UMPQUA HEALTH ALLIANCE

Youth Health Risk Screening

PLEASE PRINT

Child's First Name, Last Name	Date of Birth	Age
Mailing Address		
Phone Number	Email	

This survey is about the member listed above.

Race and Ethnicity

1. Which of the following describes their **racial** or **ethnic** identity? (Please check **all** that apply)

American Indian or Alaska Native ☐
- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian Inuit, Metis, or First Nation
- ☐ Mexican Native or Indio,
- ☐ Central American, or South American

Black or African American ☐
- ☐ African American
- ☐ African (Black)
- ☐ Caribbean (Black)
- ☐ Other Black

Asian ☐
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino/a
- ☐ Laotian
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ South Asian
- ☐ Vietnamese
- ☐ Other Asian

Middle Eastern/ North African ☐
- ☐ North African
- ☐ Middle Eastern

Native Hawaiian or Pacific Islander ☐
- ☐ Guamanian or Chamorro
- ☐ Micronesian
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Tongan
- ☐ Other Pacific Islander

White ☐
- ☐ Eastern European
- ☐ Slavic
- ☐ Western European
- ☐ Other

Hispanic or Latino/a ☐
- ☐ Hispanic or Latino/a Central American
- ☐ Hispanic or Latino/a Mexican
- ☐ Hispanic or Latino/a South American
- ☐ Other Hispanic or Latino/a

Other Categories
- ☐ Other (please list) _____
- ☐ Don't know/ Unknown
- ☐ Don't want to answer/Decline

Languages

2. What is their preferred language?

Spoken: _____
Written: _____

3. Do they need **sign language** interpreter for us to communicate with you?
- ☐ Yes ☐ Don't know/Unknown
- ☐ No ☐ Don't want to answer/Decline

If yes, which type do they need? (ASL, PSE, tactile interpreting, etc.) _____

4. Do they need an **interpreter**?
- ☐ Yes ☐ Don't know/Unknown
- ☐ No ☐ Don't want to answer/Decline

5. How well do they **speak** English?
- ☐ Very Well ☐ Not at all
- ☐ Well ☐ Don't know/Unknown
- ☐ Not Well ☐ Don't want to answer/Decline

Health

6. Do any of the following apply to them? (please mark **all** that apply)

- ☐ Depression
- ☐ Breathing problems
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Alcohol Use
- ☐ Homeless
- ☐ Heart Failure
- ☐ Kidney Dialysis
- ☐ Smoking
- ☐ Drug Use
- ☐ Need Food

7. How many different **prescriptions** do they take each day?

☐ 0 ☐ 1-3 ☐ 4-6 ☐ 7-10 ☐ 11 or more

8. What is their **sexual** orientation? Do they **consider** themselves:

- ☐ Straight (heterosexual)
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Asexual
- ☐ Decline to Answer

9. What is their living arrangement? (Example: Do you share custody, are they staying with friends?)

_____

10. Is your child currently attending school? ☐ Yes ☐ No

For the following questions, please mark **Yes**, **No**, or **Decline**.

	Yes	No	Decline
11. Are there any **cultural**, **religious**, or **spiritual beliefs** or **practices** that may influence their care?	☐	☐	☐
12. Are they **deaf** or do they have a really hard time hearing? If yes, at what age did this condition begin? _____	☐	☐	☐
13. Are they **blind** or do they have a really hard time seeing, even when wearing glasses? If yes, at what age did this condition begin? _____	☐	☐	☐
14. Does a **physical**, **mental**, or **emotional** condition limit their activities in any way? If yes, at what age did this condition begin? _____	☐	☐	☐
15. Do they have a hard time **concentrating**, **remembering** or **making decisions** because of a **physical**, **mental**, or **emotional condition**? If yes, at what age did this condition begin? _____	☐	☐	☐
16. Do you have a hard time getting them to **medical appointments** due to **needing a ride**?	☐	☐	☐
17. Do they have any **other** healthcare needs not listed in this survey?	☐	☐	☐

If you answered yes to question 17, please **explain their healthcare needs**:

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