KAISER PERMANENTE®

Well-Care Questionnaire
for young adults aged 18 to 21

If you have NOT completed an online Health Profile in the past 6 months, please answer the following questions. Kaiser Permanente values your privacy and will keep your answers confidential. If you don't want to answer a question, feel free to leave it blank.

Name:

Who are the people that live with you? (include names, ages, relationships):	**Flow Staff:** Enter using dot phrase .wq18to21
Are you in school? ☐ Yes ☐ No If YES, what year are you in school? _____ Where do you go to school? _____ If you're in school, are you having a hard time? ☐ **Yes** ☐ No	
Do you have a job? ☐ Yes ☐ No If YES, what do you do?_____ In this job, do you work more than 20 hours a week? ☐ **Yes** ☐ No	
What sports, activities, and hobbies are you involved in?	
On average, how many **days** per week do you do moderate to strenuous exercise, like a brisk walk or jog? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ Don't know On average, how many **minutes** do you exercise at this level each day? _____	
Have you ever: Passed out while exercising? ☐ **Yes** ☐ No Gotten dizzy or had headaches while exercising? ☐ **Yes** ☐ No Been knocked out? ☐ **Yes** ☐ No Had a significant joint or bone problem? ☐ **Yes** ☐ No Had a serious injury? ☐ **Yes** ☐ No Can you run twice around a ¼ mile track without stopping? ☐ Yes ☐ **No**	
Do you eat fruits and vegetables every day? ☐ Yes ☐ **No** Do you eat or drink dairy products? ☐ Yes ☐ **No** Are you a vegetarian? ☐ **Yes** ☐ No Do you have any questions or concerns about your eating habits? ☐ **Yes** ☐ No	
If you ride a motorcycle or bicycle, do you always use a helmet? ☐ Yes ☐ **No** ☐ Doesn't apply to me Do you always use your seat belt when in a car? ☐ Yes ☐ **No** ☐ Doesn't apply to me Do you text while driving? ☐ **Yes** ☐ No ☐ Doesn't apply to me Do you ever drive under the influence of alcohol or drugs, or ride with a driver who is? ☐ **Yes** ☐ No Do you or any of your friends have access to guns? ☐ **Yes** ☐ No If yes, are they stored unloaded and locked? ☐ Yes ☐ **No** ☐ **Don't know**	
Do you get along with your family? ☐ Yes ☐ **No** Are you having a hard time with the people you live with? ☐ **Yes** ☐ No Do you have a friend you can talk to about any problems you have? ☐ Yes ☐ **No** Are you having a hard time with friends including your boyfriend or girlfriend? ☐ **Yes** ☐ No Are you having trouble with fighting or bullying? ☐ **Yes** ☐ No Are you feeling pressure to do what others are doing? ☐ **Yes** ☐ No Have you ever been a victim of threats, physical hurting, or forced sexual contact? ☐ **Yes** ☐ No	

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During the past 2 years, have you, or has anyone in your family, had any major good or bad changes?
☐ **Yes** ☐ No If YES, please explain:
Do you have any concerns about your body or weight? ☐ **Yes** ☐ No
Do you ever eat in secret or feel guilty about eating? ☐ **Yes** ☐ No
Do you ever make yourself throw up? ☐ **Yes** ☐ No

Have you ever used tobacco (smoke, chew, or e-cigarettes) or vapor product? ☐ **Yes** ☐ No

If YES: Complete Tobacco History section in Epic

Are you attracted to: ☐ Males ☐ Females ☐ Both ☐ Not sure
Have you ever had sex? ☐ **Yes** ☐ No
If YES, are, or were, your sexual partners: ☐ Male ☐ Female ☐ Both
Are any of your current sexual partners known to be HIV positive: ☐ **Yes** ☐ No
Have you had sex with a new partner(s) in the past year? ☐ **Yes** ☐ No
If YES**,** did you use condoms? ☐ Always ☐ **Sometimes** ☐ **Never**
When you have sex, how often do you, or does your partner, use protection from pregnancy other than a condom? ☐Always ☐**Sometimes** ☐**Never** ☐Doesn't apply to me
If you use - or your partner uses - protection, what kind do you or your partner use (please list):
☐ Condoms ☐ Birth control pills ☐ IUD ☐ Depo-Provera ☐Other:_____
Have you ever been pregnant or made someone pregnant? ☐ **Yes** ☐ No

If YES to "ever had sex", give handout on Routine HIV Testing

For Women

How old where you when your periods started? _____
Are your periods regular? ☐ **Yes** ☐ No ☐Doesn't apply to me
When was your most recent period? _____ ☐Doesn't apply to me
Do menstrual cramps keep you from doing your normal activities? ☐ **Yes** ☐ No ☐Doesn't apply to me

Medical and Surgical History

Please list any major illnesses, injuries, or conditions that were treated outside Kaiser Permanente that you haven't told us about in the past. ☐ None

Please list any major surgeries performed outside Kaiser Permanente that you haven't told us about in the past. List each one and the approximate year. ☐ None

Provider or RN Enter major illnesses, injuries, or conditions into PMH section or Problem List in Epic as appropriate. Enter major surgeries into PSH section in Epic.

Personal and Family History (those related to you by blood)

Do you have a personal or family history of breast cancer? ☐ Yes ☐ No ☐ Don't know
If YES, please describe (ie: you, which family member):

If YES, give risk-assessment (Bellcross) or use dot Phrase .avsbellcross.

Did any of the following family members develop heart disease? Check all that apply.
☐ **Before age 55**: father, brother, or son ☐ None before age 55 ☐ Don't know
☐ **Before age 60:** mother, sister, or daughter ☐ None before age 60 ☐ Don't know

Have you ever had Crohn's disease, ulcerative colitis, colon polyps, or colon cancer?
☐ **Yes** ☐ No

If YES: Consult GI.

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Have you had a mother, father, sister, brother, daughter, or son diagnosed with the following? Colon cancer: ☐ No ☐ **Yes – at what age:**_____ ☐ Don't know Colon polyps: ☐ No ☐ **Yes – at what age:**_____ ☐ Don't know Have you had a grandparent, aunt, uncle, niece, or nephew diagnosed with the following? Colon cancer: ☐ No ☐ **Yes – at what age:**_____ ☐ Don't know If YES to either question above, please circle the relative(s) with the condition.	If YES to family history: See Colorectal Cancer Screening Guideline for screening recommendations.
Do you have a personal or family history of ovarian cancer? ☐ **Yes** ☐ No ☐ Don't know If YES, please describe (ie you, which family member):	If YES, give risk-assessment (Bellcross) or use dot Phrase .avsbellcross.

Depression, alcohol, and drug use

Over the last 2 weeks, how often have you been bothered by little or no interest or pleasure in doing things? ☐ Not at all [0] ☐ Several days [1] ☐ More than half the days **[2]** ☐ Nearly every day **[3]** Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless? ☐ Not at all [0] ☐ Several days [1] ☐ More than half the days **[2]** ☐ Nearly every day **[3]**	**Pre-BHI implementation** • Document BH responses in WV SmartSet. • Complete PHQ9, alcohol, and substance use assessments as needed
How often did you have one drink containing alcohol in the last year? ☐ Never [0] ☐ Monthly or less [1] ☐ 2 to 4 times a month [2] ☐ 2 to 3 times a week [3] ☐ 4 or more times a week [4] How many drinks containing alcohol did you have on a typical day when you were drinking in the last year? ☐ I don't drink alcohol [0] ☐ 1 or 2 [0] ☐ 3 or 4 [1] ☐ 5 or 6 [2] ☐ 7 to 9 [3] ☐ 10 or more [4] How often did you have 6 drinks or more on one occasion in the last year? ☐ Never [0] ☐ Less than monthly [1] ☐ Monthly [2] ☐ Weekly [3] ☐ Daily or almost daily [4]	**Post-BHI implementation** • Document BH responses on BHI Screening Flowsheet
How often have you used marijuana in the last year? ☐ Never [0] ☐ Less than monthly [1] ☐ Monthly [2] ☐ Weekly [3] ☐ Daily or almost daily [4]	
How often have you used recreational drugs (such as heroin, cocaine, or methamphetamine) or used a prescription medicine (such as oxycodone, hydrocodone, or methadone) for non-medical reasons in the last year? ☐ Never [0] ☐ Less than monthly [1] ☐ Monthly [2] ☐ Weekly [3] ☐ Daily or almost daily [4]	

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