



Garrett County Adolescent Survey - Parents/Guardians

Developed by the Garrett County Adolescent Health Work Group

1. What grades are your children currently enrolled in?

- 6th Grade
- 7th Grade
- 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade
- College

* 2. What is/are your children(s) gender(s)?

- 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. 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?

Yes

No

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).

Yes

No

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.

- Not enough time
- My child is well, and not in need of routine wellness checks
- I am uncertain about health care providers speaking to my adolescent about sensitive issues like sexuality, substance use, and mental illness
- I don't have easy access to a medical clinic that caters to adolescent needs
- I do not have medical insurance
- I am unwilling (or probably unwilling) to allow my adolescent to have full range of services
- Adolescent issues are best addressed within the home by parents
- Transportation to a medical appointment is a factor for me
- My child's health insurance does not cover wellness services
- Other (please specify)

14. I think my adolescent might benefit from access to health care that discusses the following topics:

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)

15. What would help you help your adolescent be healthier during these years of development?

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