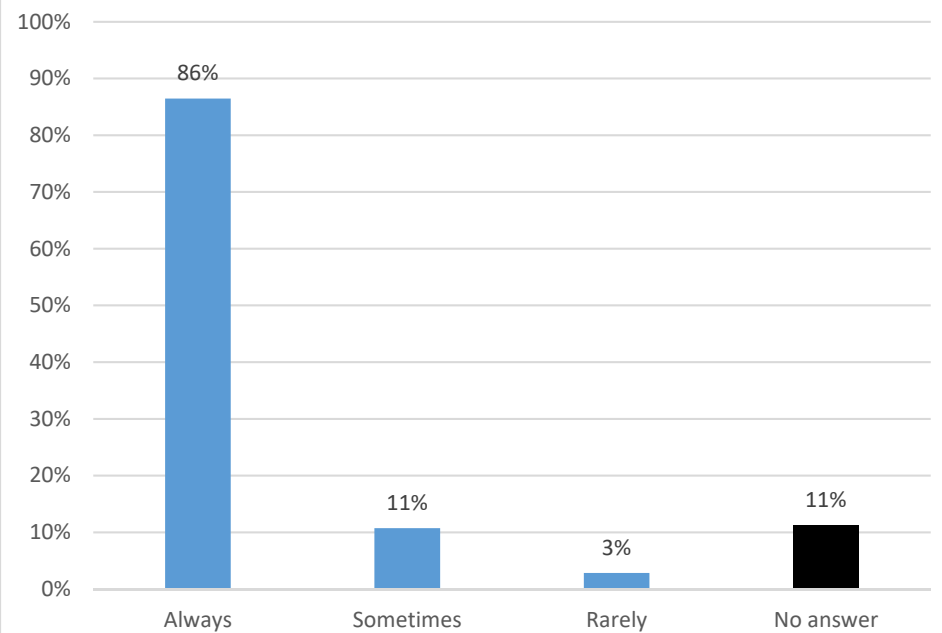
I diet...



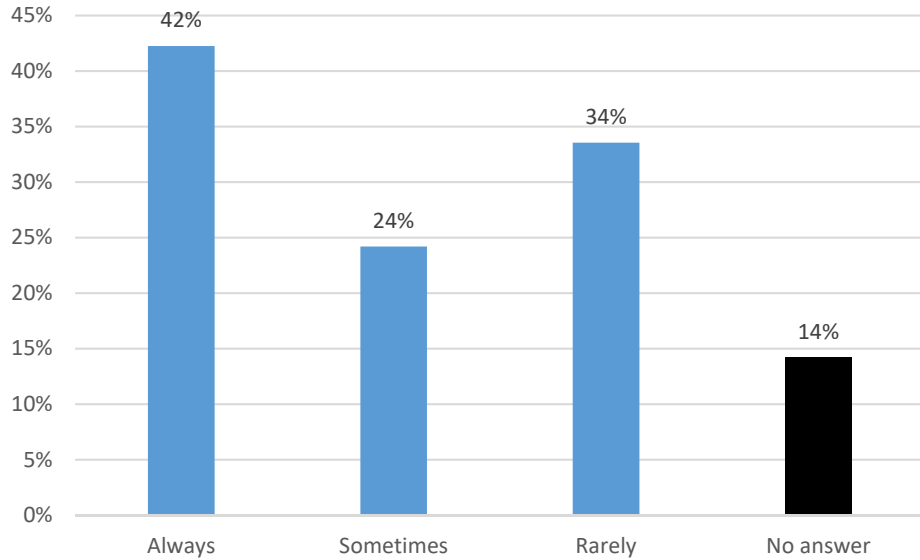
The number of hours of exercise I get in an average week is...



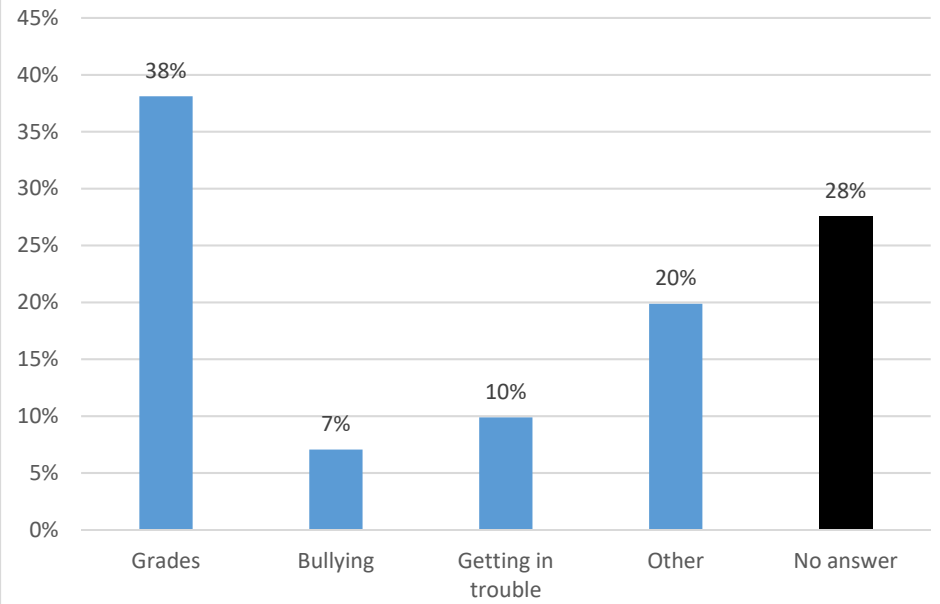
I wear a seatbelt when travelling by car...



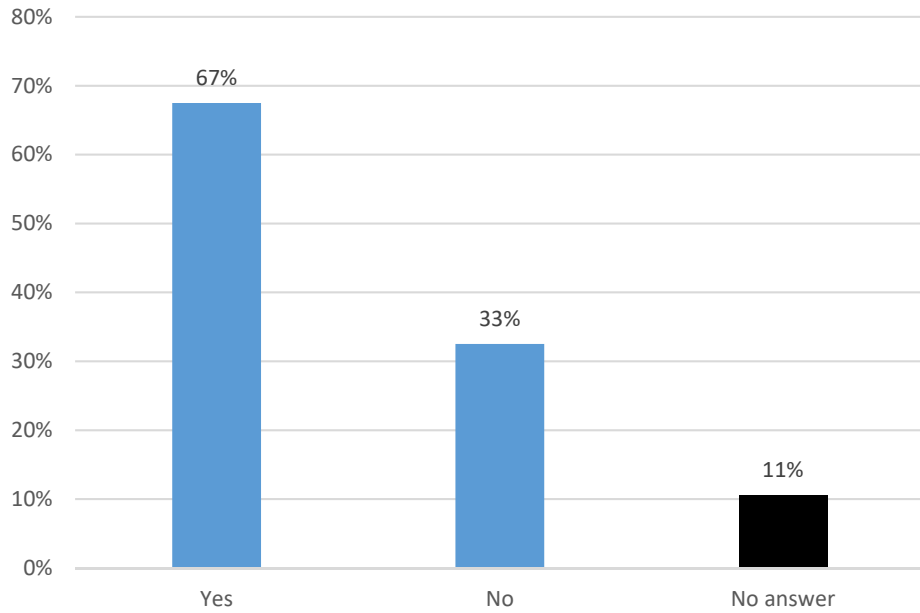
I wear a helmet biking/skating/snowboarding/skiing



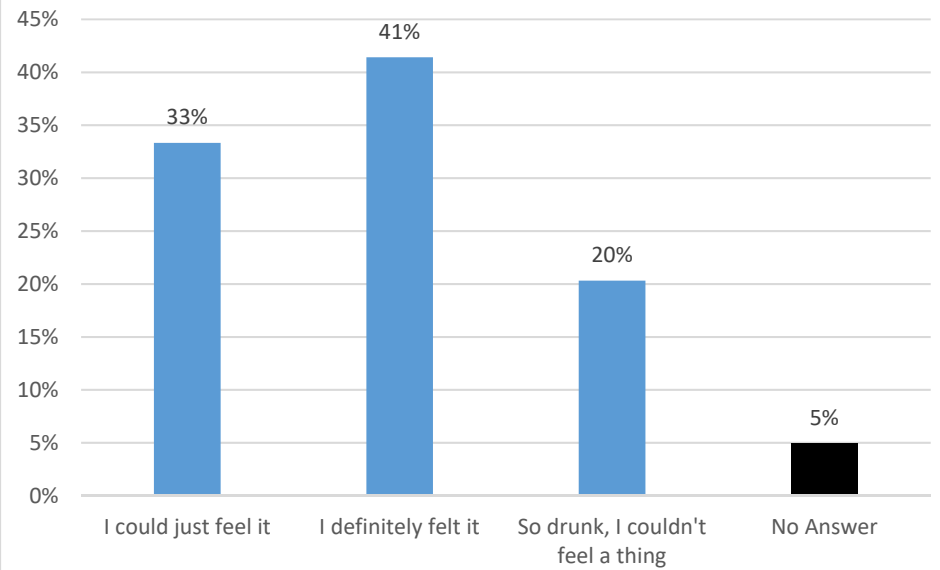
School/work concerns I have are...



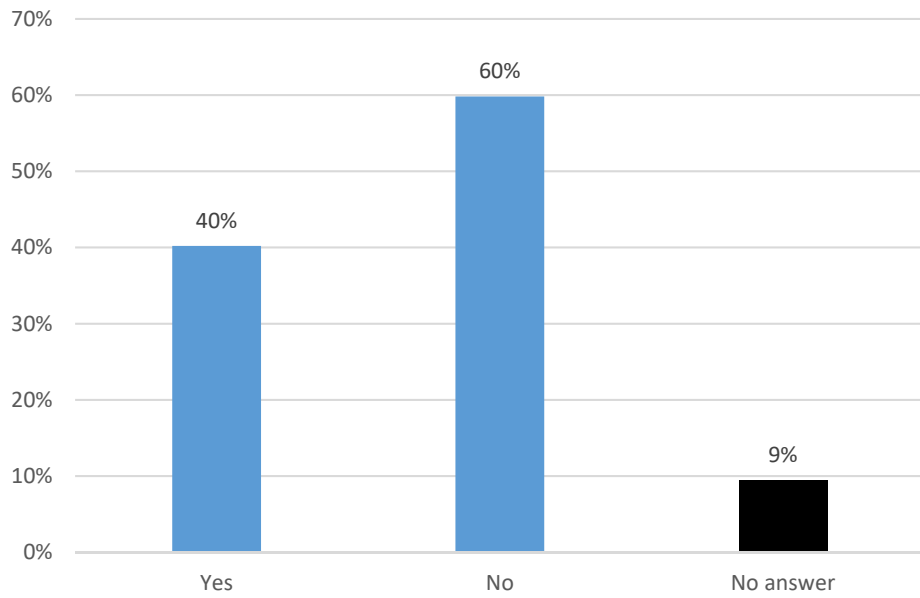
I drink alcohol...



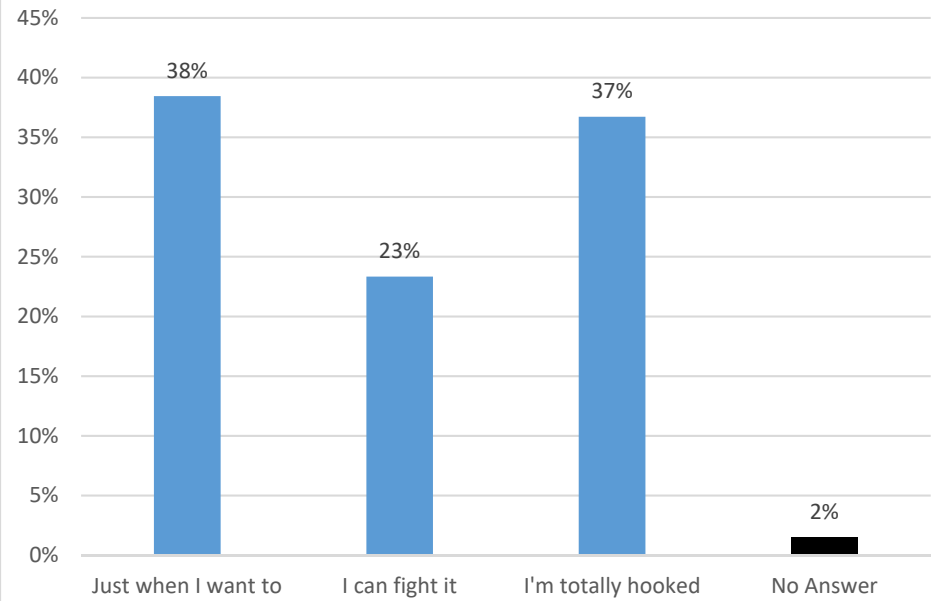
The most drunk I've gotten in the last 3 months was...



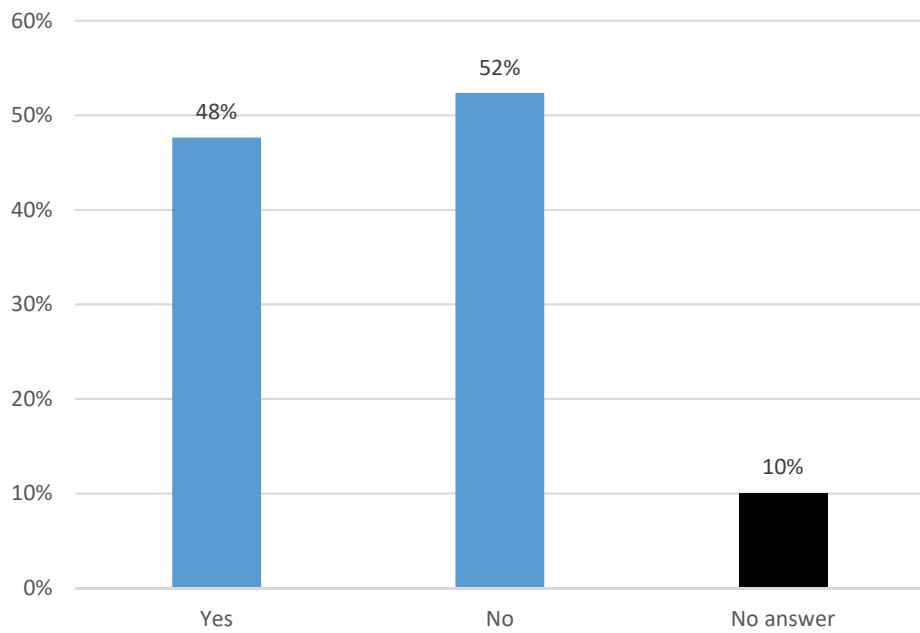
I smoke cigarettes...



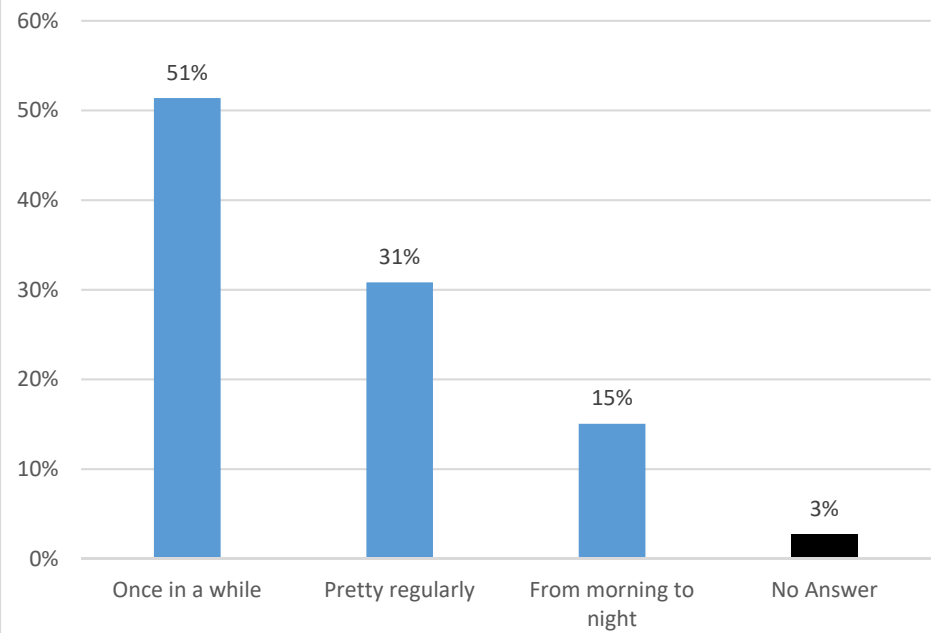
I need to smoke...



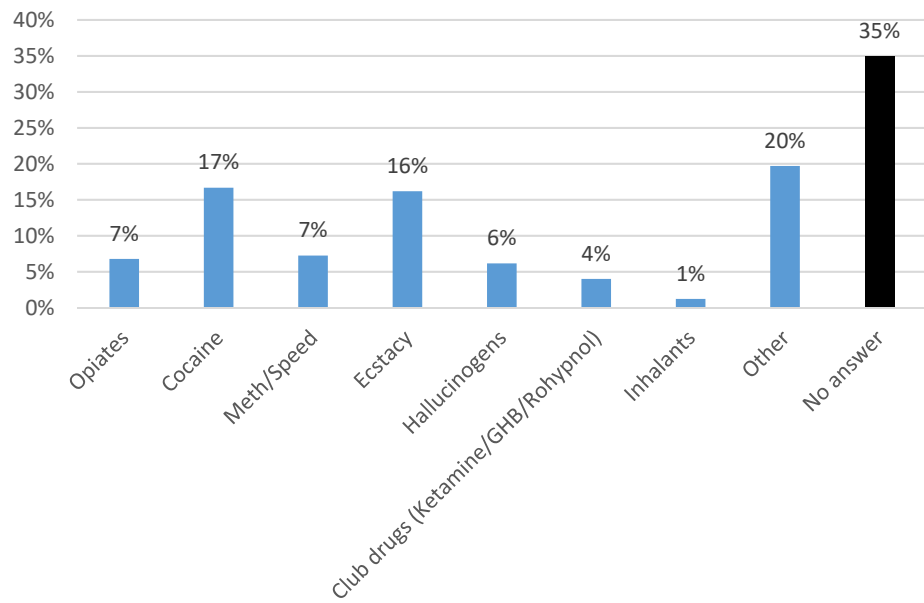
I use marijunana...



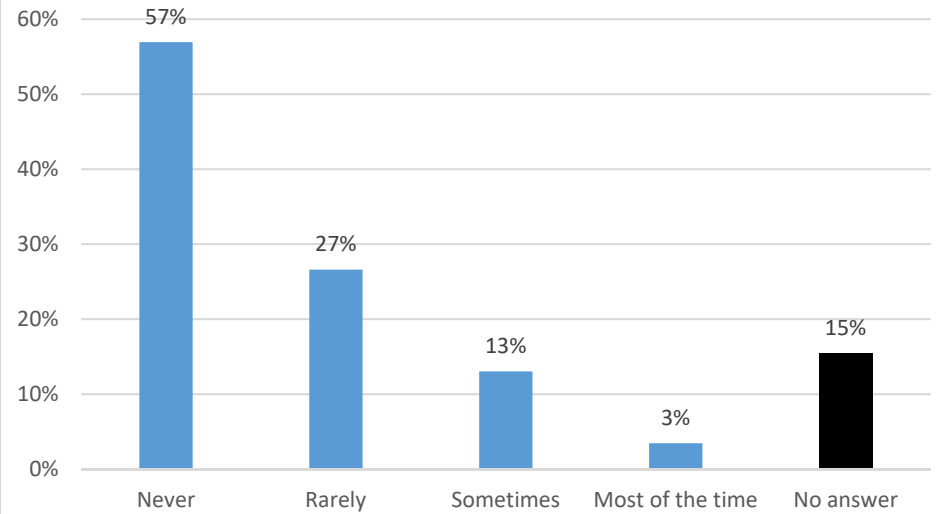
I think about getting high...



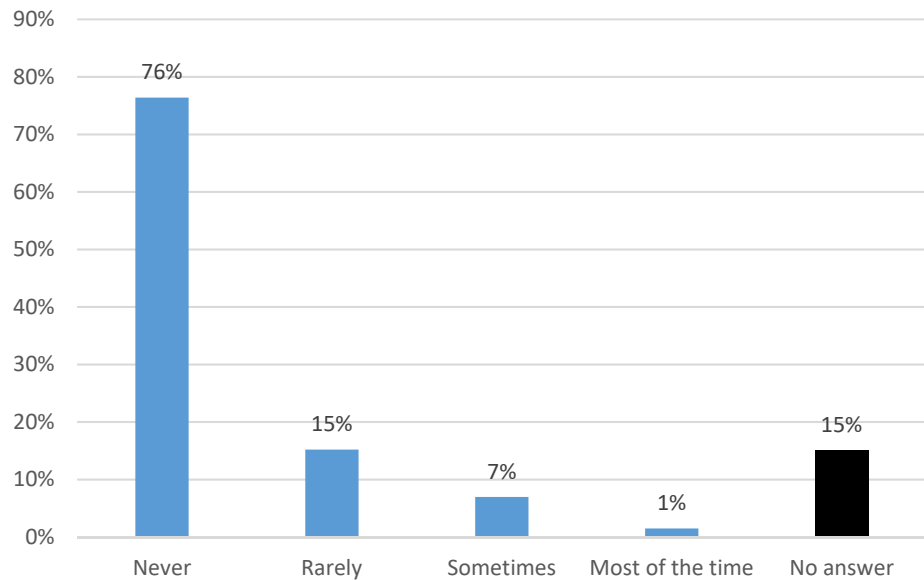
Other drugs I have tried are... (all patients)



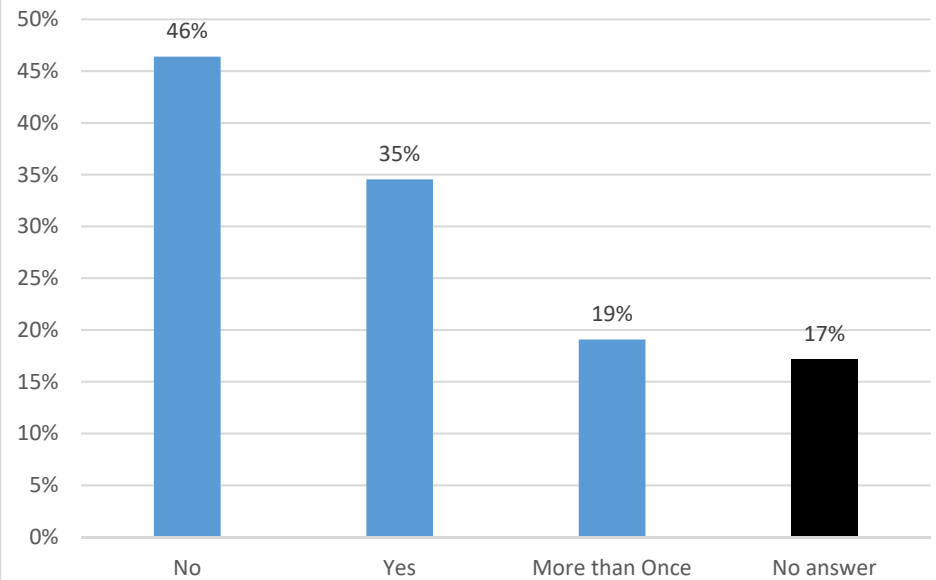
I have passed out, not remembered what I did, or done something I regretted while using drugs/alcohol... (all patients)



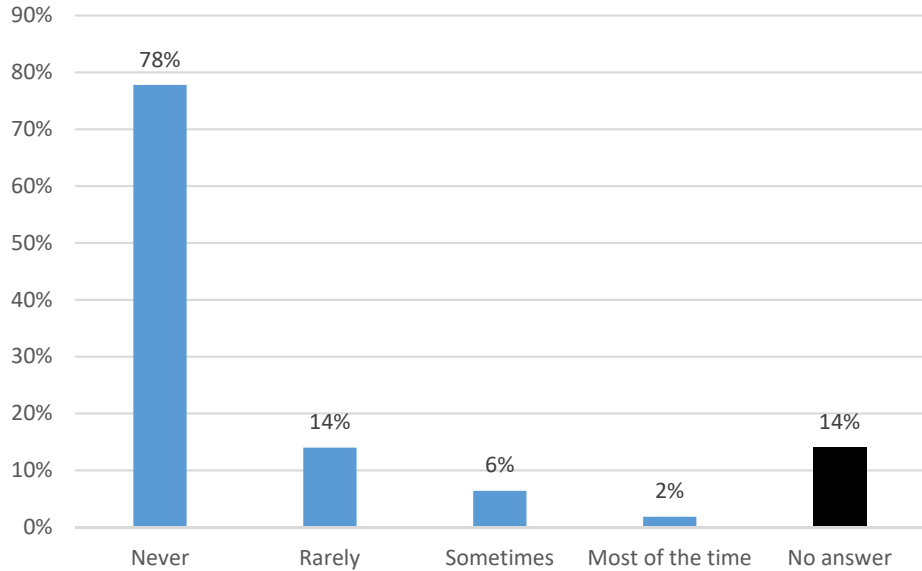
I have driven drunk/high or with a driver who was drunk/high...



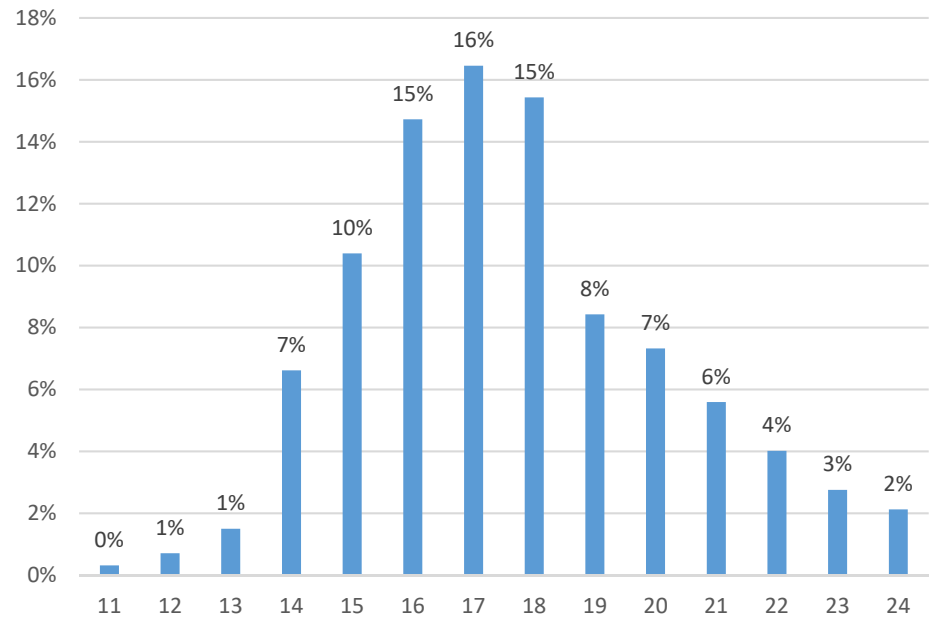
Something horrible or traumatic has happened to or around me...



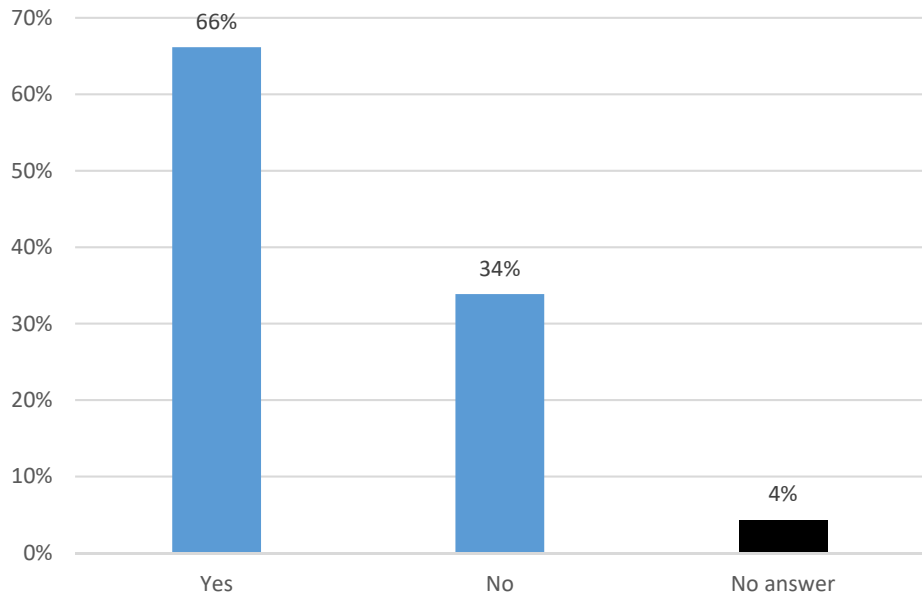
I have engaged in illegal activities to make money or have things...



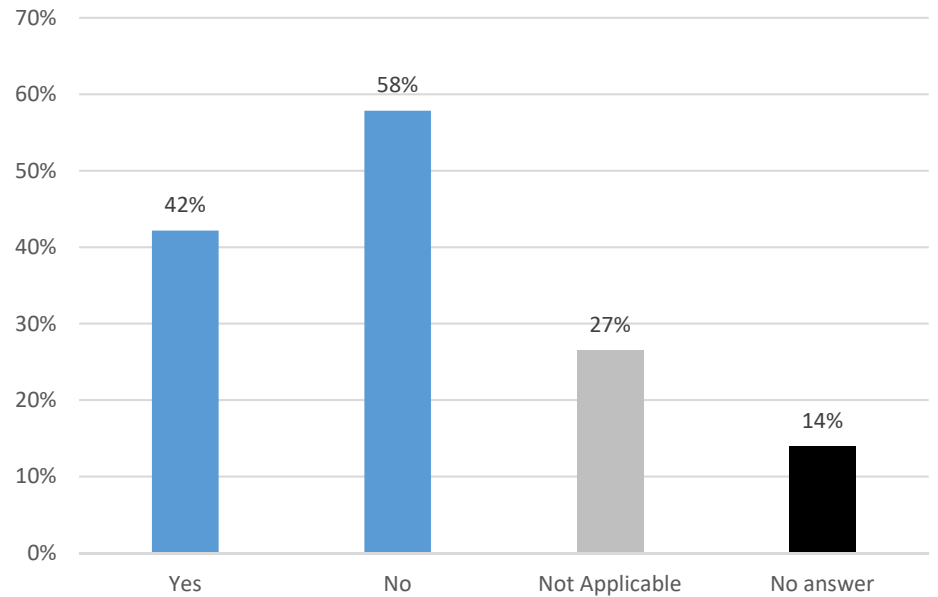
Age



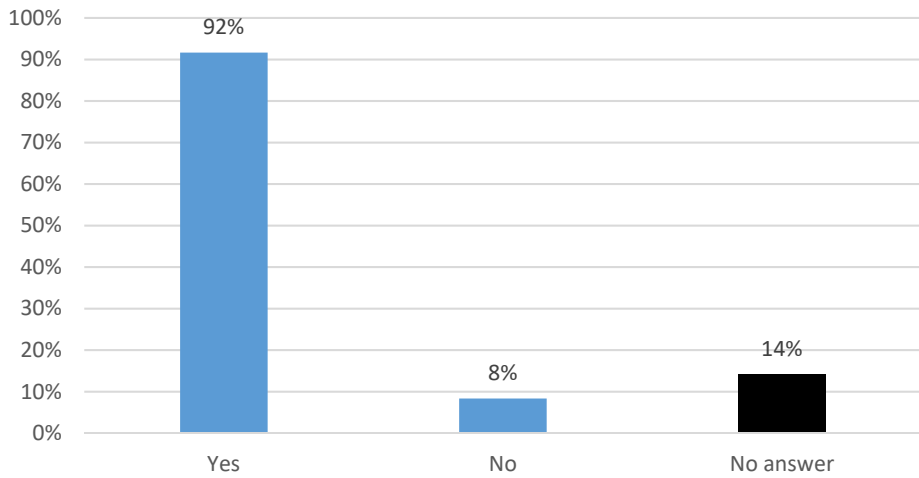
Do you have a family doctor?



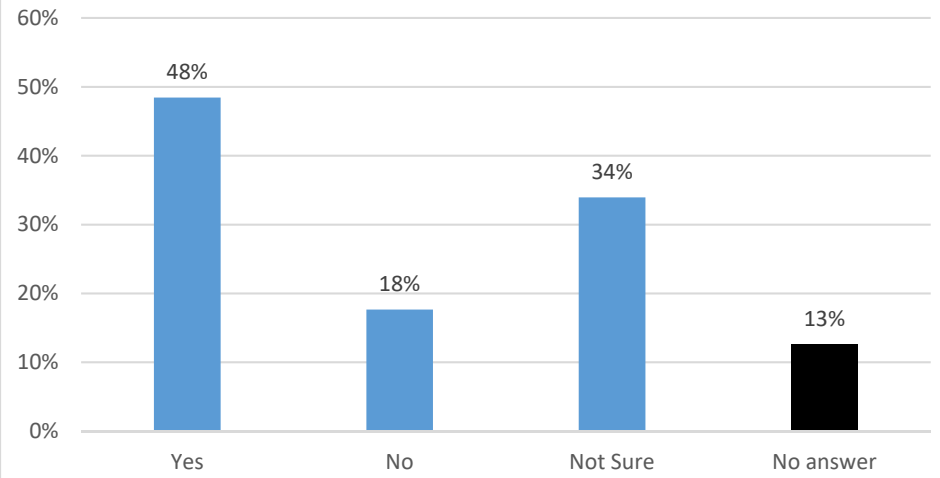
The AYHC can share information with my doctor...



You can contact me to follow up on my visit...



My immunizations are up to date...



How did you learn about the AYHC?

