

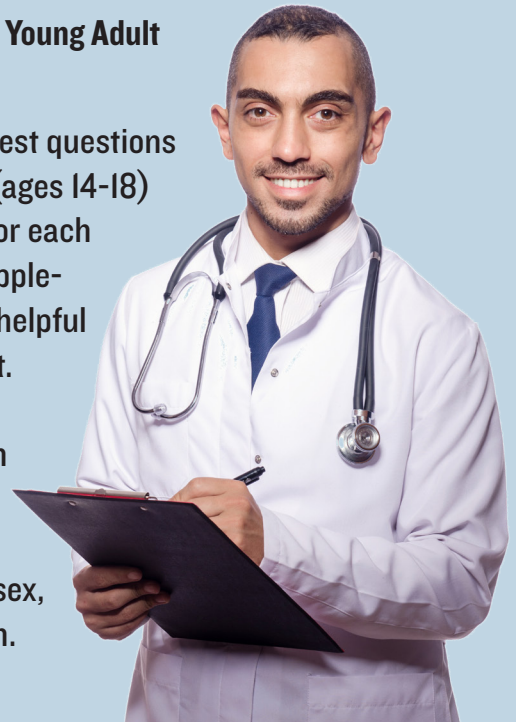
HEALTH is POWER

This instrument is a companion piece to **Your Health is Your Power**, a self-assessment tool for adolescent males to get them thinking about issues related to sexual health, immunizations, and other issues such as mental health. Questions and discussions on this checklist should be done in addition to guidelines or recommendations for the physical examination and routine history taking that apply to all adolescents.

Elements of the Adolescent and Young Adult Male Exam

This checklist is meant to suggest questions for your next adolescent male (ages 14-18) clinical visit. Prime questions for each domain are **highlighted** with supplementary questions that will be helpful during the young male well visit.

It's critical to develop trust with young males. Explore less personal topic areas before moving to discussions around sex, relationships and mental health.



To encourage a frank conversation and build rapport:

- 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.
- Emphasize your privacy policy to the patient at the beginning. We suggest you 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.”
- Ask about life goals and aspirations. Talk about how healthy behaviors impact the pursuit of those goals (e.g., consistent use of contraception to avoid becoming a parent before they're ready)

DIET AND ACTIVITY

- ★ Do you eat lots of fast food or snacks like chips? 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 overeat? How often? Does this ever worry you?
- Do you use steroids or supplements to bulk up?

SUBSTANCE USE

- ★ Let's talk about:
- Tobacco use (cigarettes, cigars, chewing tobacco)
- Alcohol use (How often do you drink? Do you ever get drunk? How often?)
- Drugs (marijuana, crack, or heroin or other drugs)

SAFETY

- Is there a lot of violence in your school? In your neighborhood?
- Have you ever been bullied? Have you ever bullied others?
- Are there firearms in your home? Are they locked?
- Do you wear a seatbelt when driving or riding in a car?

MENTAL HEALTH

- ★ Recently have you been feeling: Sad? Anxious? Angry?
- ★ Have you lost interest in any activities that you normally enjoy?
- Do you have trouble concentrating or sitting still?
- Have you had any thoughts about hurting yourself?
- Have you had any thoughts about suicide?

SEXUAL HEALTH & RELATIONSHIPS

General Questions

- ★ Do you have any specific concerns related to sex or your sexuality?
- ★ 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?
 - Where do you get information about sex? School, friends, family members, online?
 - Have you ever hit or been violent towards anyone you date? Has anyone you date ever hit or been violent towards you?
 - How do you get consent from someone before you have sex? 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 Infections (if having sex)

- ★ What do you do to protect yourself against STIs and HIV/AIDS?
- ★ Do you use condoms each time you have sex?
 - Have you ever been tested for STIs?
 - Do you know STIs can be transmitted with most any type of sexual contact, including vaginal, anal, and oral sex?
 - Have you had your HPV vaccine?

HPV vaccination is routinely recommended for boys ages 11-12, with catch-up immunization through age 21 (age 26 for men who have sex with men). Two HPV vaccines are approved for males that protect against the HPV types found with most anogenital warts as well as the types associated with a number of diseases that affect males, including anal cancers.

Birth Control Questions (if having sex)

- ★ What are you and your female partners using for birth control? Have you talked to your female partners about birth control?
 - Do you know what “Plan B” is? Do you and your female partners know how to get it?
 - How do you protect yourself against STIs?

Gender Identity Questions

- ★ Do you have any concerns about your gender? Do you have the sense that your body does not match how you feel about your gender?
 - [If patient identifies as transgender]: Do you have anyone you can trust talk to about this?
 - Have you ever thought about coming out? Do you think your friends and family would accept your gender identity?
 - [If patient identifies as Female-to-Male transgender] Do you know that even though you identify as male, you can still become pregnant if you are having sex with men? Are you using birth control?
 - Are you having any thoughts of wanting to hurt or kill yourself?

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?

For any vaccines the patient needs, explain why you're giving them and what the vaccine(s) protect against. The Centers for Disease Control and Prevention (CDC) offers detailed immunization recommendations by age, risk factors, and health conditions at www.cdc.gov/vaccines/recs/default.htm.

ADOLESCENT VACCINE RECOMMENDATIONS FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION

- **Hepatitis A:** through age 26 if not previously vaccinated or in a high risk group (e.g., men who have sex with men, injecting drug users, immunocompromised, kidney disease, asplenia, cardiopulmonary disease, diabetes, liver disease).
- **Hepatitis B:** through age 18 if not previously vaccinated. Through age 26 with risk factors (e.g., immunocompromised, kidney disease, asplenia, cardiopulmonary disease, diabetes, liver disease)
- **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
- **Tetanus, diphtheria, pertussis (Tdap):** through age 26 if not previously vaccinated
- **Measles, Mumps, Rubella (MMR):** if not previously vaccinated
- **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 conjugate vaccine (MCV):** at age 11 or 12 with a one-time booster at age 16. Adolescents vaccinated against MCV at ages 13-15 should receive the booster at ages 16-18 years