

## Parent permission form for Middle School participants

Garrett County Adolescent Health Work Group

Please sign at the end after you have reviewed the content of the Adolescent version of the survey, as it compares to the adult survey. Your signature gives your adolescent(s) permission to participate. Please return permission slip with your child. All students who have parent permission will participate in the survey. The survey will be administered by Garrett County health Department staff. Both parent and adolescent surveys are anonymous, and are not linked.

Comparing parent and adolescent surveys		
Q#	Parent	Adolescent
1	What grades are your children currently enrolled in?	What grade are you currently enrolled in?
2	What is/are your children's gender(s)?	What is your gender?
3	Regarding the rate of births to teens ages 15-19 years (per 1,000 population of teenaged females), which number do you think comes closest to Garrett County's rate for the year 2017?	Identical
4	Maryland's 2017 goal was that >57% of adolescents receive an annual physical exam (annual check-up) by a primary provider (physician or nurse practitioner). The state of Maryland averaged 54.6%. Approximately what percent of adolescents in Garrett County do you think received annual physical exams in 2017?	Identical
5	What percent of Garrett County high school students do you think seriously considered suicide during the year leading up to the 2016 Youth Risk Behavior Survey (YRBS)?	Identical
6	What percentage of Garrett County high school students do you think have ever engaged in sex before graduating?	Identical
7	True or false: Tobacco use among adolescents is highest in Garrett County compared to all of the counties in Maryland.	Identical
8	Do you think electronic nicotine delivery systems (also known as vaping devices) are addictive?	Identical
9	Do you think electronic nicotine delivery systems are safe (referring to the effect on health rather than the possible explosiveness of the device)?	Identical
10	What percentage of Garrett County high school students do you think reported binge drinking on at least 1 day during the 30 days before the 2016 YRBS survey?	Identical
11	Are you aware that there is a difference between a wellness/preventive medicine visit and a visit for a sports physical, or acute or chronic illness?	Not on the adolescent version
12	Do you take your current adolescents to annual wellness/preventive medicine visits? (Physical exams related to sports participation or acute illness alone do not count)	During the last 12 months, I saw a health care provider (doctor, nurse practitioner, physician assistant) for the following reasons: <input type="checkbox"/> Adolescent wellness check-up <input type="checkbox"/> New illness <input type="checkbox"/> Established illness

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		<input type="checkbox"/> Vaccination <input type="checkbox"/> Sports physical <input type="checkbox"/> Other:
13	What barriers exist that prevent your adolescents from accessing routine adolescent wellness services, if any? Choose as many as apply to you and your children.	What kept you from attending routine adolescent wellness/preventive medicine check-ups in the past 12 months, if any? Choose as many as apply to you. (same choices as parent version)
14	I think my adolescent might benefit from access to health care that discusses the following topics:	What would you like to talk to your health care provider about if you could see them? (Same list as the parent version)
15	What would help you help your adolescent be healthier during these years of development?	What would help you be healthier?
16	What is your zip code?	Identical

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I give my permission for my child(ren) listed below to participate in the Garrett County Adolescent Survey. I understand that no identifiable information is being gathered from participants.

Child(ren)'s names:

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Parent signature:

Date:

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