# Adolescent Screening Guidelines

# "Updates"

- do not get time alone
- of sexually transmitted disease occur in age 15-24
- 95% of age 13-17 have smartphone access, constant use

#### **USPSTF** Guidelines

#### Grade A/B

- HIV >
- GC/CT screening women
- Folic acid
- Obesity Screening
- IPV screening
- Depression screening age
- Behavioral counseling if sexually active
- LARCs are safe and effective (Sort B)
- Discuss seatbelts/driving (Sort B)

#### **USPSTF** Guidelines

Grade I (insufficient evidence)

- GC/CT screening males
- Depression <11yo
- Suicide screening
- Lipid screening
- Scoliosis

## **SSHADESS**

- Strengths
- School
- Home
- Activity
- Drugs

- Emotions
- Eating
- Sexuality
- Safety

Strengths	What do you like doing?	Emotions	Have you been feeling stressed?	
	How would you describe yourself?		Do people get on your nerves more than they	
	Tell me what you're most proud of?		used to?	
	How would your best friends describe you?		Have you been having trouble sleeping lately?	
School	What do you enjoy most/least about school? What would you like to do when you get older?		Have you been feeling down, sad, or depressed? Have you thought of hurting yourself or someone else?	
	How are your grades? Do you feel like you're		Have you ever tried to hurt yourself?	
	doing your best at school? (If no) Why not? What is getting in the way?	Eating	Would you describe yourself as a healthy eater?	
	Do you feel safe on the way to school and in school?		Have you been trying to gain or lose weight? Tell me why.	
Home	Who do you live with?	Sexuality	Are you attracted to anyone? Tell me about that person. (Use gender-neutral language.)	
	How do you get along with the people you live with?  Could you talk to anyone in your family if you were stressed?		Are you attracted to guys, girls, or both? Are you comfortable with your sexual feelings?	
			What kind of things have you done sexually?	
Activities	Do you have a best friend or adult you can trust outside of your family?		Kissing? Touching? Oral sex? Have you ever had sexual intercourse?	
			What steps do you take to protect yourself?	
	Are you still involved in the activities you were doing last year?		Have you ever worried that you could be pregnant?	
	Are you spending as much time with your friends as you used to?		Have you ever been worried about or had a sexually transmitted infection?	
Drugs/ substance	Do any of your friends talk about smoking cigarettes, taking drugs, or drinking alcohol?	Safety	Are there a lot of fights at your school?	
misuse	Do you smoke cigarettes? Drink alcohol? Have		Do you carry weapons?	

#### TABLE 3

Aspect of life

#### SSHADESS Strength-Based Psychosocial History\*

Aspect of life

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Example questions†

Strengths	What do you like doing?	Vhat do you like doing? Emotions		
	How would you describe yourself?			
	Tell me what you're most proud of?			
	How would your best friends describe you?			
School	What do you enjoy most/least about school?	What do you enjoy most/least about school?		
	What would you like to do when you get older?	ıld you like to do when you get older?		
	How are your grades? Do you feel like you're			
	doing your best at school? (If no) Why not? What is getting in the way?	Eating		

## Psychosocial History\* Aspect of life nq? ribe yourself?



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used to?

Have you been having trouble sleeping lately? Have you been feeling down, sad, or

Example questions†

depressed? Have you thought of hurting yourself or someone else?

Have you been feeling stressed?

Do people get on your nerves more than they

Have you ever tried to hurt yourself? Would you describe yourself as a healthy eater?

Have you been trying to gain or lose weight? Tell me why.

Sexuality Are you attracted to anyone? Tell me about that person. (Use gender-neutral language.)

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If no) Why not? to school and in	Eating	Would you describe yourself as a healthy eater? Have you been trying to gain or lose weight? Tell me why.
the people you	Sexuality	Are you attracted to anyone? Tell me about that person. (Use gender-neutral language.)
your family if you		Are you attracted to guys, girls, or both? Are you comfortable with your sexual feelings?
		What kind of things have you done sexually? Kissing? Touching? Oral sex? Have you ever had
r adult you can		sexual intercourse?
		What steps do you take to protect yourself?
activities you were		Have you ever worried that you could be pregnant?
ime with your		Have you ever been worried about or had a sexually transmitted infection?
bout smoking	Safety	Are there a lot of fights at your school?
drinking alcohol?		Do you carry weapons?
rink alcohol? Have		Do you feel safe at school? Have you been

# Social media questions

Some of my patients spend most of their free time online. What types of things do you use the internet for?

Have you ever sent a test or photo that you regretted sending?

How often do you view pornography (or nude images or videos) online?

Have you ever sent unclothed pictures of yourself to anyone online?

When was the last time you sent a text message while driving?