

PROVIDER CHECKLIST FOR YOUNG ADOLESCENT MALES AGES 9-13

-HEALTHCARE PROVIDER CHECKLIST-

Thinking about

Good Health

There is also a similar patient self-assessment document, **Thinking about Good Health**, that young males 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 male (ages 9-13) clinical visit. **Main questions within each domain are highlighted with supplementary questions for additional exploration, as warranted.** To enhance and develop trust with young males, explore less personal topic areas before asking questions around body image, relationships or mental health.



To encourage a frank conversation and build rapport:

- Build time into the visit to interview the adolescent outside the presence of his parents. If the parents are reluctant to leave explain that building trust and conveying respect to the adolescent encourages an open, honest dialogue.
- Your office may send letters prior to visits letting parents know that they will be asked out of the room for a few minutes during the exam, so the provider is able to develop rapport with the young patient.
- Emphasize your privacy policy to the patient at the beginning. Tell him *“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?**

Safety

- ★ **Have you ever been bullied? Have you ever bullied others?**
- ★ **Are there guns in your home? Are they locked up?**
- ★ **Do you wear a seatbelt in the car?**
- Is there a lot of violence in your school? In your neighborhood? Do you wear a helmet when riding a bike or skateboard? What about with sports like football?

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

General Questions

- ★ **How are things going with and your friends?**
- ★ **Do you have any worries related to sex or your sexuality?**
- ★ **(Beginning around age 12 you should ask - Have you ever had sex? What kind of sex have you had (oral, anal, or vaginal sex)? Do you use condoms when you have sex?**
- Any bullies bothering you?
- Do you bully others?
- Has anyone ever touched you inappropriately or forced you to have sex? Have you ever touched anyone inappropriately or forced them to have sex?

Sexually Transmitted Diseases (if sexually active)

- ★ **What do you do to protect yourself against STDs and HIV?**
- ★ **Do you use condoms every time you have sex?**
 - Have you had your HPV vaccine?

Birth Control Questions (if sexually active)

- ★ **What are you using for birth control?**

LGBT Questions

- ★ **Do you have sex with males, females, or both?**
- ★ **[If patient identifies as LGBT] Who do you talk to if you have questions or a problem?**
- Has anyone ever given you a hard time because of your sexual orientation?

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 21 in not previously vaccinated (through age 26 with MSM).
- **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) 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. For detailed recommendations go to: <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html>.