



Garrett County Adolescent Survey

Developed by the Garrett County Adolescent Health Work Group

1. What grade are you currently enrolled in?

- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade
- College

* 2. What is your gender?

- Female
- Male
- Non-Binary
- Prefer Not to Answer

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?

- 6 births per 1,000 teenaged females
- 12 births per 1,000 teenaged females
- 18 births per 1,000 teenaged females
- 24 births per 1,000 teenaged females

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?

- 27%
- 32%
- 38%
- 56%

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)?

- 3%
- 7%
- 14%
- 21%

6. What percentage of Garrett County high school students do you think have ever engaged in sex before graduating?

- 40%
- 50%
- 60%
- 70%

7. True or false: Tobacco use among adolescents is highest in Garrett County, compared to all of the counties in Maryland.

- True
- False

8. Do you think electronic nicotine delivery systems (also known as vaping devices) are addictive?

- Yes
- No

9. Do you think electronic nicotine delivery systems are safe (referring to the effect on health rather than the possible explosiveness of the device.)?

- Yes
- No

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?

- 15%
- 23%
- 40%
- 55%

11. During the last 12 months, I saw a health care provider (doctor, nurse practitioner, physician assistant) for the following reasons: (Check all that apply.)

- Adolescent wellness check-up.
- New illness (ex: flu, cough, fever)
- Established illness (ex: asthma follow-up)
- Vaccination services
- Sports physical
- Other (please specify)

12. 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.

- Not enough time
- I am generally well, and not in need of routine wellness checks
- I am uncertain about bringing up sensitive issues like sexuality, substance use, and mental illness
- I don't have a medical clinic that caters to my needs
- I do not have medical insurance
- My parents are unwilling (or probably unwilling) to allow me to have full range of services
- Adolescent issues are best addressed within the home by my parents
- Other (please specify)

13. What would you like to talk to your health care provider about if you could see them?

Choose as many as apply:

- Weight gain/obesity
- Weight loss or eating disorders
- Bullying
- Anxiety
- Depression
- Stress
- Home life
- Dating violence
- Abuse of any type (physical, sexual, verbal, emotional)
- Drinking alcohol
- Addiction to any substance
- Suicidal thoughts
- Sexual health (birth control, STI prevention)
- Sexuality/orientation
- Gender identification
- Future goals
- Financial stressors
- Other (please specify)

14. What would help you be healthier?

*** 15. What is your zip code?**