



# **Young Adult Health Care Survey (YACHS)**

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# Young Adult Health Care Survey Version 2.0

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## Instructions

1. In this survey, the term doctor or other health provider is used. A doctor or other health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you see for health care.
2. Answer all the questions by checking the box like this:  

<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yes	No
3. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow and then a note that tells you what question to answer next, like this:  

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No → (Go to page 4 and continue with question 10)

So, if you choose to answer "No" to this question, then you will go to page 4 of this survey and continue the survey with question 10.

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**Thank you for your help with this survey !**

**SECTION I – HEALTH CARE UTILIZATION**

Please answer all the questions in this survey by checking the box on top of your answer.

1. Have you been to see a doctor or other health provider in the **last 12 months**?

- 1  Yes                      2  No

2. When was the **last time** you went to a doctor or other health provider for **regular** or **routine** care?

- 1  I did not go to a doctor or clinic for a regular check-up  
 2  0-6 months ago  
 3  7-12 months ago  
 4  13-24 months ago  
 5  more than 2 years ago

3. The **last time** you had a visit with a doctor or other health provider, did you fill out a checklist or survey about your health?

- 1  Yes                      2  No

4. Where do you **usually** go for medical care?

- 1  Doctor's office or clinic      2  School Nurse      3  Community clinic/health center      4  Hospital clinic      5  Hospital emergency room
- 6  Family Planning Center (For example: Planned Parenthood)      7  Urgent Care Clinic      8  No One Usual Place

5. In **last 12 months** is there any **other** place that you have gone to for medical care?  
**Check all that apply**

- 1  No other place
- 2  Doctor's office or clinic      3  School Nurse      4  Community clinic/health center      5  Hospital clinic      6  Hospital emergency room
- 7  Family Planning Center (For example: Planned Parenthood)      8  Urgent Care Clinic

**SECTION II PRIVACY**

6. In the **last 12 months**, did you get a chance to speak with a doctor or other health provider privately? (Meaning one on one - without your parents or other people in the room).

- 1  Yes                      2  No

7. In the **last 12 months**, did a doctor or other health provider tell you that what you talked about with them was confidential? (Meaning it would not be shared with anyone else.)

- 1  Yes                      2  No

8. Do you know of a place (other than the school nurse) where teenagers can go to see a doctor or other health provider without their parents knowing about it?

- 1  Yes                      2  No

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**SECTION III HEALTH AND SAFETY**

9. In the last 12 months, did a doctor or other health provider talk with you about any of the following?

Please answer each of the questions below by placing an X in the Yes or No box.

		Yes	No
a.	Weight	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b.	Healthy eating or diet	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c.	Physical activity or exercise	1 <input type="checkbox"/>	2 <input type="checkbox"/>

10. In the last 12 months, did a doctor or other health provider talk with you about any of the following?

Please answer each of the questions below by placing an X in the Yes or No box.

		Yes	No
a.	Your friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b.	Your school performance or grades	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c.	Your emotions or moods	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d.	Suicide	1 <input type="checkbox"/>	2 <input type="checkbox"/>

11. In the last 12 months, did a doctor or other health provider talk with you about any of the following?

Please answer each of the questions below by placing an X in the Yes or No box.

		Yes	No
a.	Using a helmet when riding a bicycle, roller-blading, or skateboarding	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b.	Riding in a motor vehicle with a driver who has been drinking or using drugs	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c.	Violence prevention	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d.	Guns and other weapons	1 <input type="checkbox"/>	2 <input type="checkbox"/>

12. In the last 12 months, did a doctor or other health provider talk with you about any of the following?

Please answer each of the questions below by placing an X in the Yes or No box.

		Yes	No
a.	Chewing tobacco or snuff	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b.	Drug Use (including marijuana, cocaine, crack, heroin, acid, speed, ecstasy, roofies, or other)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c.	Use of steroid pills or shots without a doctor's prescription	1 <input type="checkbox"/>	2 <input type="checkbox"/>

13. In the last 12 months, did a doctor or other health provider talk with you about any of the following?

Please answer each of the questions below by placing an X in the Yes or No box.

		Yes	No
a.	Sexual orientation (that is, being gay or straight)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b.	Sexually transmitted diseases, or STD's (such as gonorrhea or chlamydia)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c.	Sexual or physical abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>

The next questions ask about how you feel.

14. During the **past 12 months**, did you ever feel so sad or hopeless almost every day for **two weeks** or more in a row that you stopped doing some usual activities?

1  Yes                      2  No

15. In the **last 12 months**, did you and a doctor or other health provider **talk** about whether you ever felt sad or hopeless almost every day?

1  Yes                      2  No

The next questions ask about tobacco and smoking.

16. During the **past 30 days**, on how many **days** did you smoke cigarettes?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
0 days <small>(Didn't smoke any cigarettes)</small>	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days

17. In the **last 12 months**, did you and a doctor or other health provider **talk** about cigarettes or smoking?

1  Yes ↓                      2  No → Go to question 19

18. How **helpful** was this discussion in understanding the risks of cigarettes or smoking to your health?

1  Not at all helpful      2  Somewhat helpful      3  Helpful      4  Very helpful      5  Not sure

19. In the **last 12 months**, have you ever smoked cigarettes?

1  Yes ↓                      2  No → Go to question 22

20. In the **last 12 months**, did you and a doctor or other health provider talk about how and why to quit smoking (such as setting a date to quit)?

1  Yes ↓                      2  No → Go to question 22                      3  No, because I did not tell my doctor or other health provider that I have smoked cigarettes → Go to question 22

21. How **helpful** were your discussions in **quitting** smoking?

1  Not at all helpful      2  Somewhat helpful      3  Helpful      4  Very helpful      5  Not sure

The next questions ask about drinking alcohol.

*Examples of drinking alcohol include drinking beer, wine, wine coolers, and liquor such as tequila, rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.*

22. During the **past 30 days**, on how many days did you have at least one drink of alcohol?

0 days (Didn't drink alcohol) ↓      2  1 or 2 days      3  3 to 5 days      4  6 to 9 days      5  10 to 19 days      6  20 to 29 days      7  All 30 days

Go to question 24

23. During the **past 30 days**, on how many days did you have **5 or more drinks** of alcohol in a row, that is, within a couple of hours?

- |   |                            |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/>                                    | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> |
| 0 days<br>(Didn't drink 5 or more drinks of alcohol in a row) | 1 or 2 days                | 3 to 5 days                | 6 to 9 days                | 10 to 19 days              | 20 to 29 days              | All 30 days                |

24. In the **last 12 months**, did you and a doctor or other health provider **talk** about alcohol use?

- |                            |                            |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Yes ↓                      | No → Go to question 26     |

25. How **helpful** was this discussion in understanding alcohol use and its risk to your health?

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Not at all helpful         | Somewhat helpful           | Helpful                    | Very helpful               | Not sure                   |

29. How **helpful** was this discussion in understanding how to use condoms to prevent HIV and other STD's (Sexually Transmitted Diseases)?

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Not at all helpful         | Somewhat helpful           | Helpful                    | Very helpful               | Not sure                   |

30. In the **last 12 months**, did you and a doctor or other health provider **talk** about birth control?

- |                            |                            |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Yes ↓                      | No → Go to question 32     |

31. How **helpful** was this discussion in understanding how and why to use birth control?

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Not at all helpful         | Somewhat helpful           | Helpful                    | Very helpful               | Not sure                   |

The next questions ask about safety.

32. How **often** do you wear a seat belt when riding or driving in a car?

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Never                      | Rarely                     | Sometimes                  | Most of the time           | Always                     |

33. In the **last 12 months**, did you and a doctor or other health provider **talk** about the importance of wearing a seat belt?

- |                            |                            |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Yes                        | No                         |

The next questions ask about sexual behavior and related topics.

26. Have you **ever** had sexual intercourse?

- |                            |                            |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Yes ↓                      | No → Go to question 28     |

27. The **last time** you had sexual intercourse, did you or your partner use a condom?

- |                            |                            |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Yes                        | No                         |

28. In the **last 12 months**, did you and a doctor or other health provider **talk** about condoms?

- |                            |                            |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Yes                        | No → Go to question 30     |

**SECTION IV – HEALTH INFORMATION**

*Health information can be given to you in many different ways from your doctor, other health provider, or health plan. This kind of information can be in written pamphlets, through computers in your doctor's office or posters in the waiting room. Health information can also be given to you through telephone hot lines or an Internet website.*

34. In the **last 12 months**, did you see or hear information that provided safety tips for you? (Such as bicycle helmet use, seat belt use, violence prevention)
- 1  Yes      2  No
35. In the **last 12 months**, did you see or hear information about the risks of smoking, drinking or other substance abuse?
- 1  Yes      2  No
36. In the **last 12 months**, did you see or hear information about the benefits of a healthy diet, physical activity or exercise?
- 1  Yes      2  No
37. In the **last 12 months**, did you see or hear information that provided tips about how to prevent Sexually Transmitted Diseases (STD's) ?
- 1  Yes      2  No

**SECTION V – YOUR HEALTH CARE IN THE LAST 12 MONTHS**

The next section asks you to rate your doctor or other health provider and your experience in a health care setting.

38. In the **last 12 months**, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?
- 1  Never      2  Sometimes      3  Usually      4  Always
39. In the **last 12 months**, how often did doctors or other health providers listen carefully to you?
- 1  Never      2  Sometimes      3  Usually      4  Always
40. In the **last 12 months**, how often did you have a hard time speaking with or understanding a doctor or other health provider because you spoke different languages?
- 1  Never      2  Sometimes      3  Usually      4  Always
41. In the **last 12 months**, how often did doctors or other health providers explain things in a way that you could understand?
- 1  Never      2  Sometimes      3  Usually      4  Always
42. In the **last 12 months**, how often did doctors or other health providers show respect for what you had to say?
- 1  Never      2  Sometimes      3  Usually      4  Always

43. In the **last 12 months**, how often did doctors or other health providers spend enough time with you?

- 1  Never      2  Sometimes      3  Usually      4  Always

44. In the **last 12 months**, how much of a problem, if any, was it to get the care you or a doctor or other health provider believed necessary?

- 1  A big problem      2  Somewhat of a problem      3  A small problem      4  Not a problem

45. In the **last 12 months**, have you ever had a serious health problem that went untreated?

- 1  Yes      2  No

46. We want to know your rating of all health care in the last 12 months from all doctors or other health providers. Use any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible. How would you rate all of your health care? Circle one

- 0 | Worst health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 | Best Health Care Possible

**SECTION VI- YOUR HEALTH**

The next questions are about your health.

47. How is your health in general?

- 1  Excellent      2  Very Good      3  Good      4  Fair      5  Poor

48. For statements a-c, check the box below the statement to show if you completely agree, mostly agree, agree a little or do not agree with the statement

a. I am full of energy

- 1  Completely agree      2  Mostly agree      3  Agree a little      4  Do not agree

b. I have a lot of good qualities

- 1  Completely agree      2  Mostly agree      3  Agree a little      4  Do not agree

c. I am satisfied with my life and how I live it

- 1  Completely agree      2  Mostly agree      3  Agree a little      4  Do not agree

49. In the **last 4 weeks**, how often did you have pains that really bothered you?

- 1  No days      2  1 to 3 days      3  4 to 6 days      4  7 to 14 days      5  15 to 28 days

50. In the **last 4 weeks**, on how many days did you exercise or play sports hard enough to make you breathe hard or make you sweat for 20 minutes or more?

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| No days                    | 1 to 9 days                | 10 to 13 days              | 14 to 20 days              | 21 to 28 days              |

51. In the **last 4 weeks**, on how many days did a **health or emotional** problem keep you from doing what you usually do at school or with friends and family?

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| No days                    | 1 to 3 days                | 4 to 6 days                | 7 to 14 days               | 15 to 28 days              |

55. Did someone help you complete this survey?

1   
Yes ↓

2   
No → You are Done!

56. How did that person help you? **Please choose all that apply.**

- |                            |                               |                               |  |   |
|----------------------------|-------------------------------|-------------------------------|--|---|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/>    | 3 <input type="checkbox"/>    | 4 <input type="checkbox"/>   | 5 <input type="checkbox"/>                |
| Read the questions to me   | Wrote down the answers I gave | Answered the questions for me | Helped me remember when I last went to a doctor or other health provider | Translated the questions into my language |

**Helped in some other way. Please print:** \_\_\_\_\_

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**SECTION VII- Demographics**

The next questions are about you. They are being asked for grouping purposes only.

52. How old are you?

- |                            |                            |                            |                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 12 years old or younger    | 13 years old               | 14 years old               | 15 years old               | 16 years old               | 17 years old               | 18 years old               | 19 years old               | 20 years old or older      |

53. Are you a female or a male?

- |                            |                            |
|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Female                     | Male                       |

54. How do you describe yourself? **Select all that apply.**

- |                            |                            |                            |                                   |                            |   |                            |
|----------------------------|----------------------------|----------------------------|-----------------------------------|----------------------------|---|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/>        | 5 <input type="checkbox"/> | 6 <input type="checkbox"/>                | 7 <input type="checkbox"/> |
| White                      | Black or African American  | Asian                      | American Indian or Alaskan Native | Hispanic or Latino         | Native Hawaiian or Other Pacific Islander | Other                      |

**YOU'RE DONE!!**

**Thank you for completing the survey. Please return the completed survey in the envelope provided.**

If you want additional information on any of the topics covered in this survey, please call **1-800-XXX-XXXX**.

(We also have a TDD number: **1-800-XXX-XXXX**.)