

Sensitive Screening by Telephone & Video





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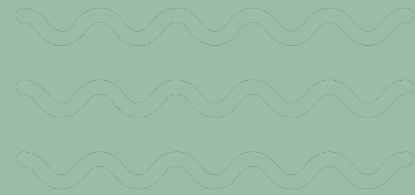
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Why Screen?



Male
 Parent Relative Friend Guardian
 Other (Specify)

Answer all the questions on this form as best you can. Circle "Skip" if you do not know or do not wish to answer. Be sure to talk to the doctor if you have questions about this form. Your answers will be protected as part of your medical record.

1	Does your child drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?	Yes	No	Skip	Nutrition
2	Does your child eat fruits and vegetables at least two times per day?	Yes	No	Skip	
3	Does your child eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week?	No	Yes	Skip	
4	Does your child drink more than one small cup (4 – 6 oz. cup) of juice per day?	No	Yes	Skip	
5	Does your child drink soda, juice drinks, sports drinks, energy drinks, or other sweetened drinks more than once per week?	No	Yes	Skip	
6	Does your child play actively most days of the week?	Yes	No	Skip	Physical Activity
7	Are you concerned about your child's weight?	No	Yes	Skip	
8	Does your child watch TV or play video games less than 2 hours per day?	Yes	No	Skip	Safety
9	Does your home have a working smoke detector?	Yes	No	Skip	
	Have you turned your water temperature down to low-warm (less than 120 degrees)?	Yes	No	Skip	
	If your home has more than one floor, do you have safety gates on the windows and gates for the stairs?	Yes	No	Skip	
	Does your home have cleaning supplies, medicines, and other hazardous items locked away?	Yes	No	Skip	
	Do you have the phone number of the Poison Control Center (1-800-232-7622) posted by your phone?	Yes	No	Skip	

31	Have you or your partner(s) had sex with other people in the past year?	No	Yes	Skip
32	Have you or your partner(s) had sex without using birth control in the past year?	No	Yes	Skip
32	The last time you had sex, did you use birth control?	Yes	No	Skip
33	Have you or your partner(s) had sex without a condom in the past year?	No	Yes	Skip
34	Did you or your partner use a condom the last time you had sex?	Yes	No	Skip
	Do you have concerns about liking someone of the same sex?	No	Yes	Skip
	Do you have any other questions or concerns about your health?	No	Yes	Skip

Please describe:

CAGE-AID

Have you ever felt you should **cut down** on your drinking or use?

Have people **annoyed** you by criticizing your drinking or use?

Have you ever felt bad or **guilty** about your drinking or drug use?

Have you ever had a drink or used drugs first thing in the morning (**eye opener**) to steady your nerves or to get rid of a hangover?

Answer "no" and "1" for yes. A score of 1 or above accurately identifies 95% of alcohol users and 92% of drug users. A score of 2 or more is considered clinically significant. (Babor et al., 1992; Booth, et. al., 1998)

Concerns

- **Fear about **harming** others by asking the questions**
- **Knowing how to handle:**
 - ✓ **Anger**
 - ✓ **Crying**
 - ✓ **Declinations**
 - ✓ **Confusion**

Challenges

- **Lack of Time**
- **Too many screenings and other paperwork**
- **Using the telephone for visits**



Empathy is healing
& **Judgment** is harmful

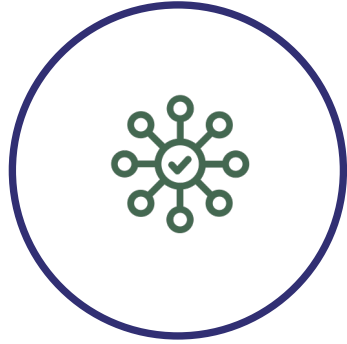
When empathy is
effectively shared with
another, it is very

POWERFUL.





Health
Outcomes



Job
Satisfaction



Patient
Experience

Empathy Impacts

01

Self Disclosures

02

Adherence to recommendations

03

Healing processes

Challenges to Communicating Empathy:

01 Judgment/Bias

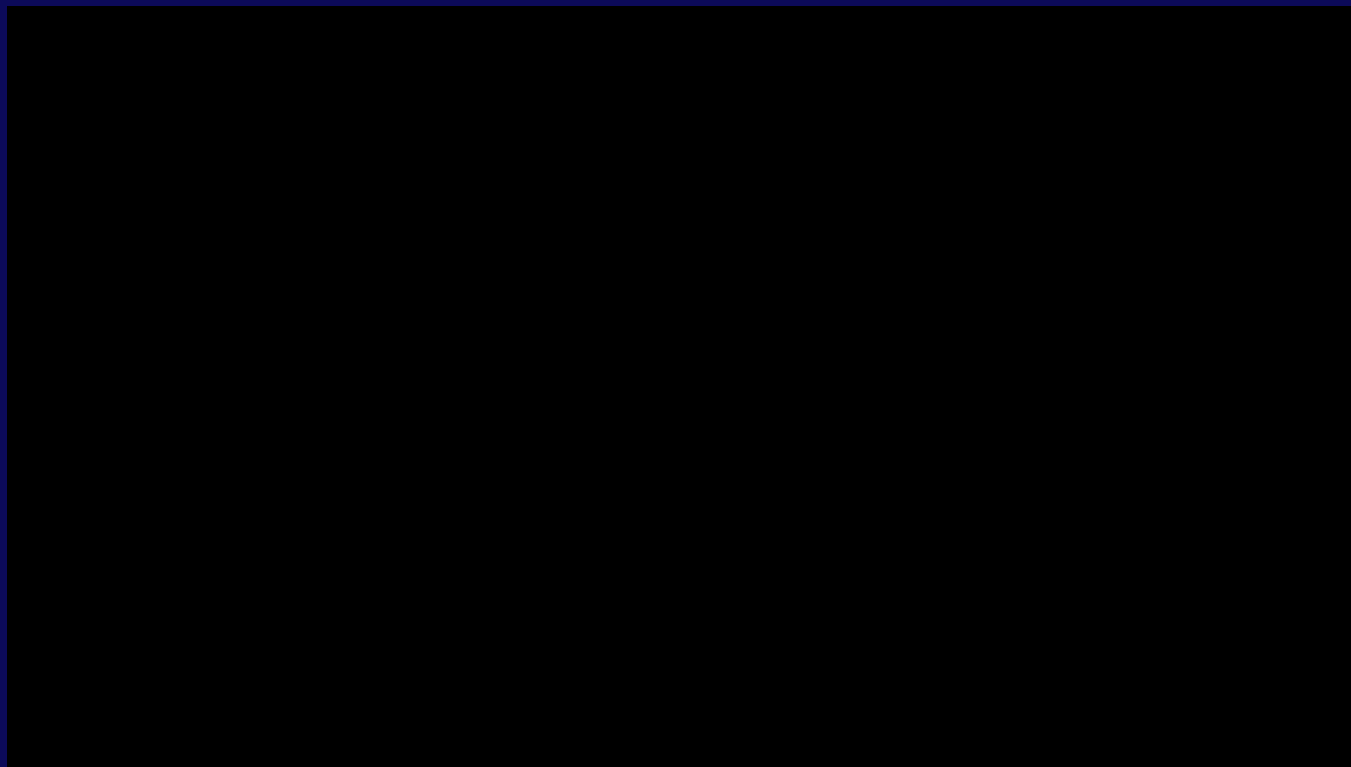
02 Feeling angry or scared

03 Being in a hurry, stressed or tired

04 Lack of eye contact or facial cues

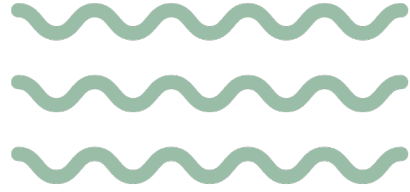


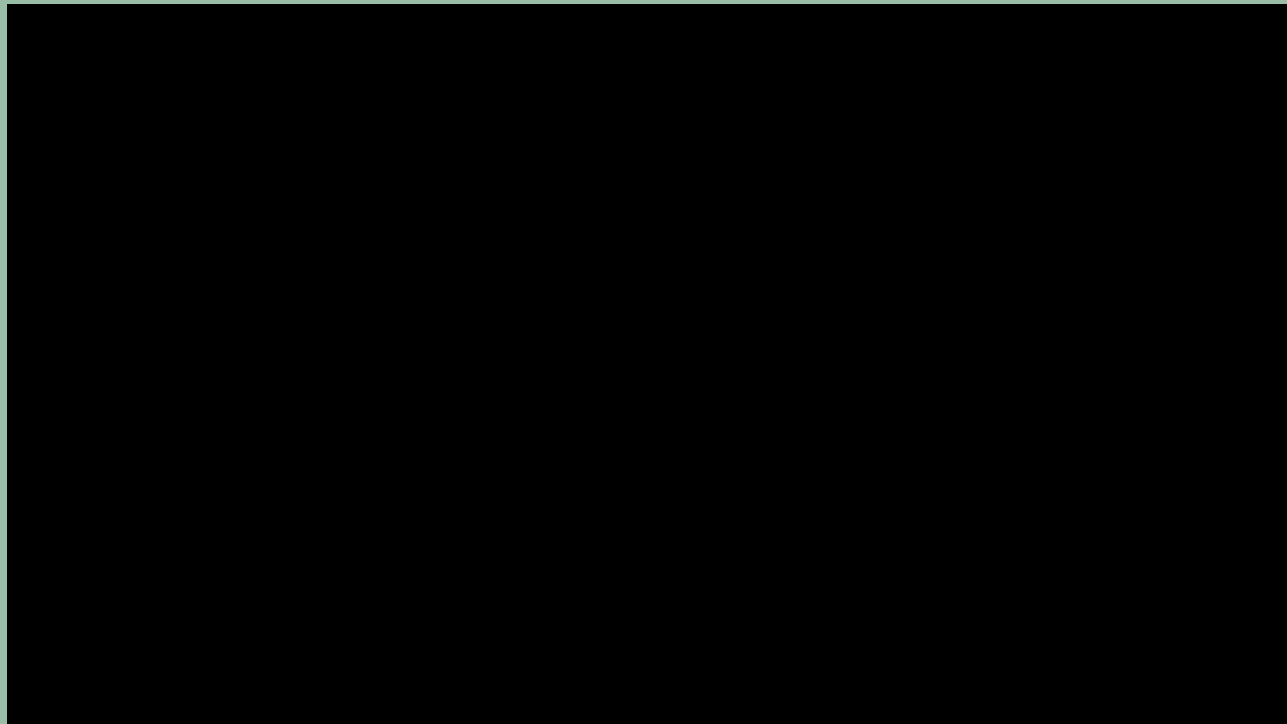




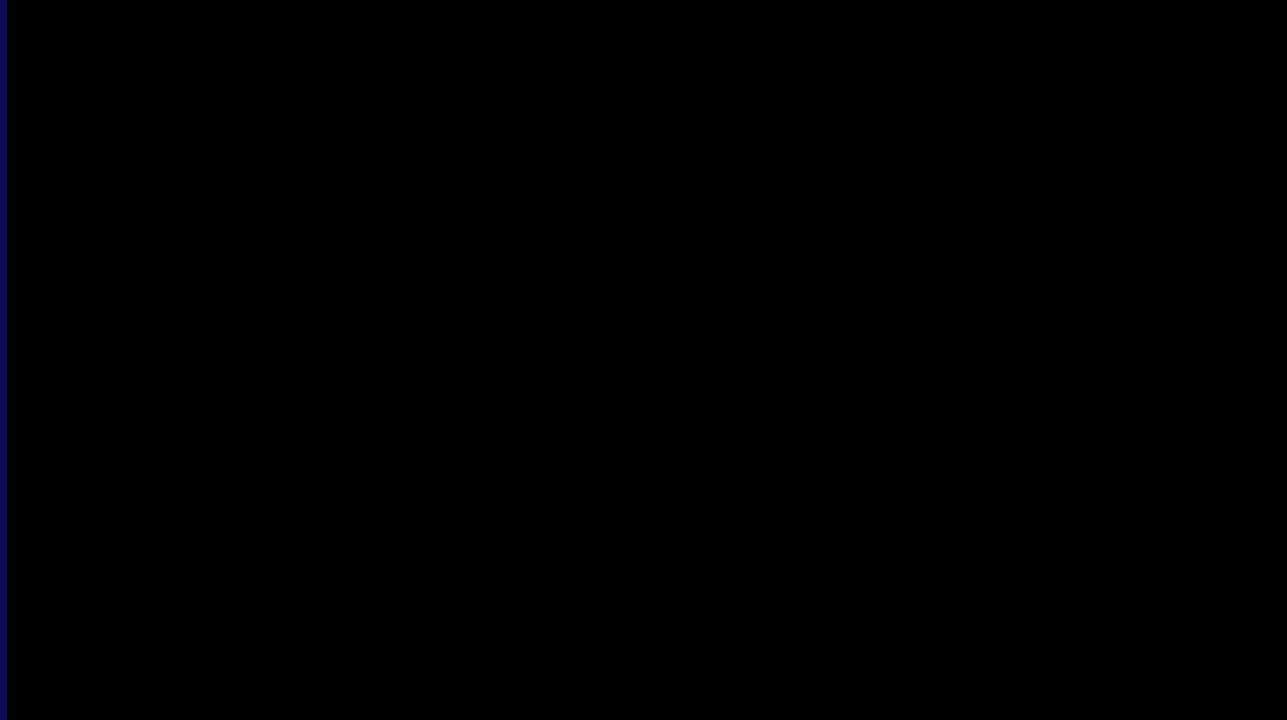
Foundational Skills + Handling Crying

Reflective Listening





Reflective Listening



Apology and Affirming Autonomy

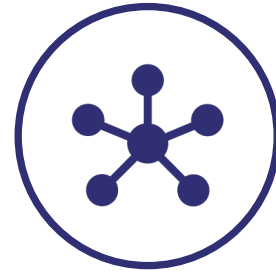
Companion Guide



Videos



Community Resources



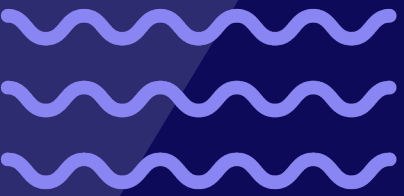
Tools & Resources



CONDUCTING SENSITIVE SCREENINGS

USING TELEHEALTH

COMPANION GUIDE



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