

## Guidance for Clinics: Using the AYA Health Questionnaire

This guidance provides rationale, recommendations, and resources for clinics to use the [Adolescent and Young Adult \(AYA\) Health Questionnaire \(PDF\)](#). The questionnaire is filled out by adolescents and young adults ages 11-20 years as a part of a Child and Teen Checkups visit to identify health strengths and risks. It is not a standardized screening tool; use a separate standardized instrument for depression or mental health screening. Translated versions of the [AYA Health Questionnaire](#) are available.

### Using the questionnaire

Give the questionnaire to the patient in a way that lets them answer privately and honestly—without help from parents, guardians, or friends. This protects their privacy and encourages them to take charge of their health. You can hand it to them in a folder or guide them to a quiet spot to fill it out.

### Why does using a questionnaire like this matter?

- Teaching adolescents to manage their health early helps them grow into healthy adults. Over time, they learn to ask questions and take charge during visits.
- Adolescence is an exciting yet challenging time of significant change. Doctors and nurses are among the most trusted people by parents, guardians, adolescents, and young adults. An important part of preventive adolescent health and parent support is identifying and addressing any health issues, as well as determining the specific health education a patient needs.
- Research indicates that adolescents and young adults who are offered a private way to share concerns may feel more comfortable doing it in writing than face-to-face.

### Why are you asking some of these questions?

- These questions help identify serious health and safety risks.
- Whether or not you ask, many patients experience issues that significantly affect their health and emotional well-being. Many of these issues can be hard for an adolescent or young adult to bring up on their own.
- Asking questions shows you care, makes it easier to talk about tough topics, and helps you connect adolescents and young adults to the right resources and supports.

## Setting the stage

### Youth-friendly environment

The best way to welcome adolescents and young adults is with respect. Staff should be friendly, make eye contact, and thank them for coming. Use signs and materials that show adolescents and young adults that they:

- Are valued as individuals
- Are supported in managing their own health
- Will be treated without judgment
- Are welcome and safe in all their identities (gender, race, language, religion, age, sexual orientation, etc.)

## Minors' consent and confidentiality, including limitations

All staff should be familiar with [consent and confidentiality laws in Minnesota](#). Topics covered by these laws must be discussed privately between the patient and their provider.

Let both parents or guardians and adolescents or young adults know that some topics are confidential by law, and the goal is to support the patient's health and safety. The provider should explain the limits of confidentiality: if there is serious concern about the patient or someone else being in danger, the provider will talk with the patient about involving their parents or guardians in next steps.

## Setting 1 on 1 time as the clinic standard for ages 11-20

Starting between ages 8 to 11, let families know that once patients turn 11, they will begin having 1 on 1 time with their provider. This helps adolescents learn to manage their own health and gives them space to ask questions privately.

You can share this standard by using the parent confidentiality letter template on MDH's [Translated Documents](#) webpage or the [Helping your teen navigate health care \(PDF\)](#) handout.

### Why early 1 on 1 time matters:

- Children ages 8 to 12 notice body changes often earlier than parents expect.
- Emotional and brain growth don't always match with physical changes. Waiting until they "look mature" or seem "old enough" to talk about sensitive and important health issues means missing an opportunity to promote health and prevent unwanted health conditions.
- As adolescents get older, they have already practiced having health conversations with their doctor.

## Engaging parents or guardians

Engaging parents or guardians in the young person's care is essential. Parents or guardians will come with their own concerns and questions, and benefit from support in parenting their developing child during adolescence. If possible, include a few minutes of 1 on 1 time between

the *provider and the parent or guardian* to address concerns they may not want to raise in front of their child.

Resources for family engagement in adolescent care:

- [TALK: Toolkit for Adolescent Care](#)
- [Parents and Family Matter: Strategies for developing family-centered adolescent care within primary care practices \(PDF\)](#)

## Sample scripting for offering the questionnaire

### Front desk staff to adolescent patient:

“You’re getting older now, so we have some questions for you about your health. We ask all kids your age these questions, because we want to make sure we’re not missing anything you might want to talk about. If there’s a question you don’t know how to answer or you’re not comfortable with, just leave it blank. Your provider will give you a chance to talk about these questions 1 on 1.”

*[Give the AYA Health Questionnaire and the standardized mental health screening tool such as PSC, PHQ-2, or PHQ-9.]*

### Front desk staff to parent or guardian:

“We have forms for you to update too. The provider will want to hear any of your questions or concerns today too.”

*[Give the family health history form, sports physical form, or other forms that need to be completed by the parent or guardian.]*

### Rooming staff to both patient and parent or guardian:

“I just want to make sure you had a chance to finish your forms. If you have any questions about the forms, you can ask your provider. Is there anything I can help with?”

*[Make sure the patient has completed the AYA Questionnaire and mental health screening; make sure the parent has completed the health history/family history or other forms; offer help with translation or reading through the questions together if needed.]*

### Clinician to both patient and parent or guardian:

“Thank you for filling out all the paperwork. We’ll talk about the health history and parents’ concerns together. Then each of you will have a few minutes to talk with me 1 on 1. I want to make sure that [patient] has a chance to ask their own questions and can practice taking charge of their own health at visits, so by the time they’re an adult they feel more confident about getting what they need at health visits.”

*[Review non-confidential portions of the AYA Questionnaire together with the patient and parent. Confidential portions should be discussed during private 1 on 1 time with the patient, to honor minors' consent and confidentiality.]*

## Using the questionnaire in the visit

### Efficient processes for youth-centered care

If the questionnaire is completed by the time the provider sees the patient, it allows for discussion about what matters most and serves as a starting point for the 1 on 1 conversation between the provider and the patient. Using this questionnaire is one way to address required components for C&TC such as health history, social determinants of health, STI risk assessment, and substance use risk assessment.

### Will they be honest?

The patient might not answer every question, but the questionnaire shows what topics are okay to talk about. As the provider builds trust, the adolescent or young adult may feel more comfortable sharing their concerns and questions.

### Reviewing responses to the questionnaire

Respect the adolescent's or young adult's privacy by reviewing confidential parts of the form only during 1 on 1 time. This section begins on page two and covers topics like sexual health and substance use.

### When and how to approach 1 on 1 time with the provider

Before the provider enters the room, both the parent or guardian and patient should know about 1 on 1 time from clinic signs, letters, or staff conversations.

#### **For the patient:**

Rather than asking the patient if they want their parent or guardian to leave the room (which puts the burden on the patient), the provider should explain to both the patient and the parent or guardian the purpose and process of 1 on 1 time, and when it's time, tell the parent or guardian where they can comfortably wait.

The 1 on 1 conversation with the patient may be done before or after the physical exam but should not be done during the physical exam.

Start the 1 on 1 conversation by building trust, getting to know the adolescent or young adult, and learning what matters most to them today. Use their questionnaire answers to guide the conversation, talk about health strengths and risks, set goals, and plan how to include the parent, guardian, or family.

### **For the parent or guardian:**

To allow for brief 1 on 1 time with the parent or guardian, an option is to step into an empty exam room with the parent or guardian to ask whether they have any additional questions they want to address. Ask whether they have talked with their child about tobacco, drugs, relationships and sex – many parents and guardians will either offer their own values about those issues, admit they haven't talked about them with their child because they don't know how, or they don't think their child is old enough. This is an opportunity to provide anticipatory guidance on how important parent or guardian conversations are, versus what the child may hear from friends at school or see on the internet. Have resources available for parents and guardians about common topics they might want to talk about with their child.

## **Substance use and mental health screening**

The tobacco, alcohol, and marijuana use questions are modified from the [Screening to Brief Intervention](#) (S2BI).

The full, validated [S2BI](#) online screening tool is available online, along with guidance for the clinician based on results.

The [BSTAD](#) is another online tool. Both are identified by NIH as [screening tools for adolescent substance use](#).

The [CRAFFT](#) is another option for screening for alcohol and drug use; the CRAFFT 2.1 includes tobacco.

Clinics may choose to use the above questionnaires or tools, or other methods of assessing risk for substance use.

Refer to the [C&TC Tobacco, Alcohol, and Drug Use Risk Assessment fact sheet \(PDF\)](#).

## **Mental health screening**

Mental health screening is required at every C&TC visit for adolescents and young adults 12 through 20 years of age and recommended for children 11 years and younger. The Adolescent and Young Adult Health Questionnaire does not include mental health screening; a separate standardized tool must be used.

[The Pediatric Symptom Checklist \(PDF\)](#) is validated for 4–16-year-olds; there is a parent version and a youth self-report version.

[The PHQ-9 Modified for Teens \(PDF\)](#) is validated for 12 years and older. Alternatively, use the first two questions (the PHQ-2), and continue with the full PHQ-9 if one of those questions is positive.

Refer to the [C&TC Mental Health Screening fact sheet \(PDF\)](#).

## Resource links

- [Adolescent and Young Adult \(AYA\) Health Questionnaire \(PDF\)](https://www.health.state.mn.us/people/childrenyouth/ctc/youth.html)  
(<https://www.health.state.mn.us/people/childrenyouth/ctc/youth.html>)
- [AYA Health Questionnaire](https://www.health.state.mn.us/people/childrenyouth/ctc/translation.html#aya)  
(<https://www.health.state.mn.us/people/childrenyouth/ctc/translation.html#aya>)
- [Consent and confidentiality laws in Minnesota](https://www.health.state.mn.us/people/adolescent/youth/confidential.html)  
(<https://www.health.state.mn.us/people/adolescent/youth/confidential.html>)
- [Family letter template](https://www.health.state.mn.us/people/childrenyouth/ctc/translation.html#confidentiality)  
(<https://www.health.state.mn.us/people/childrenyouth/ctc/translation.html#confidentiality>)
- [Helping your teen navigate health care \(PDF\)](https://chyd.umn.edu/sites/hyd.umn.edu/files/2024-05/talk_8_helping_your_teen_navigate_healthcare_2024.pdf)  
([https://chyd.umn.edu/sites/hyd.umn.edu/files/2024-05/talk\\_8\\_helping\\_your\\_teen\\_navigate\\_healthcare\\_2024.pdf](https://chyd.umn.edu/sites/hyd.umn.edu/files/2024-05/talk_8_helping_your_teen_navigate_healthcare_2024.pdf))
- [TALK: Toolkit for Adolescent Care](https://chyd.umn.edu/talk-toolkit-adolescent-care) (<https://chyd.umn.edu/talk-toolkit-adolescent-care>)
- [Parents and Family Matter: Strategies for developing family-centered adolescent care within primary care practices \(PDF\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5549465/pdf/nihms885785.pdf)  
(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5549465/pdf/nihms885785.pdf>)
- [S2BI](https://nida.nih.gov/s2bi/) (<https://nida.nih.gov/s2bi/>)
- [BSTAD](https://nida.nih.gov/bstad/#/) (<https://nida.nih.gov/bstad/#/>)
- [Screening tools for adolescent substance use](https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/screening-tools-for-adolescent-substance-use) (<https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/screening-tools-for-adolescent-substance-use>)
- [CRAFFT](http://www.crafft.org/) (<http://www.crafft.org/>)
- [C&TC Tobacco, Alcohol, and Drug Use Risk Assessment fact sheet \(PDF\)](https://www.health.state.mn.us/people/childrenyouth/ctc/substance.pdf)  
(<https://www.health.state.mn.us/people/childrenyouth/ctc/substance.pdf>)
- [The Pediatric Symptom Checklist \(PDF\)](https://www.brightfutures.org/mentalhealth/pdf/professionals/ped_symptom_chklist.pdf)  
([https://www.brightfutures.org/mentalhealth/pdf/professionals/ped\\_symptom\\_chklist.pdf](https://www.brightfutures.org/mentalhealth/pdf/professionals/ped_symptom_chklist.pdf))
- [The PHQ-9 Modified for Teens \(PDF\)](https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf)  
([https://www.aacap.org/App\\_Themes/AACAP/docs/member\\_resources/toolbox\\_for\\_clinical\\_practice\\_and\\_outcomes/symptoms/GLAD-PC\\_PHQ-9.pdf](https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.pdf))
- [C&TC Mental Health Screening fact sheet \(PDF\)](https://www.health.state.mn.us/people/childrenyouth/ctc/mentalhealth.pdf)  
(<https://www.health.state.mn.us/people/childrenyouth/ctc/mentalhealth.pdf>)

GUIDANCE FOR CLINICS: AYA HEALTH QUESTIONNAIRE

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[www.health.state.mn.us](http://www.health.state.mn.us)

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*To obtain this information in a different format, call: 651-201-3650.*