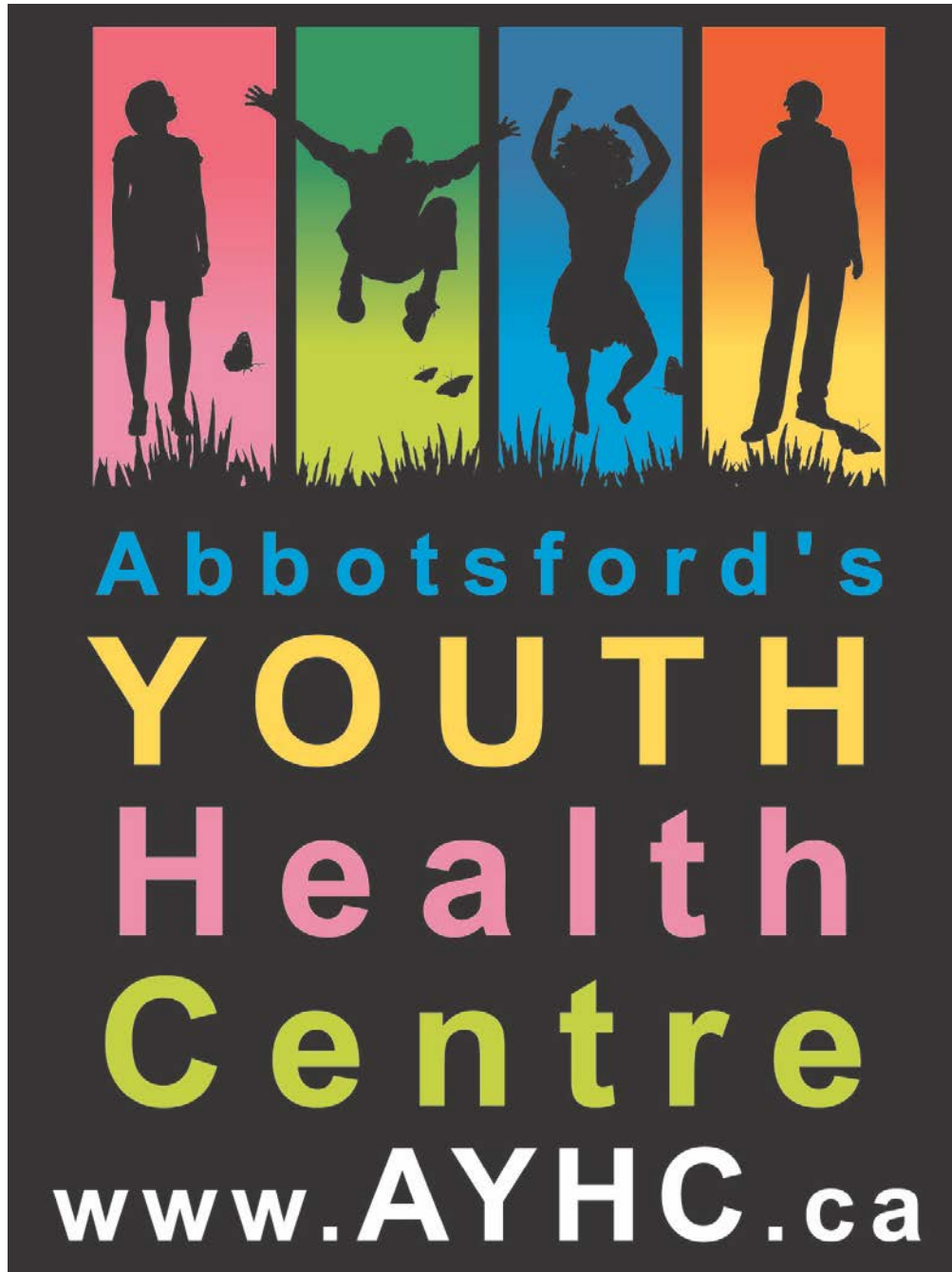


Abbotsford's Youth Health Centre

Background, Operational, Outcome and Budgetary Report (2010-2014)



Developed by: **The Abbotsford Youth Health Centre Leadership Team**

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Impact Youth and Family Substance Use Services
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Background, Operational, Outcome and Budgetary Report (2010-2014)

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Background

Mission

Helping Abbotsford’s youth develop the lifelong habit of protecting and enhancing all aspects of their health.

Founding Principles

Impartiality

Everyone has to live in their own skin. So we’re not here to tell you what to do. We can help you understand the choices available to you, and will do our best to make sure support is there for you no matter what your decision – and even if you change your mind!

Community Supports

Whether you know it or not, the community is full of people who care. So, where appropriate, we want to help you identify community supports that might be able to help you.

We will do all we can to build, strengthen or restore supportive relationships – whether with your family, peers, spiritual/religious advisor, school staff, social worker, whoever!

Peer Involvement

We understand that youth often turn to other youth with their questions, concerns and problems. So we want to help youth provide the best support possible to their peers – with information, positive communication skills, and knowledge of the many resources available in the community.

Service Integration

When you open one door at the AYHC, it opens the doors to all the youth service providers in Abbotsford. We don’t want to see you go on a wild goose chase to get the services you might need, and we’ll do everything we can to help you make the right connections.

Management/Accountability

The AYHC is officially a program of Abbotsford Community Services, overseen by Shairose Jinnah, Director of Child, Youth & Family Services.

The defining aspect of this project is the breadth and depth of the “headless” collaboration that went into developing it and that has continued to guide it through its many developmental phases.

Without any one partner “taking over,” we are guided by our four co-chairing organizations: Ministry of Children and Family Development, Abbotsford Division of Family Practice, Abbotsford Community Services, and Impact Youth and Family Substance Use Services. Significant collaboration and contributions also include the Abbotsford School District (where we run two satellite clinics), the Fraser Health Authority (through sessional funding, facilities, and access to birth control), University of British Columbia Family Practice Residents (of which we have up to 3 at each clinic, thus allowing us to serve our ever-growing roster of patients).

Our Four Leadership Team Members

Shairose Jinnah: Director of Child, Youth & Family Services at **Abbotsford Community Services**,
Shairose.Jinnah@abbotsfordcommunityservices.com, (604) 506-3243

Eric Van Egmond: Acting Community Services Manager, **Ministry of Children and Family Development**,
Abbotsford, eric.vanegmond@gov.bc.ca, (604) 614-0853

Dr. Elizabeth Watt: Vice Chair, ACS Board of Directors; Board Member, **Abbotsford Division of Family Practice**, watt_elizabeth@hotmail.com, (604) 854-9247

Brian Gross: Executive Director, **Impact Youth and Family Substance Use Services**, Abbotsford and Mission, brian@impactabby.com, (604) 897-8066

Funding and In-Kind Contributions

This initiative is funded through multiple funding streams (which is not to say that we aren’t constantly applying for funds to both maintain our existing programs and services and maintain our patient-informed program growth trajectory), including:

- Abbotsford Community Services
- Abbotsford Division of Family Practice
- Impact Youth and Family Substance Use Services
- Ministry of Children and Family Development
- Fraser Health Authority
- Oak Tree Foundation
- Abbotsford Sumas Rotary
- Van Tel Legacy Fund
- The Abbotsford Heat Foundation
- RBC Royal Bank
- Province of BC
- And numerous individual, business and corporate donations

Building Community Buy-In

Aside from anecdotal information, our community was unaware of the type and level of risks and vulnerabilities that a significant proportion of youth in the community were encountering. The school district was one of very few BC districts that did not participate in the McCreary Adolescent Health Survey – so there was little community-specific baseline data on youth. That data we were able to find that was potentially relevant to the local youth population we included in our 2010 business case:

http://ayhc.ca/wp-content/uploads/2014/07/AYHC_Business_Case.pdf.

Our 6-month operational report, which included data on our first ~60 patients (we are now quickly approaching 1,000), indicated that 41% were experiencing high-risk substance use, 39% had traded sex for valuables, 58% indicated consistently-high stress, 71% reported significant depression, 29% indicated self-harm, and only 43% indicated they felt in control of their thoughts and actions always or most of the time. This and our subsequent annual reports helped not only to compel the district to participate in the Adolescent Health Survey for the first time in 2013, but also to allow us to open a satellite clinic in the Bakerview Centre for Learning alternative school in 2012, and, starting this year, another satellite clinic in the district's New Beginnings program for students who are parents of young children.

Statistical Overview

See the attached full overview for more details. Some key metrics from our operations and intake data from November 9, 2010 to December 31, 2014 are provided below:

- 388 clinic days, 3-4 hours per day, ~1400 clinic hours
- 887 patients
- 4,153 appointments (currently averaging 145 appointments per month)
- 21% Aboriginal/Métis patients
- 63% of patients have visited more than once (47% more than twice), average of 5 visits per patient (107 patients have visited 10 or more times, nearly 20 have visited more than 30 times)
- 37% of visits have been about mental health/substance use and complex care
- 65% of visits were about issues other than sexual/reproductive health
- Only 70% of patients indicated feeling safe where they live "always," with 10% indicating "rarely or "sometimes"
- 22% indicated feeling depressed, sad or meaningless most of the time, 34% indicated feeling stressed in their everyday life most of the time, 39% indicated feeling in control of their thoughts/actions only rarely (9%) or sometimes (30%)
- 12% indicated not having friends or family with whom they feel safe telling whatever they are doing/thinking/feeling
- 71% indicated being sexually active, 26% of all patients (those who indicated being sexually active or not) indicated they had or have been forced to have sex when they didn't want to, 13% of all patients indicate that someone had offered them money or other valuables for sex, 35% of sexually active patients indicated never (10%)/rarely (8%)/sometimes (17%) using protection from pregnancy/sexually transmitted infections
- 42% of patients indicated going hungry sometimes (31%)/frequently (8%)/most of the time (3%), only 30% indicated "never" going hungry, 35% indicated getting 0-2 hours of exercise in an average week
- 75% of patients (665 of 887) could be characterized as having been "functionally unattached" to a family doctor prior to accessing the AYHC

Services

While a large proportion of our patients represent the most vulnerable and marginalized youth in our community – to avoid stigmatization, we operate as a youth health centre for the general population of youth. As we have gotten to know the youth who come (our largest referral source is youth referring other youth – 32%), we have recognized that simply meeting with a doctor, while crucial, was not all that the youth we see needed in order to be able to better look after their own health.

Since opening in 2010 as a medical clinic, the AYHC's services have grown to meet many more of the presenting concerns of our now nearly 1,000 youth patients, including advocacy, food, clothing, yoga, chiropractor, haircuts (off-site), and support with housing, income assistance, aboriginal status, and applying for various other supports for which the youth we see may qualify.

Most of our patients, for example, were not signed up for prescription programs for which they were eligible, and even when they were or when we helped them to become, they couldn't afford the yearly co-pay. We have fundraised (over \$30K to date) so that no patient has ever left an appointment without the ability to get their prescriptions filled.

With 42% of our patients indicating significant food insecurity, food provision has become a major aspect of our operation, and as of 2014 we have become an official satellite site of the Abbotsford Food Bank – and since 2012 (after 100% of patients indicated they ate zero fruits and vegetables), we have provided harvest boxes to patients (which have been subsidized by an anonymous donor).

Since 2011 we also have had "Advocacy Support Workers" who help youth define their points A and B, and the skills and resources available to them to help them move from one to the next. This role has been crucial as the number of patients with complex presenting issues has grown – as it allows our doctors to focus more specifically on medical issues (which can still sometimes require consultations over an hour in length per patient). Many patients now come back regularly just to see the Advocacy Support Workers. We also have a donated storage space where we store (usually only very briefly) donated furniture that we make available and deliver to youth at no cost.

All of this is to say that we have been able to help to meet basic needs resulting from poverty, while concurrently putting in place consistent relationships with multiple caring adults and peers (our waiting room is a self-organizing hot spot for peer support) who youth can and do turn to in times of crisis and instability – as well as in times of celebration and triumph.

Outcomes

Direct Outcomes

Patient Origination

The most-significant outcome to date has been the fact that our patient roster continues to grow based almost completely on word-or-mouth, and that nearly 40% of our new patients find us via natural supports (parents/caregivers or friends).

Patient Trajectory

That we have also had individual youth with complex care needs come back in some cases over 70 times (whether seeing our doctors, nurses, advocacy support workers or a combination thereof), shows that youth feel supported and in no way stigmatized in seeking to have their needs met.

We also have longitudinal data that supports the notion that youth feel more and more comfortable with our services. For example, while only 21% of youth have initially presented with issues related to substance use and mental health, 43% of youth have eventually brought forward these issues to be addressed.

Culture Change

Our growing relationship with the school district and especially the district's alternative education centre has meant that at that one school, we now have seen approaching half of the students at that school, most of whom were not before accessing any health services. We see this not just as a change for these individual youth, but also for the culture of the school. There is now positive peer pressure – with youth supporting each other to seek the help they need when they need it – right on campus, during school hours.

Help Seeking

Perhaps most heartening, when the youth community of Abbotsford has faced both unexpected and sadly expectable calamities (such as deaths by suicide, traffic accidents and drug overdoses), we have seen multiple affected youth seek on-going support at the AYHC on a weekly and even bi-weekly basis. Working from an integrated, cross-discipline approach – youth are able to get supports appropriate to their various and developing circumstances without feeling that they are being shuttled from service to service or from professional to professional, and especially from location to location or agency to agency (and the related transportation challenges that this can represent).

Opportunities for Youth to Contribute

There are growing opportunities for youth involvement in developing, designing, running and evaluating aspects of the initiative. We have a nascent committee of youth engaged in redeveloping our intake form, as well as looking at our longitudinal outcomes evaluation tools. Youth help to organize food, clothing and other supplies during clinic hours – either while waiting to see one of our supports or at scheduled times for volunteering. These opportunities, combined with the connections to caring adults that youth make at the AYHC, represent the “trinity” of effective prevention efforts: 1) Caring, connected relationships, 2) Having an opportunity to meaningfully participate in and contribute to the community, 3) Developing high self-expectations.

Indirect Outcomes

Community Support

Abbotsford is one of the most giving communities in BC, however much of that giving has been focused on projects and needs outside of the community and internationally. By collecting and presenting detailed statistics on presenting concerns and circumstances of youth in our community, we have helped the community to see and better address some of the acute needs in their own community. We also helped the school district to see the value in participating in the McCreary Adolescent Health Survey – and other youth health initiatives.

Collaborative Capacity-Building

The whole tenor of collaboration in our community – especially among youth-serving organizations – has changed from something that could be characterized as ignorance or competition, to fuller and fuller collaboration. Being a central location in the Fraser Health region, we now not only collaborate internally, but also have developed region-wide collaborative programs. These include the Youth Addiction Knowledge Exchange community of practice (www.YAKE.ca) and Valley Youth Partnership for Engagement and Respect (www.VYPER.ca), and the expansion of LGBTQ+ programming from Abbotsford to Mission and Chilliwack (www.fraseryouth.com). All of these programs work through a health equity and social determinants of health lens to support better health outcomes through strength-based,

collaborative approaches. Youth have developed significant structural and cognitive social capital so they are less likely to feel or act as if they or their peers are alone when facing challenges and opportunities.

Family Doctor Recruitment and Retention

Another significant indirect outcome has resulted from our engagement with the UBC Family Practice Residents out of Abbotsford Regional Hospital, who work out of the AYHC as part of their pediatrics rotation. Literally the majority of the residents, upon completing their residencies, have decided to begin their family practice careers in Abbotsford – citing the unique and compelling community of interdisciplinary, pro-active professionals that they were able to join as part of the AYHC as a major contributing factor to their decisions.

Regional and Provincial Recognition and Adoption

Our project is already being adapted to the neighbouring communities of Mission and Chilliwack, and we have advised numerous other existing and forming youth health centres – such as in White Rock, Nanaimo and Victoria. We were selected as a regional winner and as a provincial finalist for the 2014 BC Premier's Award (<http://youtu.be/N8GitBcA8xo>), which really raised our profile and has caused a lot of other organizations to contact us for support and guidance. We freely share our experience, documents, applications, business case, brochures, presentations, forms and so on – much of which is available on our website (www.ayhc.ca).

Monitoring and Evaluation

In our 2010 business case, we identified various observable cost-saving objectives:

- Connect youth – especially those with conditions or situations that are likely to need on-going support – with youth-friendly family doctors and other responsible, non-judgemental adults – increasing day-to-day supports so that day-to-day complications are less likely to progress into crises.
- Reduce the per-capita Emergency Department visits per annum in the target population (currently .34)
- Raise the percentage of Emergency Department visits that result in an admit in the target population (currently 8.6%)
- Reduce the percentage of Emergency Department visits with a CTAS of 3 or higher (currently 92.7%)
- Reduce the percentage of Emergency Department admits for MH&A issues in the target population (currently 14%)
- Reduce the percentage of days in hospital of Emergency Department admits for MH&A issues in the target population (currently 18%)
- Reduce the cost of Emergency Department admits for MH&A issues in the target population (currently ~\$786,000)
- Reduce the rate of 28-Day unplanned readmission rates for youth age 13-18 years who are discharged from acute care with a primary diagnosis of mental health and/or substance use disorder (currently 12.7%)
- Over time, through increased numbers of early assessments and interventions, as well as connecting youth with family doctors, make similar positive adjustments to older age groups as the

target population ages into adulthood, including improving the utilization rate of the Community Mental Health Centre in Abbotsford (currently 16.32 per 1000).

- Assuming that a baseline can be established, reduce the number of serious injuries in youth by, among other preventative measures, increasing the number of youth using seatbelts in automobiles and bike helmets on bicycles; and reduce the risk of the development of numerous chronic conditions through increasing the number of portions of fruits and vegetables that youth consume on a daily basis and exercise habits.

While we were able to collect these baselines – because of confidentiality restraints, we have not yet been able to gain access to matching CareCard numbers of our patients to longitudinal data on presentations to emergency rooms, for example.

Because Abbotsford can be seen as a regional hub for the Fraser East area, population-based (as opposed to individual) statistics around admits to the hospital (if we are able to get them), for example, will reflect a combination of local and regional trends – making quantitative evaluation complex.

We have a nascent youth committee beginning to develop longitudinal customer satisfaction and outcome evaluation tools (other than those we have already noted – which include patient origination sources, return rates and initial presenting versus longitudinally treated issues). It has been a long-standing priority to further develop relevant outcome indicators and systems for collecting and utilizing this data. However, based on ample anecdotal outcomes evidence collected on a daily basis through the operations of the centre, we felt the need to prioritize, on account of having no stable or on-going operational funding, those activities that would best ensure the doors of the AYHC could stay open and the numerous basic unmet needs that patients were presenting with could be better met.

Model of dynamic collaboration, rather than of set intervention

It is a goal, if not necessarily a stated goal, for the AYHC to surprise or even shock youth and families with the level of care, concern, engagement and holistic support that the community can express to them through the Abbotsford Youth Health Centre. As such, we view the AYHC not so much as a service or program, but as a medium of care. The AYHC has a symbiotic relationship with the services and individuals in the community. The AYHC would not be a scintilla of what it is without the collaboration that is expressed through it. Likewise, the different organizations, services, businesses and individuals that contribute their efforts and resources to the AYHC would not see the level of social return on their investment that they do were it not for the medium of the AYHC. The AYHC represents a community gold standard that we can all wear proudly – a place where some of our most vulnerable citizens feel safe to and do seek help, support and community in ever-growing numbers.

The maintenance and required growth of this medium needs committed and trusted stewards, proactive, dependable, responsive and inspired as well as inspirational staff – and flexible facilities and related operational supplies and services.

Budget

In this budget we cover only the direct costs for the actual AYHC medium that the various partner organizations have been covering through their individual monetary contributions and joint fundraising efforts. Also included are on-going in-kind contributions for scheduled services that different organizations, businesses and individuals currently make available through the auspices of the AYHC.

Not covered are innumerable occasional and as-needed services, supplies and donations made mostly to meet specific needs of youth and families who come in contact with the AYHC. This is not to say that these as-needed supports represent a relatively insignificant value. In fact, we doubt that they do. It's just that they come in and flow out nearly instantaneously as needs present themselves, and we don't have an adequate system to account for them. In our current resource environment, rightly or wrongly or a bit of both, we prioritize meeting needs over documenting how we do so. This budget also does not cover the now-innumerable hours dedicated by the AYHC Co-Chairs (and, by extension, their respective organizations) to the stewarding of the AYHC these past 5+ years.

Current Expenses

The AYHC is currently open 3 days a week for around 4 hours per day in two locations, totalling 11 hours of operation per week. Added to this is one free yoga class for AYHC patients that is run weekly in another location.

With a current average of 145 appointments per month and some clinics serving as many as 35 patients in a 4-hour period, we have already fairly exceeded our current capacity. Our Tuesdays and Thursdays are more often than not over capacity, and our Wednesday clinic at Bakerview Centre for Learning has a slower pace and has a limited amount of extra capacity, but also a steadily-growing case load.

We will see what the start of the NP4BC Nurse Practitioners might do to our capacity, but we know it is past time to add another clinic, and suspect that this will still be the case even after the start of the NPs, who are currently planned to so do significant outreach work in Abbotsford and Mission.

Staffing

Staffing includes a doctor (often overseeing up to 3 family practice residents, as well as seeing patients), a nurse (who handles a lot of the sexual health issues, and is also available around the clock to patients via email), a clinic coordinator and advocacy support worker (except at Bakerview), a medical office assistant, an Alcohol and Drug Counsellor (twice a month), and a yoga instructor (weekly). These staffing costs amount to approximately \$114,000 per year. Some of these costs, however, have been covered to an extent by billing (MSP) and in-kind contributions.

Office Expense

Our office expense totals approximately \$44,000 per year. This includes equipment, software, office and medical supplies, security, communications, medications, petty cash, and administrative costs. With no on-going operational funding, we have been fortunate to receive numerous grants from corporations, individuals and foundations – none of which would have been possible without the in-kind efforts put toward grant application writing by all of our partner organizations, our stalwart staff – and even by the Family Practice Residents who work in the clinic as part of their pediatric rotation.

Facilities

We currently operate out of two locations for which we either do not pay any rent (Bakerview) or for which we only pay a portion of our income (Division of Family Practice) – which is far lower than what we would pay for the location were we to rent it for ourselves.

Due to various factors, the Division will not be able to offer us this space indefinitely and is actively working to support our successful transition to another location as soon as possible. The Division is

positively considering the level to which it will be able to continue to support this very effective attachment initiative

Future Budgetary Factors

NP4BC Nurse Practitioners

One future budgetary factor is our need to support the NP4BC Nurse Practitioners that we were awarded through the Ministry of Health in partnership with the Abbotsford Division of Family Practice. This may mean office space, medical office assistant (MOA) support and coordination into our multidisciplinary and multisectoral team. However, we have unexpectedly learned the NPs, which are funded and employed through Fraser Health, must use a completely different electronic medical records than the one we use for the clinic and most likely must have MOAs who are Fraser Health employees. This greatly changes our expected costing – which is based, as everything else with the AYHC, on capitalizing on collaboration and economies of scale. We are trying to resolve this so that both Fraser Health and the AYHC's clients can see the benefits of having these NP's embedded into the team we have assembled.

Additional Clinic Days

As stated earlier in this report, we are reaching or already are consistently surpassing our current capacity with an average of 145 appointments per month running 11 hours per week, with many patients requiring complex care.

Adding another clinic day would increase our hours by 32%, from 550 to 725 clinic hours per year. The additional extra costs would be:

Staffing: \$35,000 additional

Office Expense: \$14,000 additional (calculated as 132% of current estimated costs)

Facilities: \$18,000 additional (calculated as another day, or 60% - however there are probably lots of ways to reduce this additional cost if we are able to lease and renovate a shared space appropriately). We estimate that leasehold improvements in the space, looking at a full interior redesign, would be somewhere between \$175,000 and \$250,000.



**Helping Abbotsford's Youth
develop the lifelong habit of
protecting and enhancing all
aspects of their health.**



Overview: November 9, 2010 to December 31, 2014

Days of operation:

388 (3-4 hours per day)

Number of Patients:

887 (Mean: 18 new/month)

Number of Appointments:

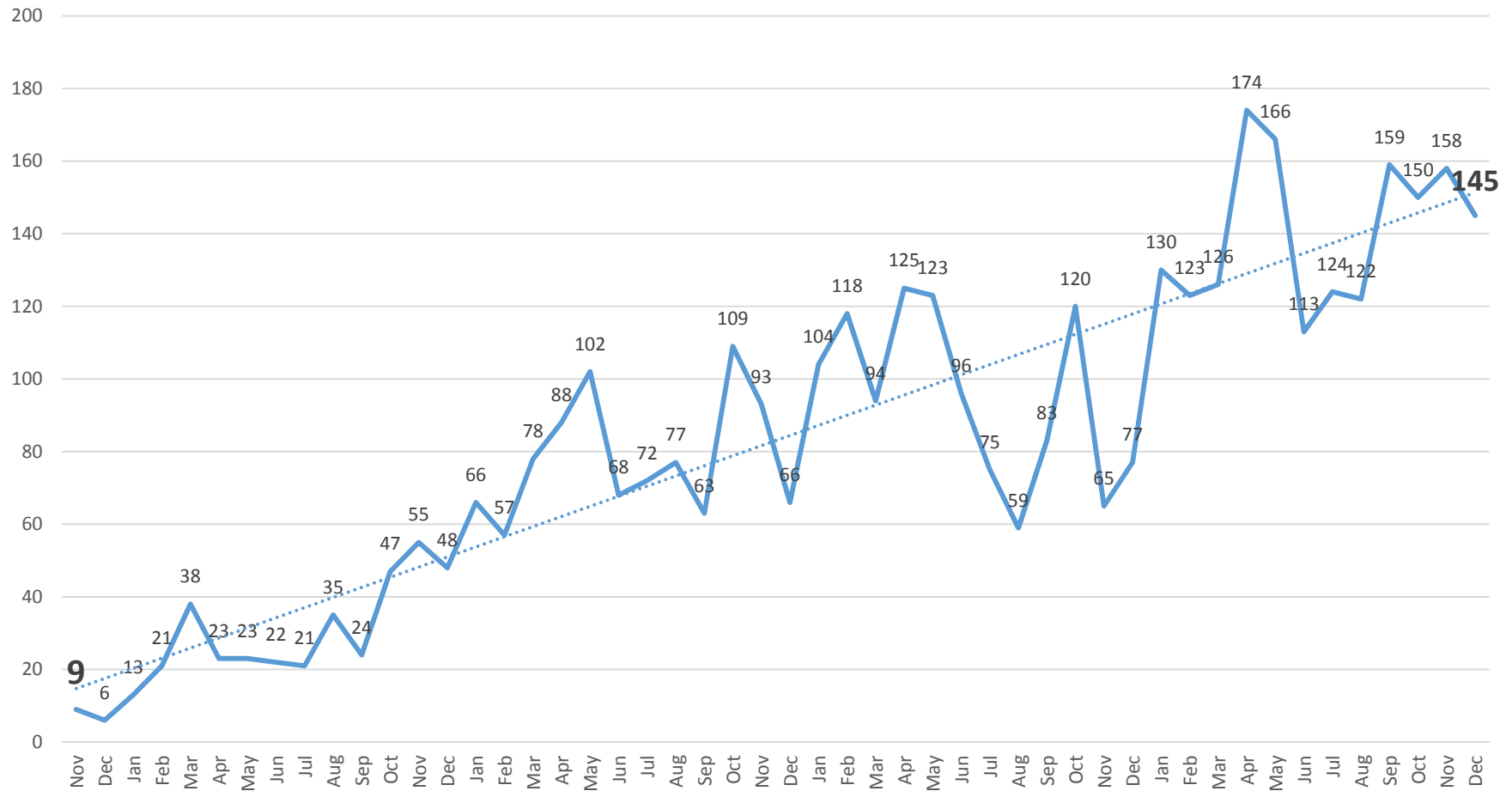
4,153 (Mean: 83/month, Max: 174)

Average Appointments per Patient:

5 (Max: 76)

Patient Visitation

Appointments per month, November 2010 - December 2014 (Total: 4,153)



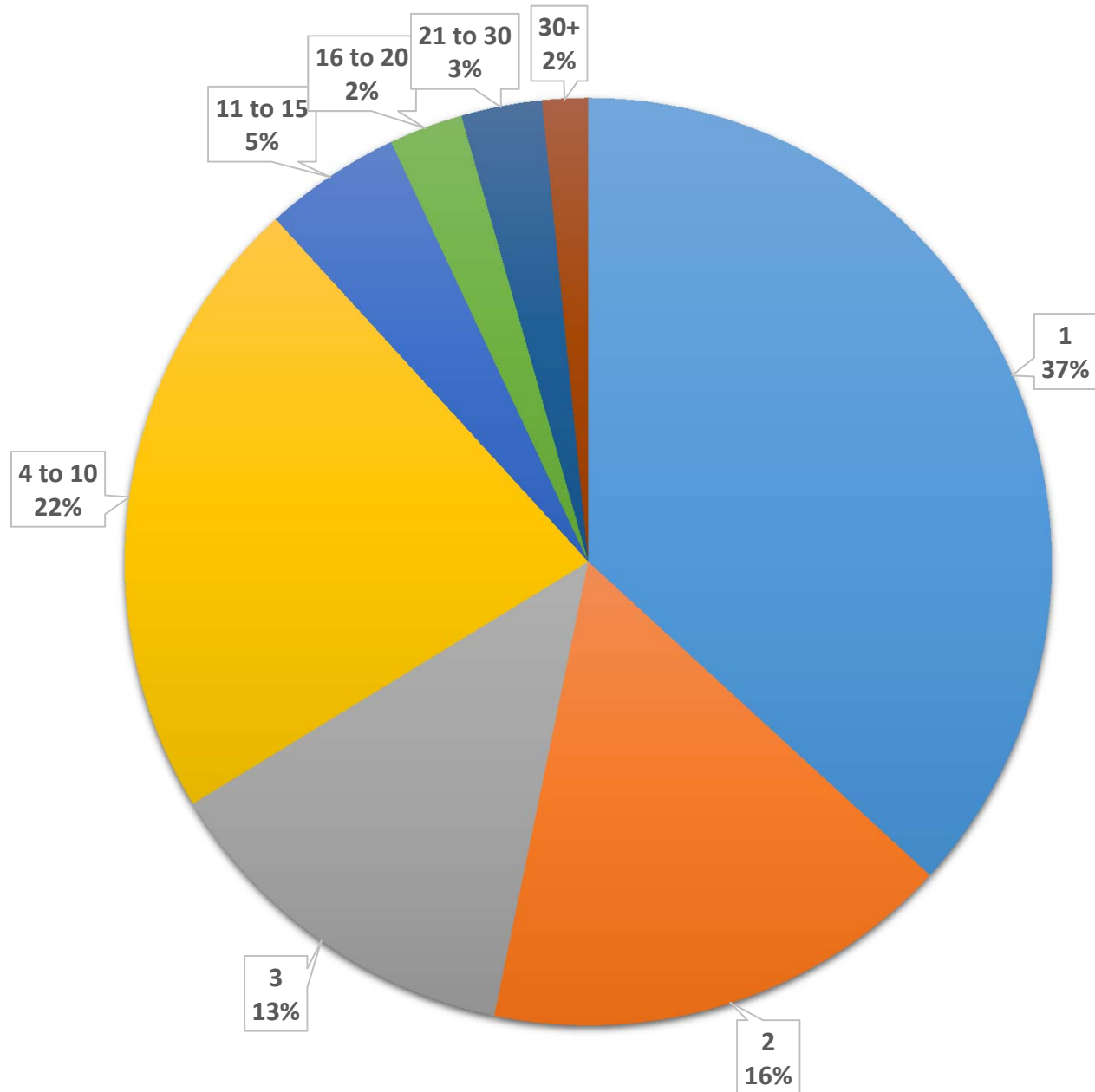
Visits per Patient (887 Patients)

559 patients have visited the AYHC **more than once**.

452 patients have visited **between 2 and 10** times.

107 patients have visited **over 10** times.

As an outcome measure, this may indicate that **patients with complex care needs do not feel stigmatized** in accessing the level of support that they need.



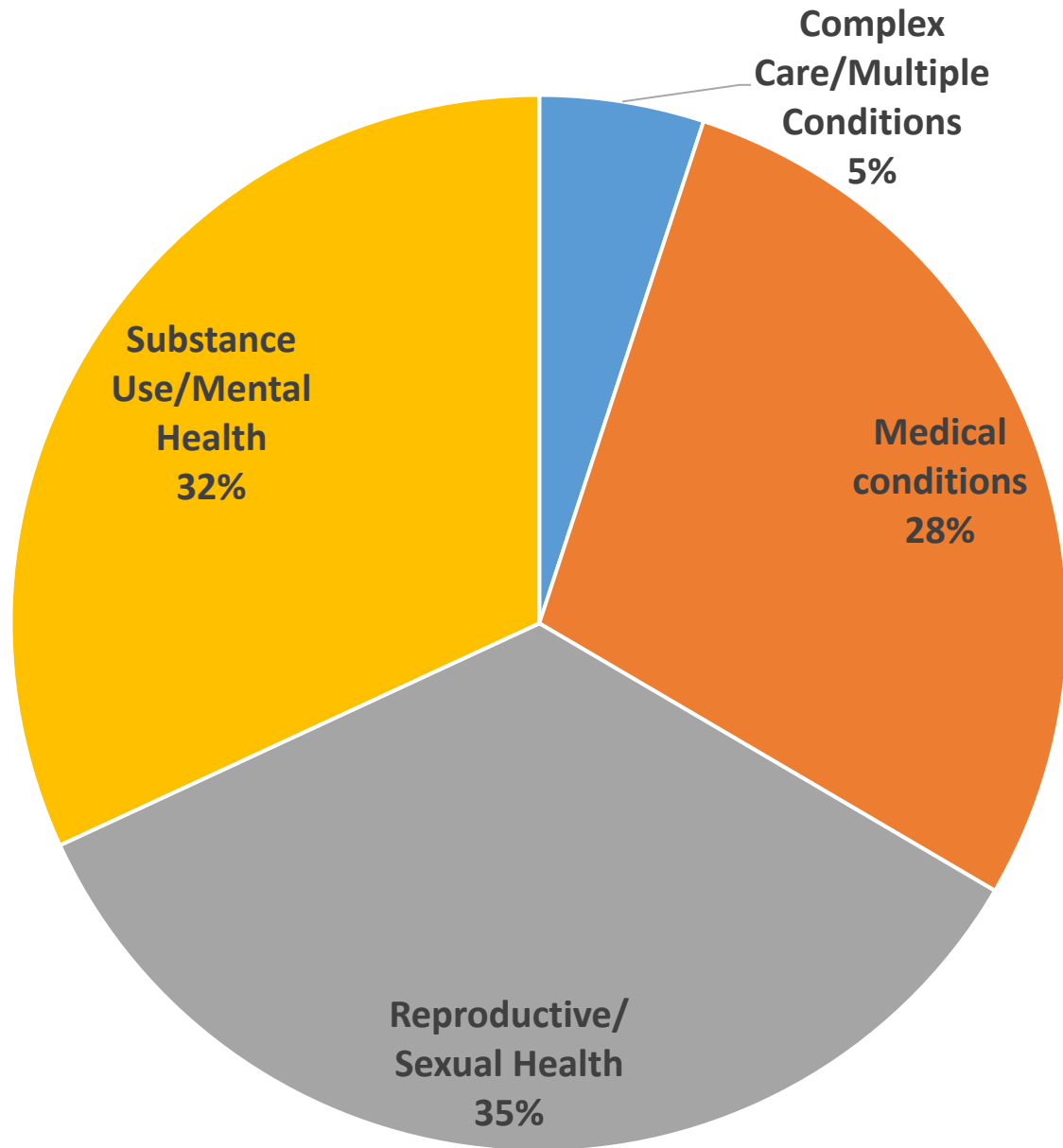
While many patients may initially present to the AYHC with reproductive/sexual health concerns – over the long-term, addressing reproductive/sexual health issues accounts for only slightly more than a third of our interactions.

65% (2,688) of visits were about issues other than sexual health.

Visits by category:

- Reproductive/Sexual Health: **1,454**
- Substance Use/Mental Health: **1,329**
- Medical Conditions: **1,163**
- Complex Care: **208**

Visit Coding (4,153 Visits)





Patient Profiles at Intake

The preceding slides highlighted longitudinal outcomes of the AYHC, notably that:

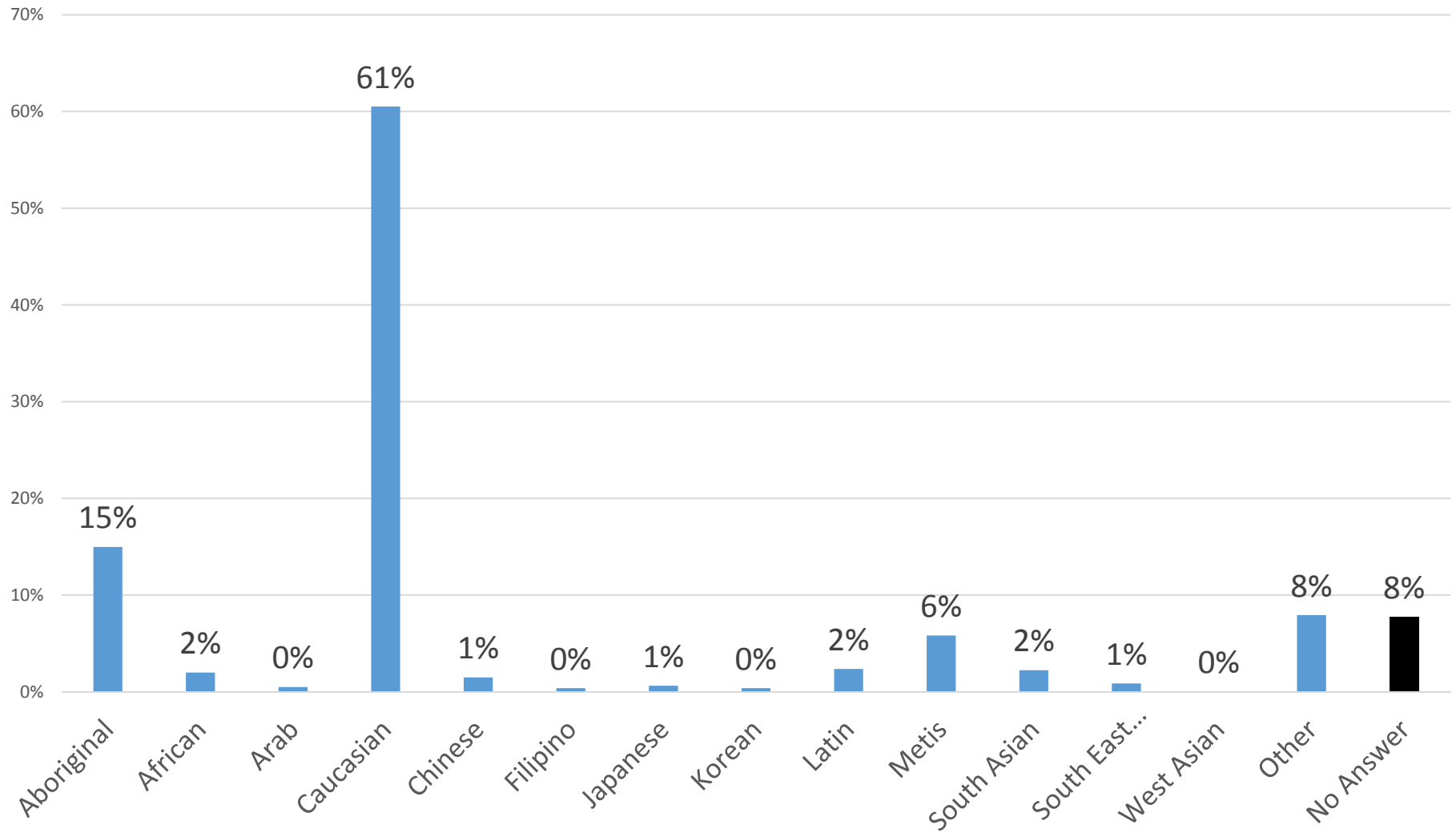
- Despite being a drop-in clinic where **no appointment is necessary**, our patient **attachment rate is extremely high**, with 63% of patients visiting more than once (and 47% visiting more than twice)
- **Youth who initially come for the “stereotypical” youth concern** of reproductive and sexual health, **eventually get many other concerns addressed** – validating our operation as a full-service primary care clinic.

The next set of slides provides a picture of the circumstances that new AYHC patients let us know about on their **first visit to the clinic**.

- It is strongly stressed with patients that they need only answer those questions they feel **100% comfortable answering**.
- The **blue values** represent only those **patients who elected to answer** that specific question.
- The **black values** indicate the percentage of all patients who **elected not to answer** that specific question.
- It is interesting to note that **response rates** to different questions **ranged from 100% to 40%** (some questions all patients answered, as few as 2 in 5 answered others).



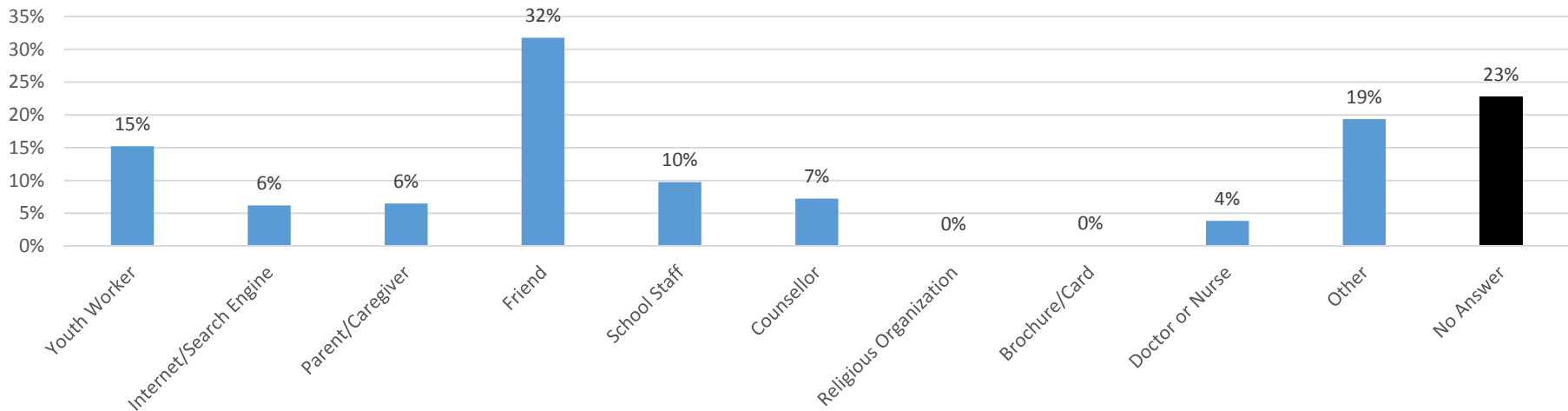
Heritage



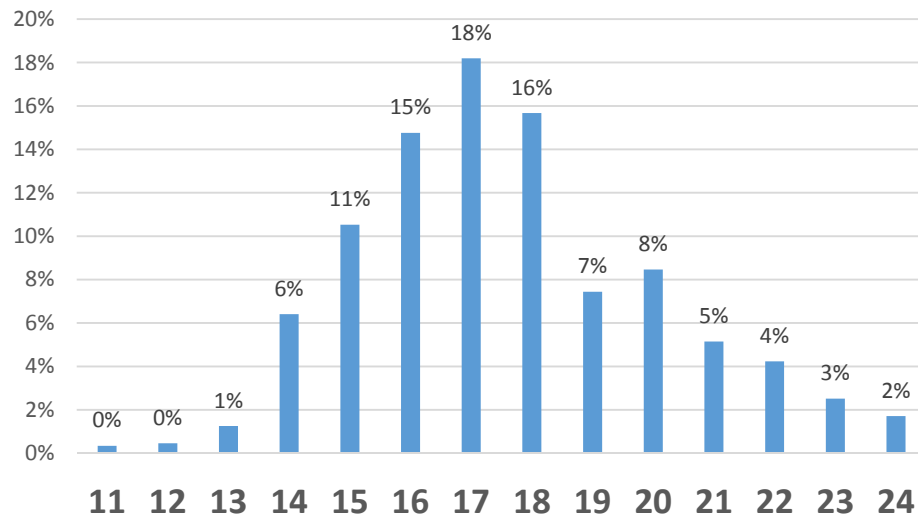


Patients

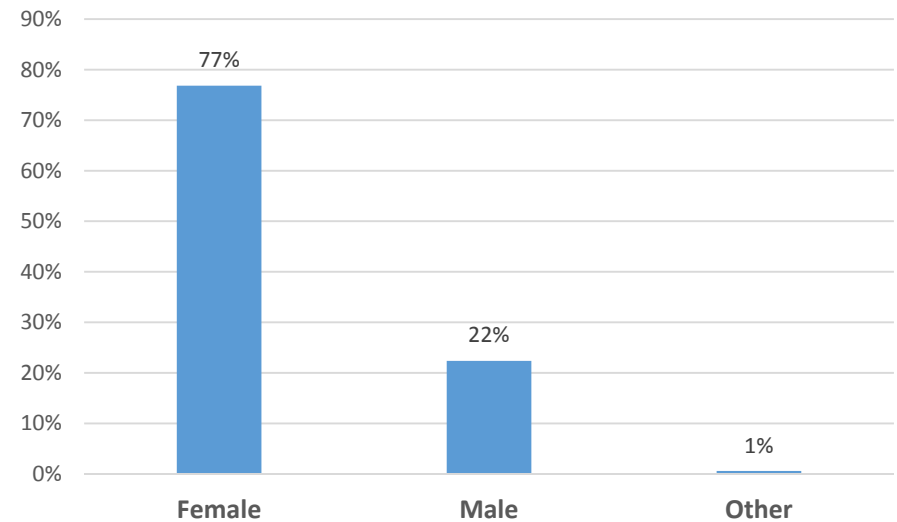
How did you learn about the AYHC?



Age



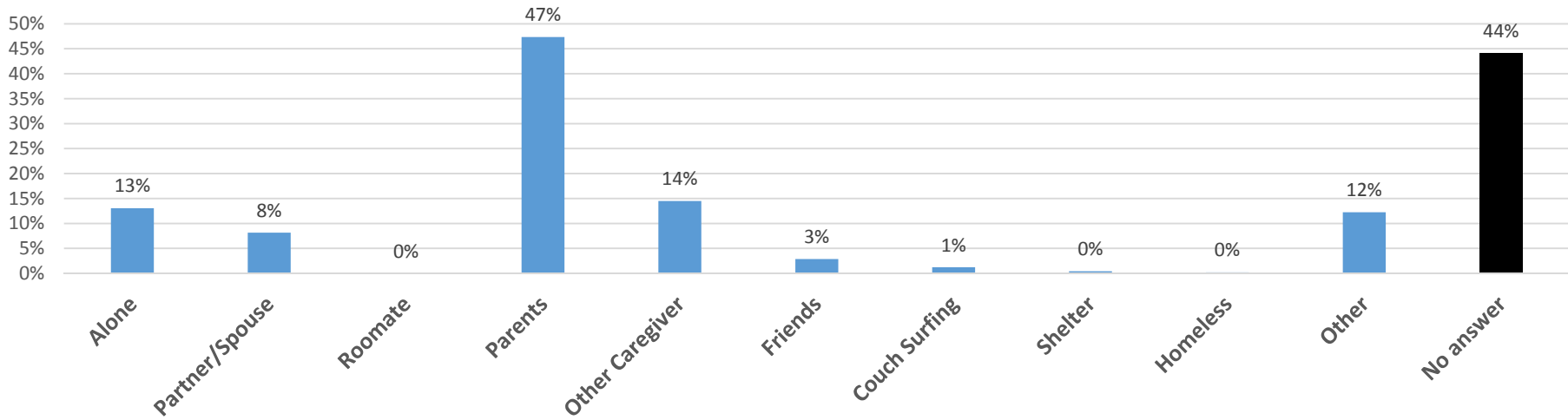
Gender Identity



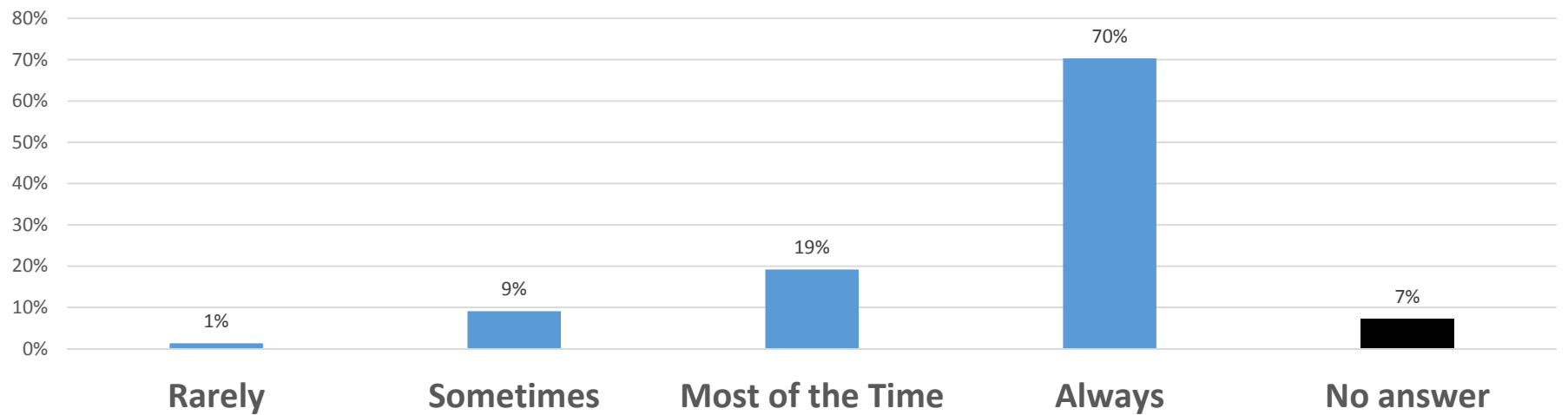


Living in

I live with...



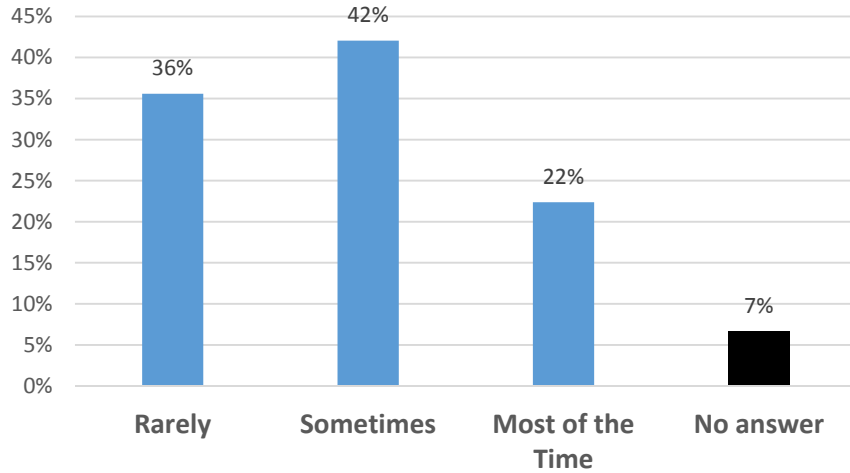
I feel safe where I live...



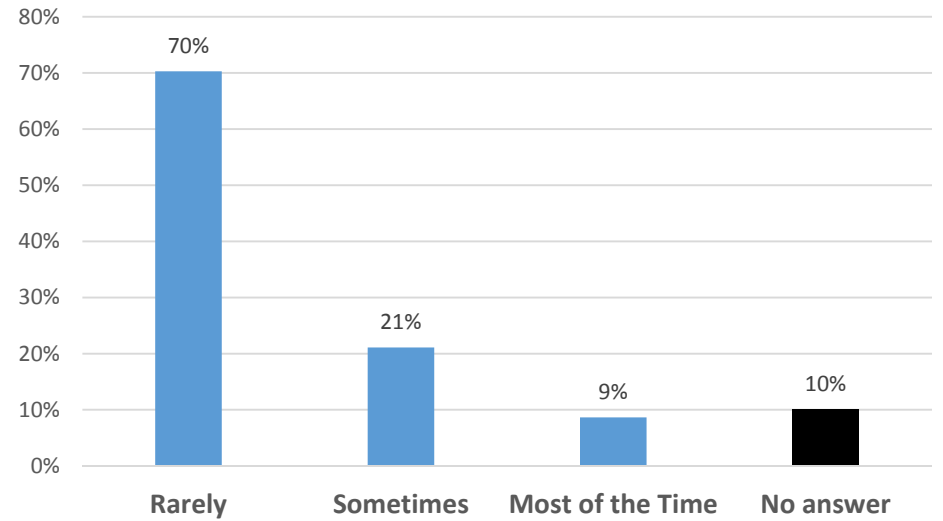


Mental Health

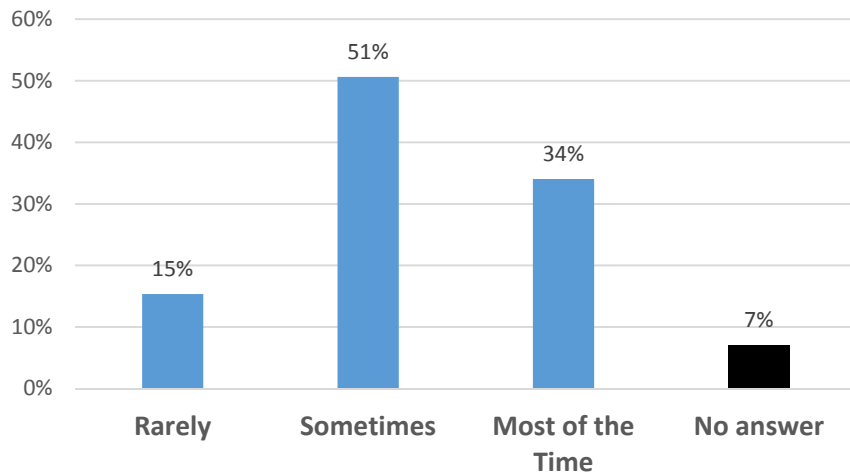
I feel depressed, sad or meaningless...



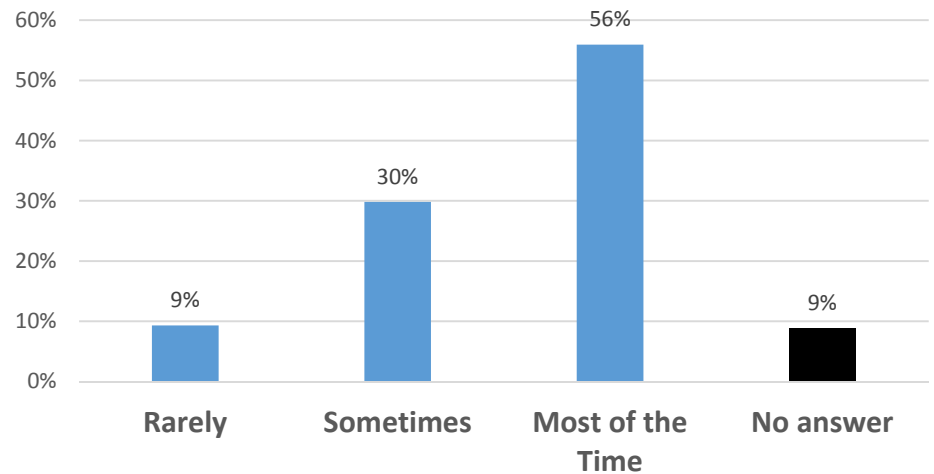
I have tried to hurt myself or others...



I feel stressed in my everyday life...



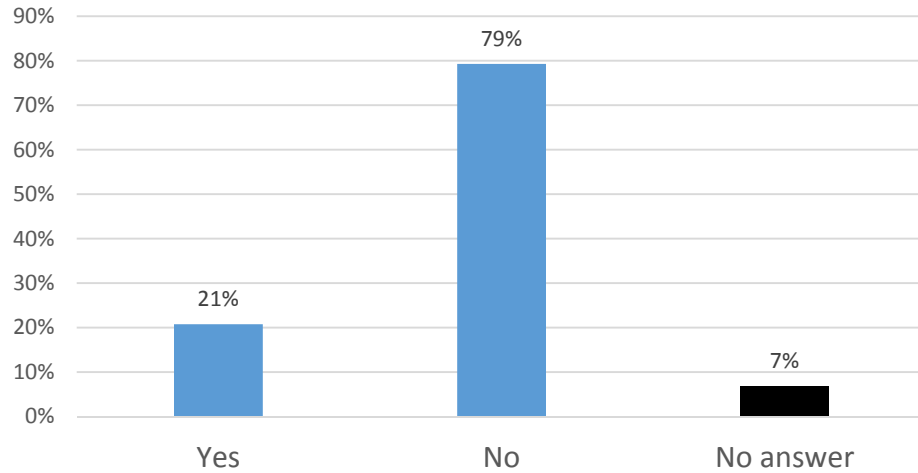
I feel in control of my thoughts/actions...



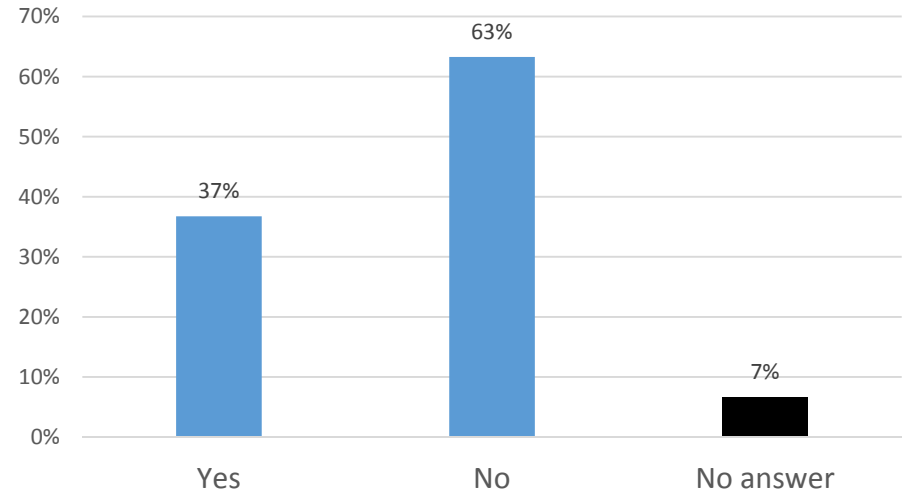


Reproductive Organs

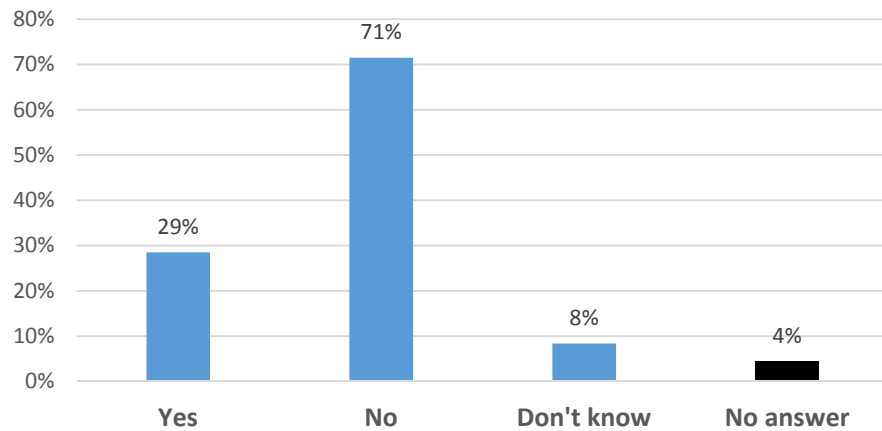
I have seen a gynecologist (biological females)



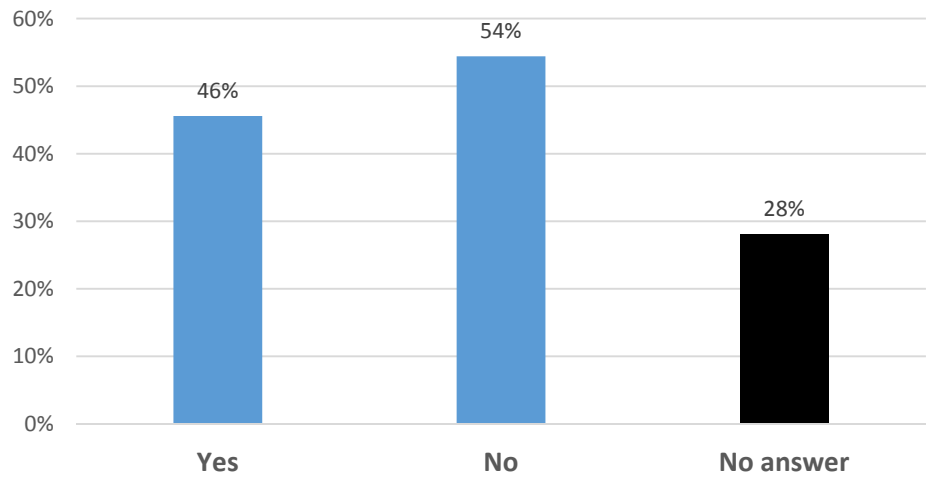
I have had a Pap test (biological females)



My sexual activity has resulted in a pregnancy...
(all sexually active patients)



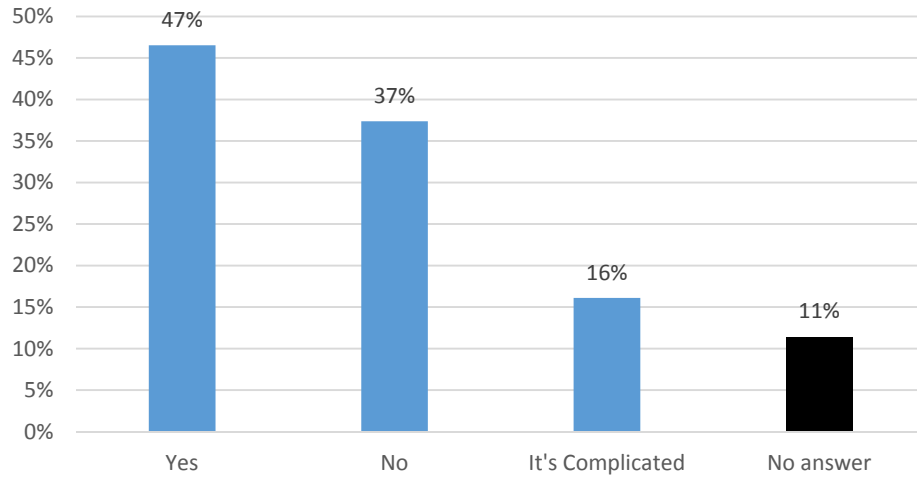
I regularly check my testicals (biological males)



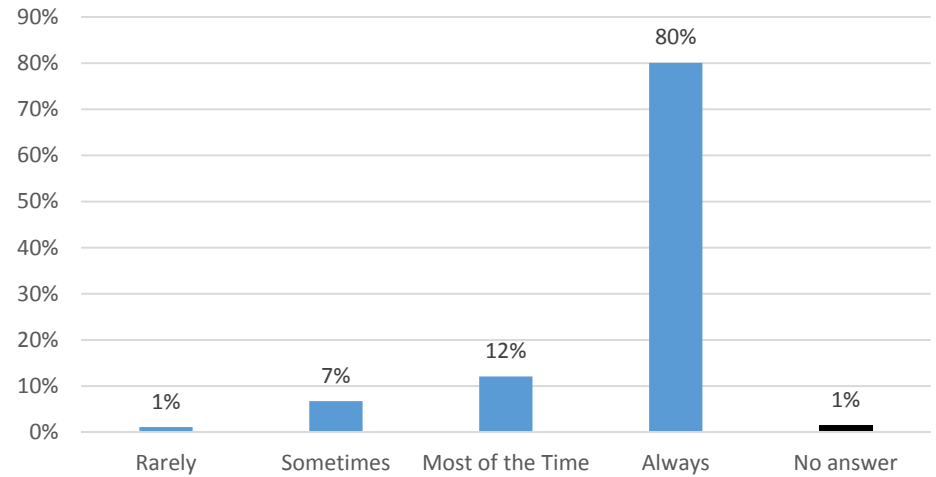


Relationships

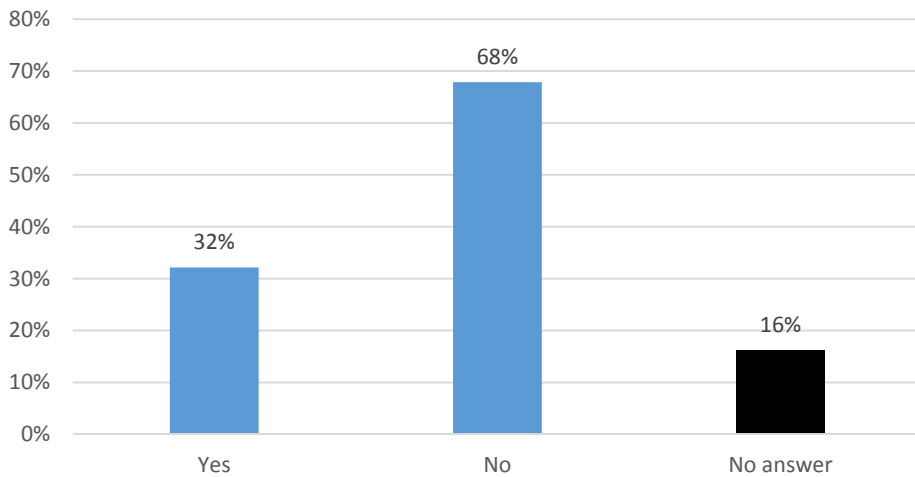
I am in a romantic relationship...



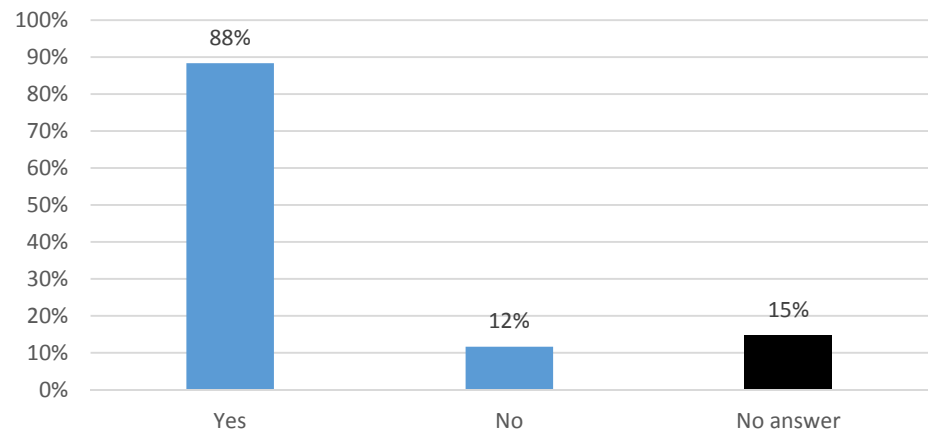
I feel safe and supported in my relationship...



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



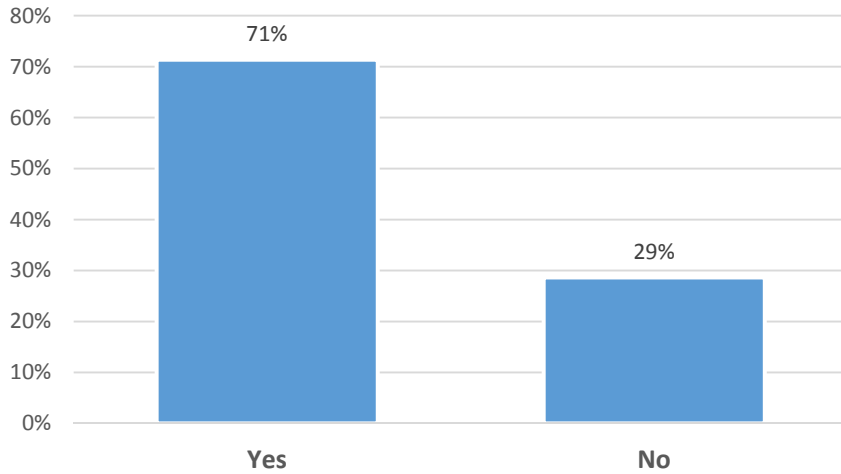
I have friends/family who I feel safe telling whatever I'm doing/feeling/thinking...



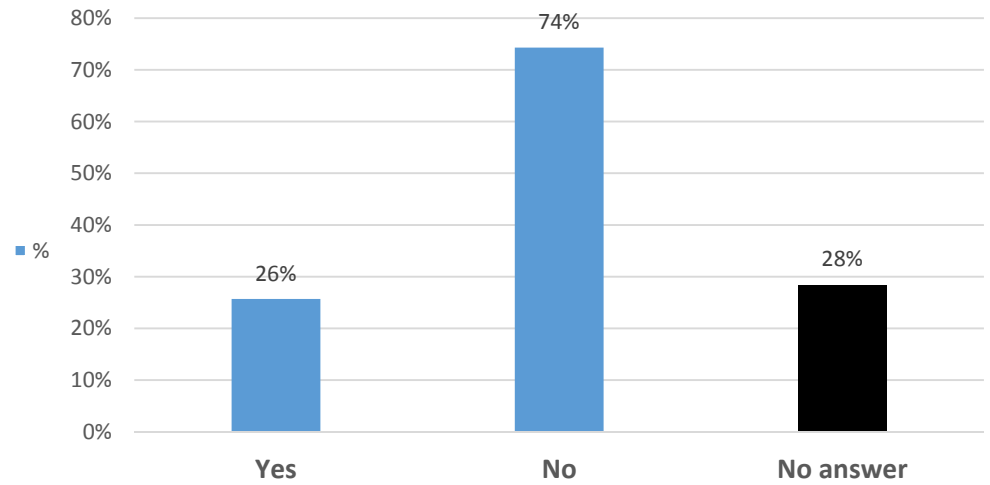


Sex

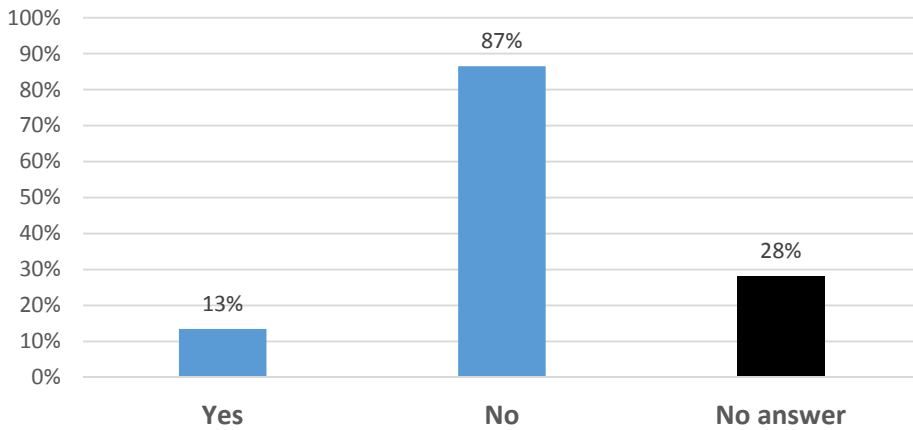
I am sexually active...



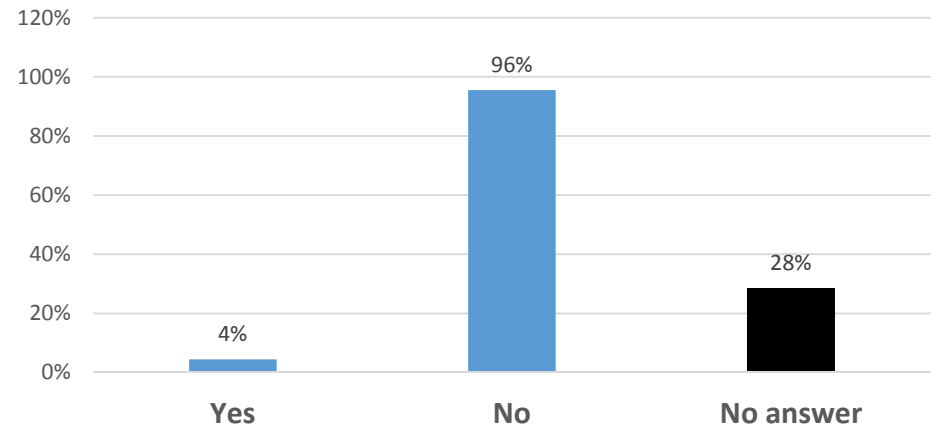
I have had or have been forced to have sex when I didn't want to... (all patients)



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



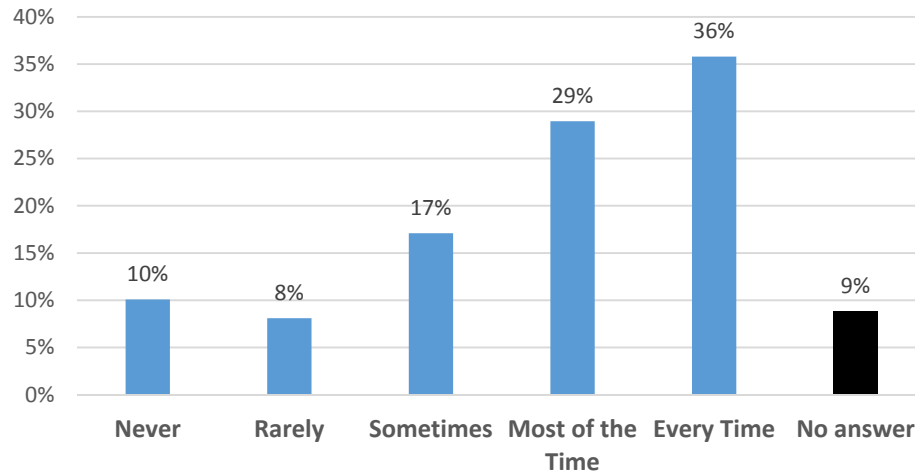
I have traded sex for money or other valuables... (all patients)



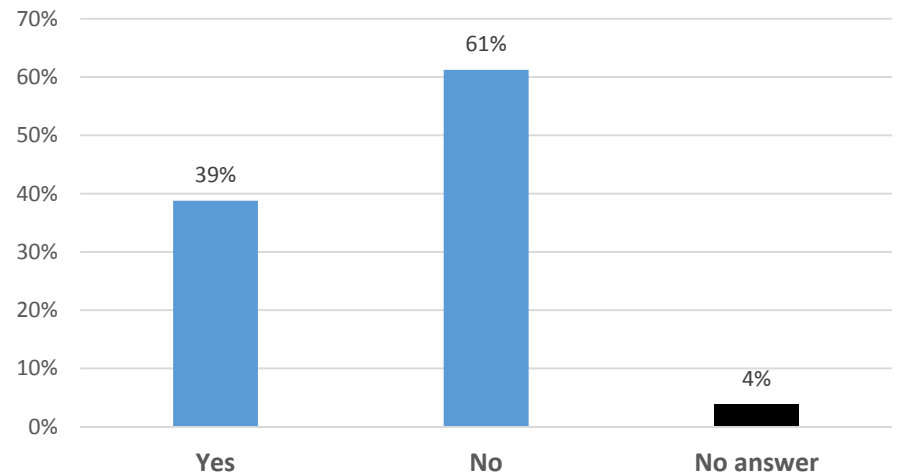


Sexual Protection & Results (sexually active only)

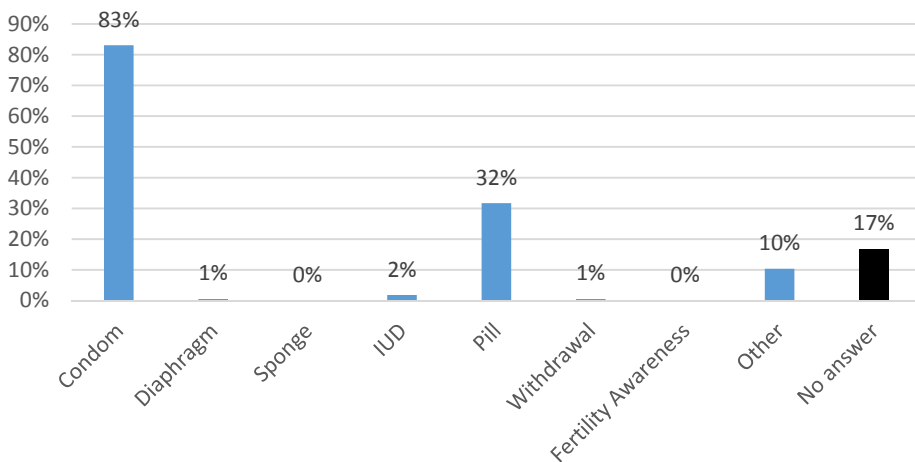
I use protection from pregnancy/STIs...



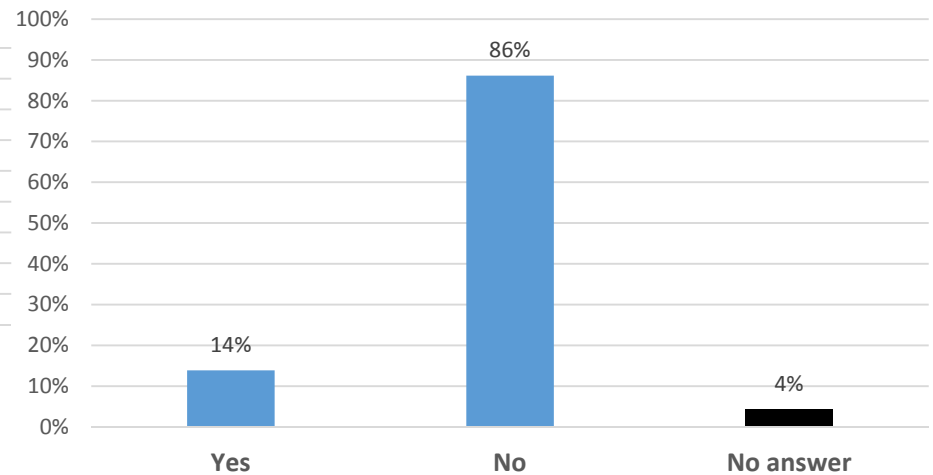
I've been tested for STIs...



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



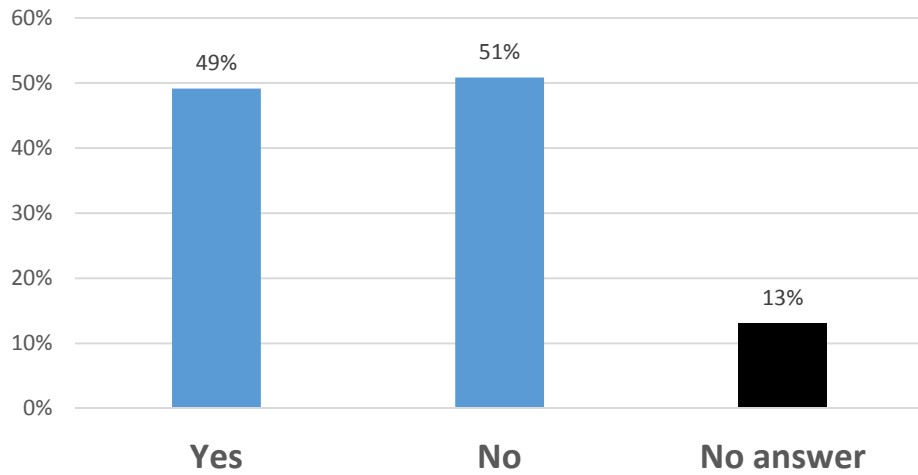
I've been treated for an STI...



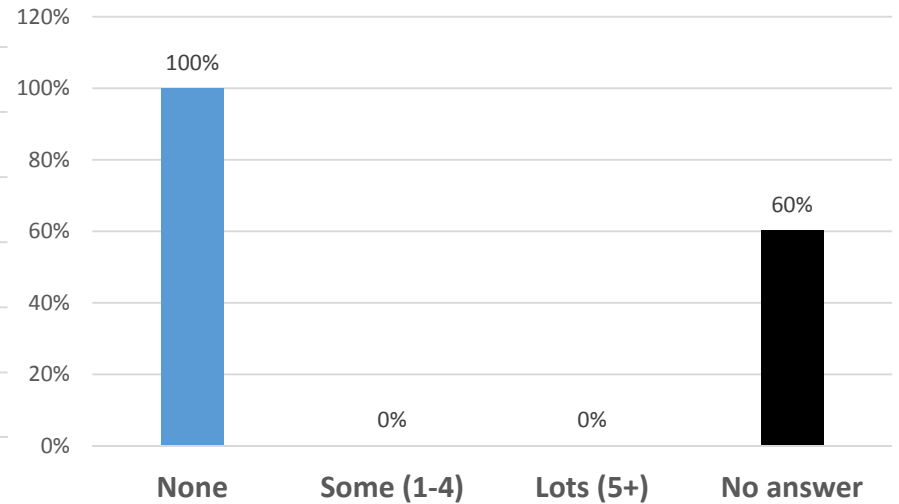


Nutrition & Exercise

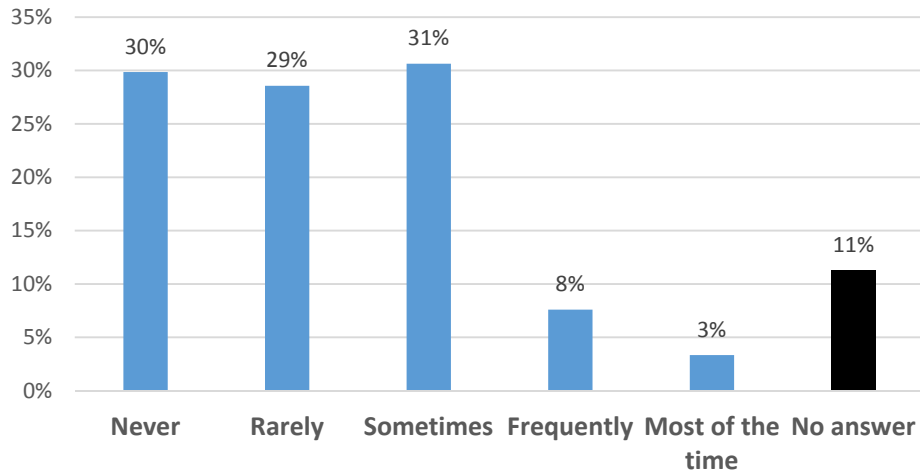
I am happy with my weight...



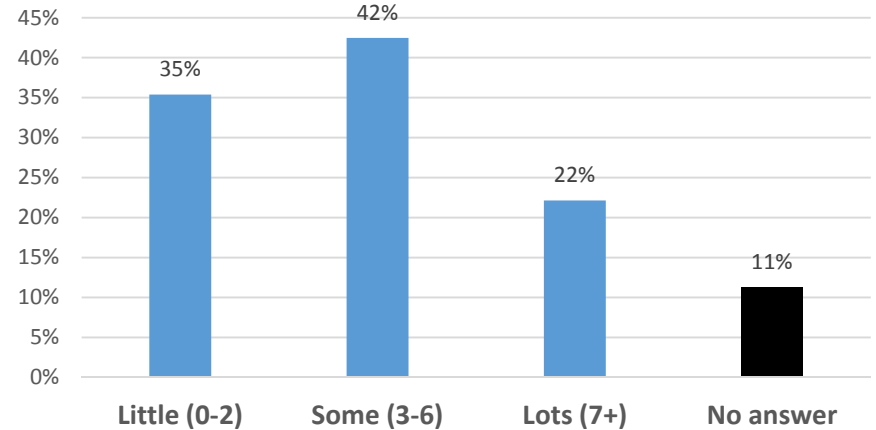
I usually eat ____ fruits and vegetables per day.



I go hungry...



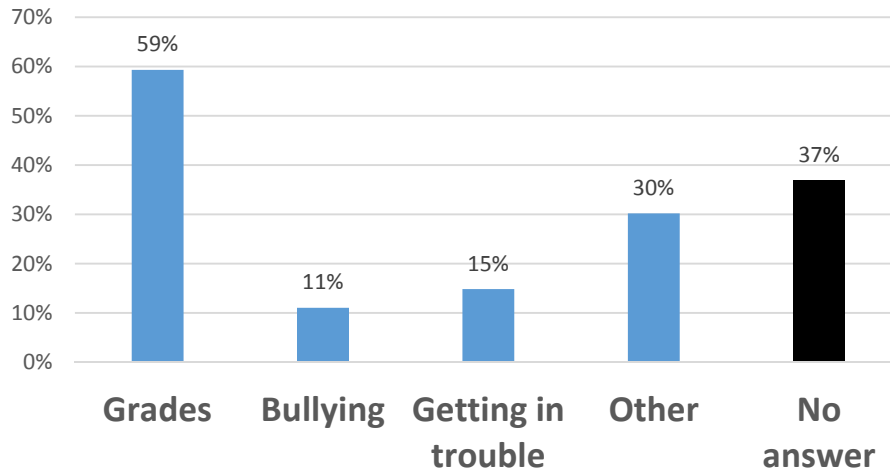
The number of hours of exercise I get in an average week is...



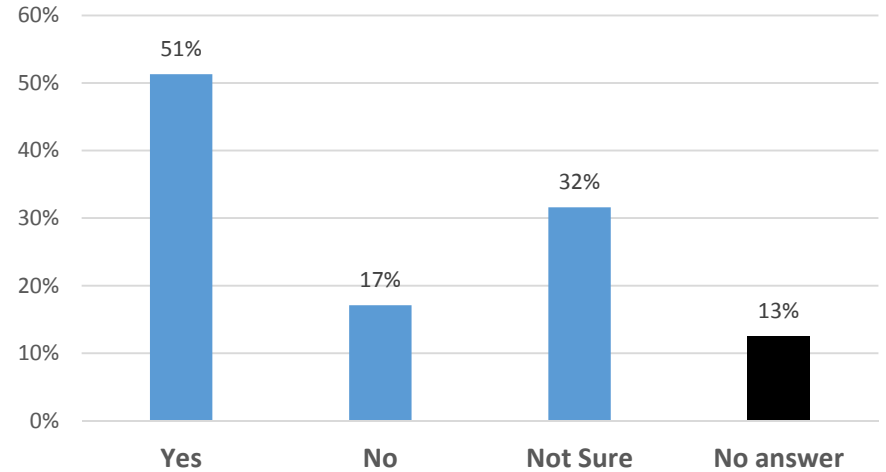


Concerns & Safety

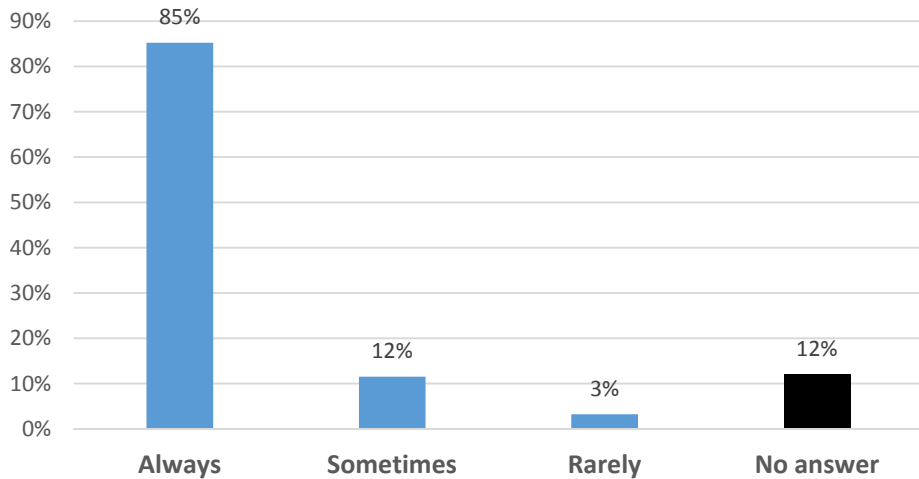
School/work concerns I have are...



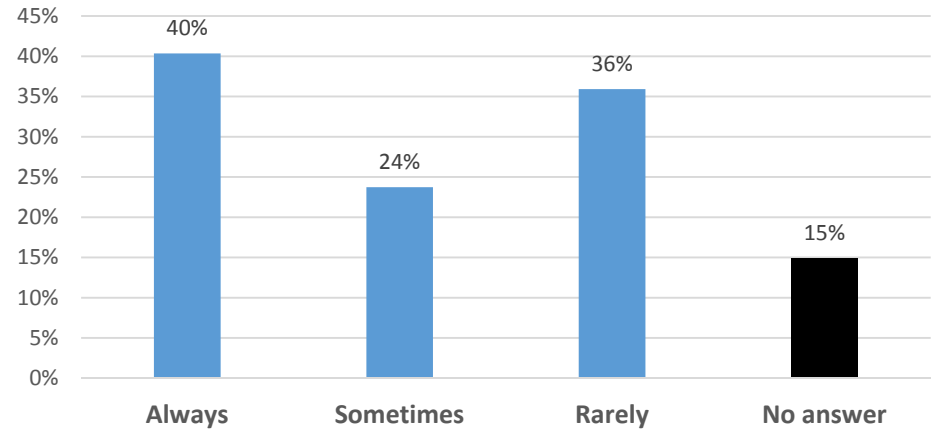
My immunizations are up to date...



I wear a seatbelt when travelling by car...



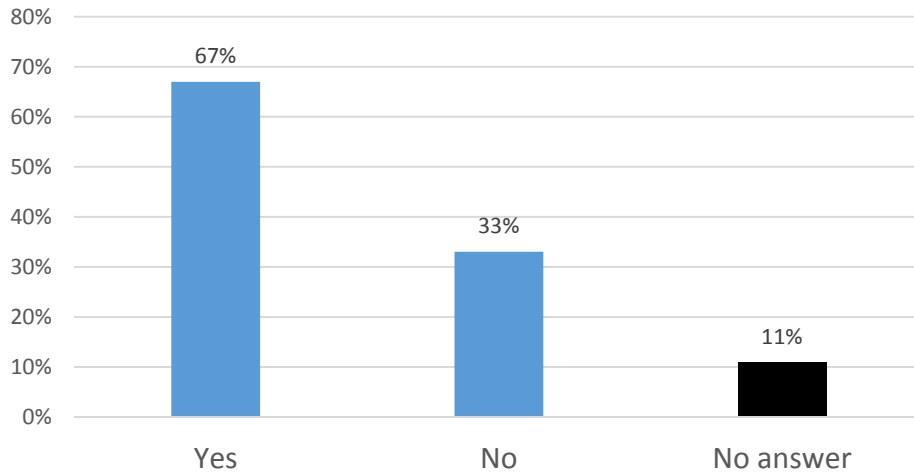
I wear a helmet biking/skating/snowboarding/skiing



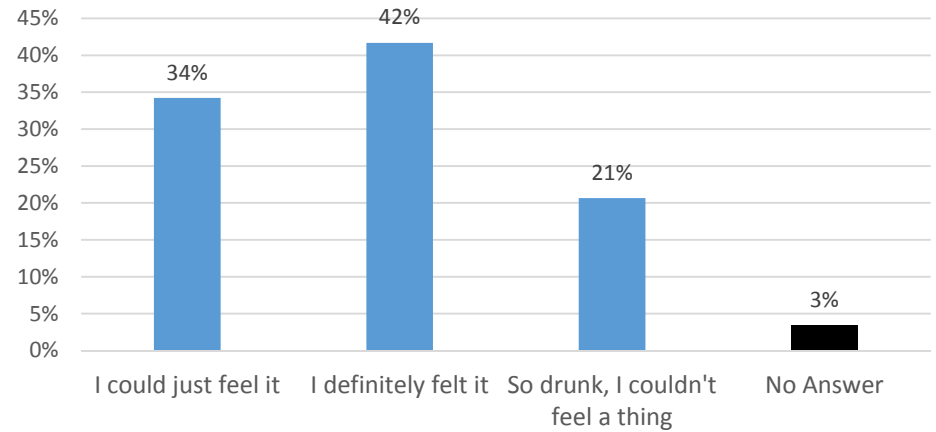


Alcohol & Tobacco

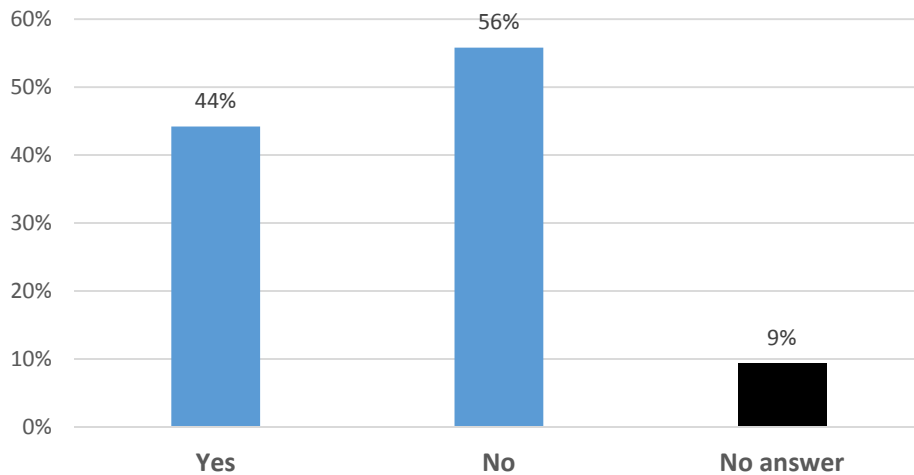
I drink alcohol...



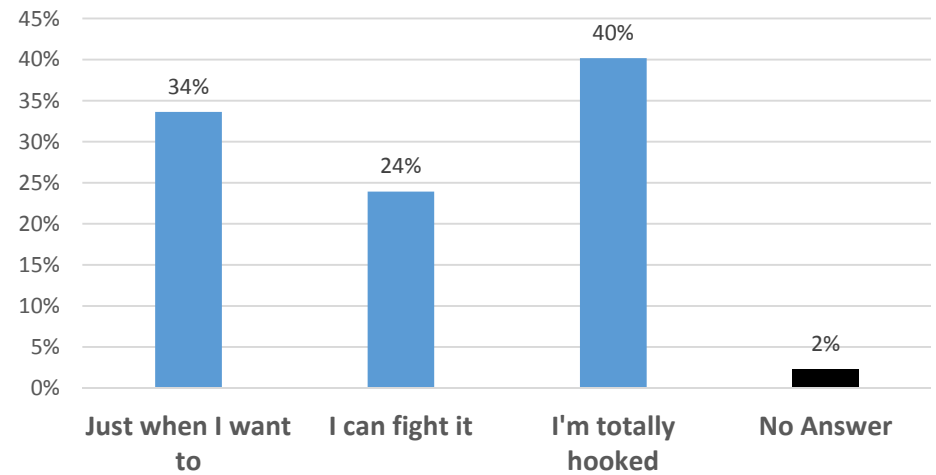
The most drunk I've gotten in the last 3 months was...



I smoke cigarettes...



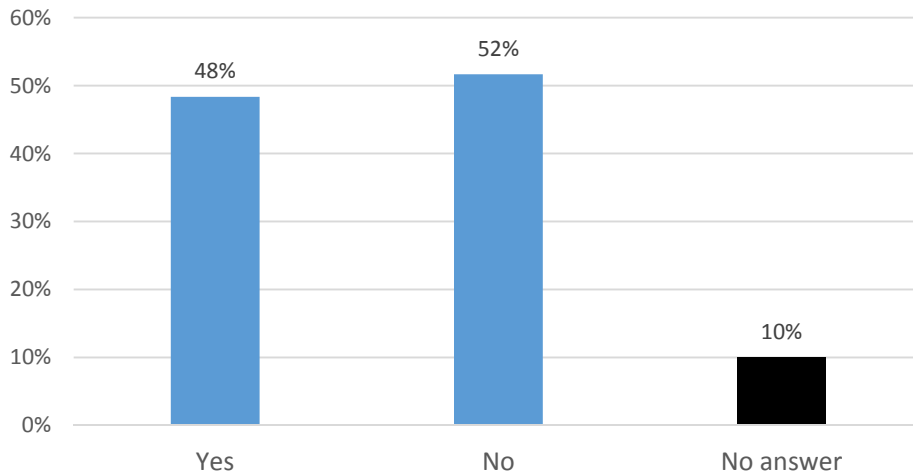
I need to smoke...



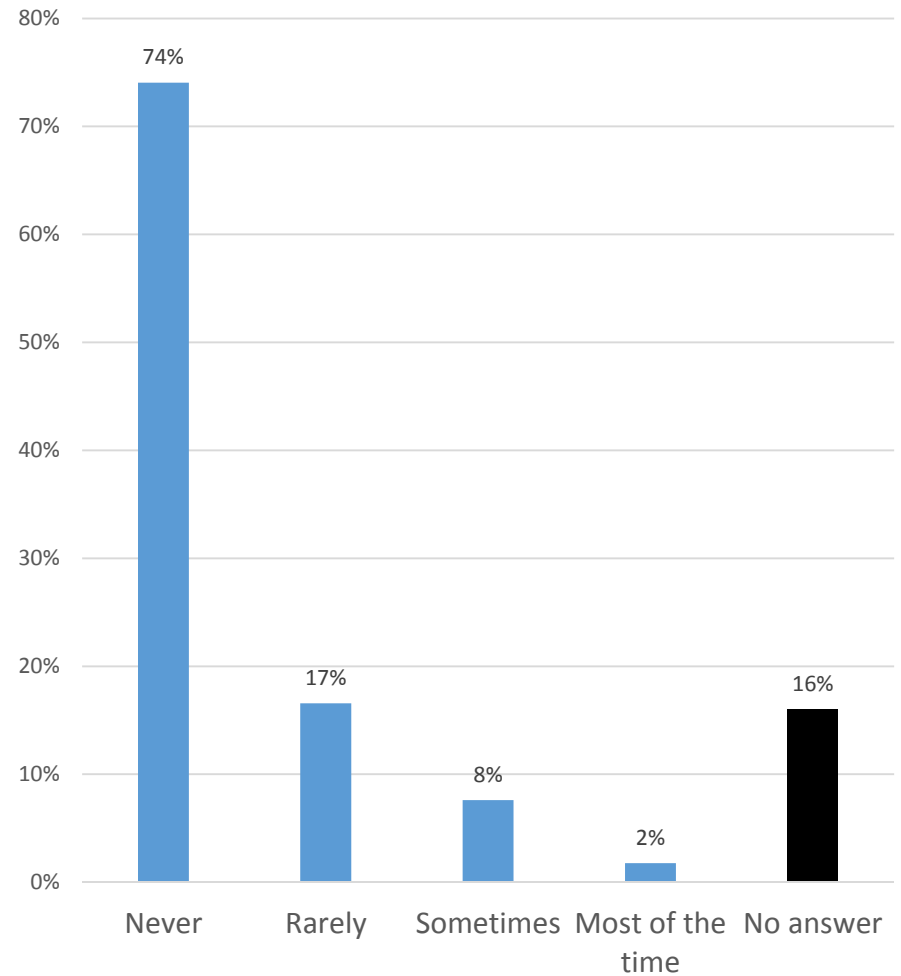


Marijuana & Drunk/High Driving

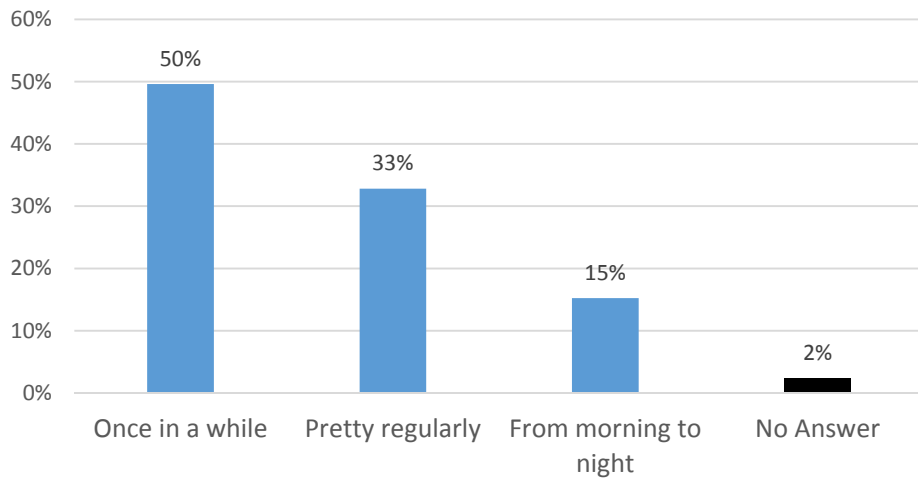
I use marijuana...



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

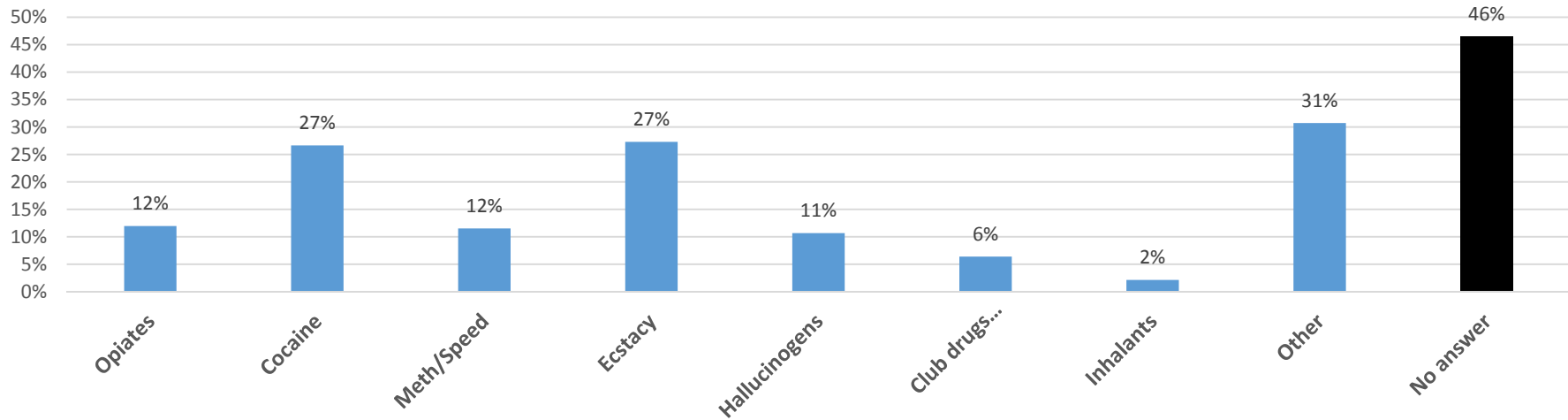


I think about getting high...

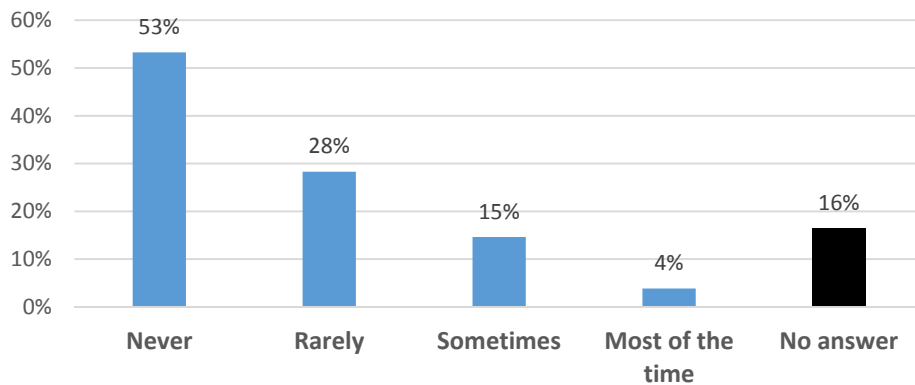


Substances & Trauma

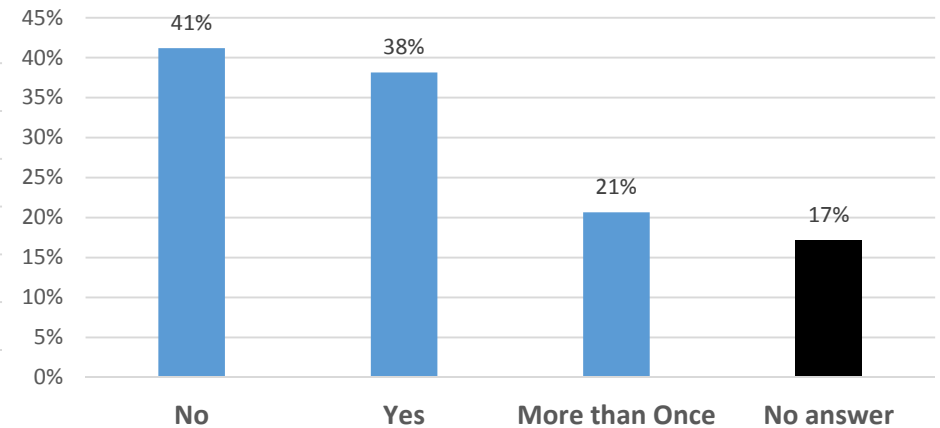
Other drugs I have tried are... (all patients)



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



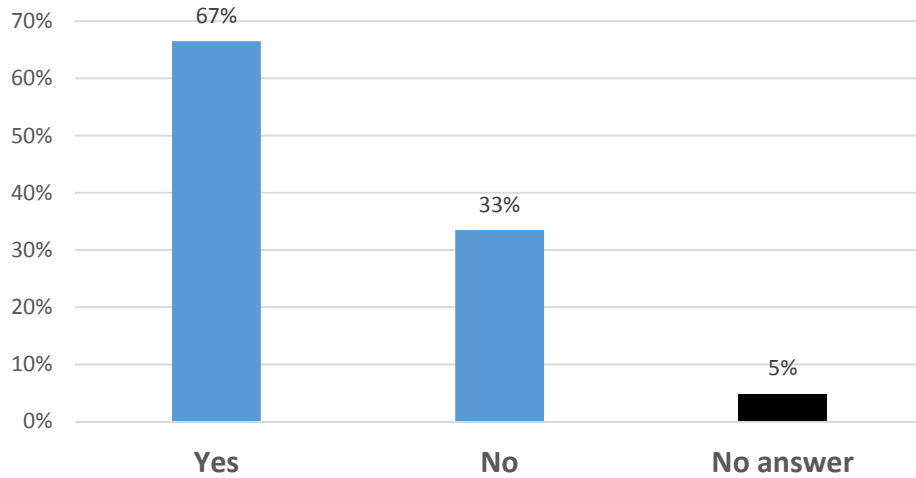
Something horrible or traumatic has happened to or around me...



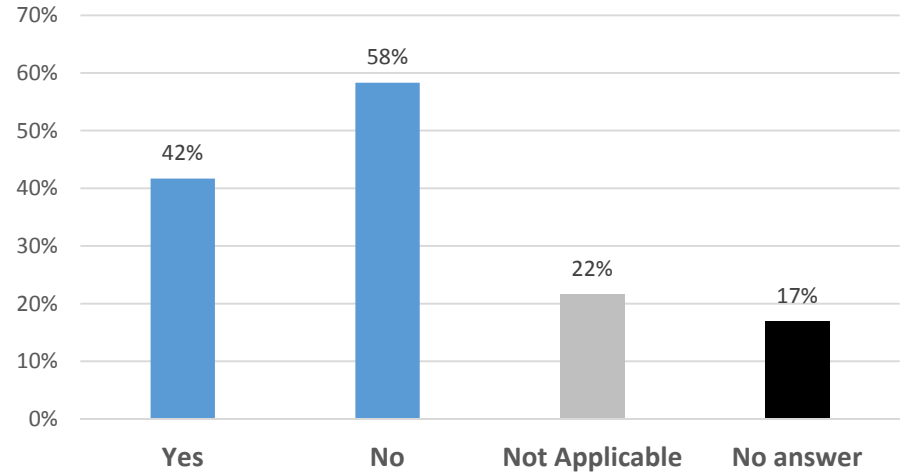


Attachment to Services

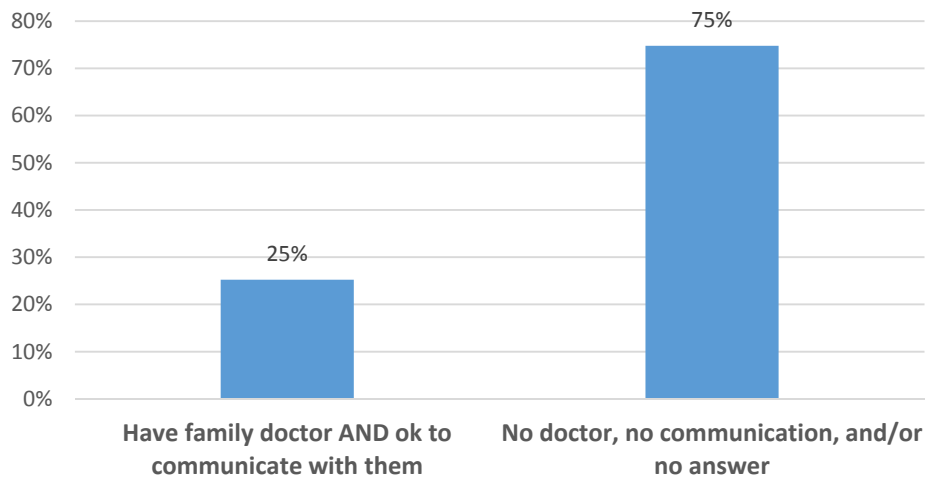
I have a family doctor...



The AYHC can share information with my doctor...



Functional Attachment to Family Doctor



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

