Attachment 7 - Adolescent Follow-back Survey (AFS)
Content Summary

General health and well-being

- Self-assessed health status ‡‡
- Satisfaction with life §§

Height and weight

- Self-reported height ‡
- Self-reported weight ‡
- Perception of weight status
- Concern about weight

Physical activity

- (Past 12 months) Played on sports teams, took sports lesson in school/community ‡
- (Past 12 months) Took PE or gym class ‡
- (Typical school week) How often physically active for a total of at least 60 minutes per day ‡
- (Typical school week) How often muscle strengthening activities ‡
- (Typical school week) How often walks for at least 10 minutes ‡
- (Typical school week) How often rides a bike for at least 10 minutes ‡

Sleep

- (Typical school week) How often do you wake up well-rested ‡
- (Typical school week) How often do you have difficulty getting out of bed in morning ‡
- (Typical school week) How often do you complain about being tired ‡
- (Typical school week) How often do you fall asleep during day ‡
- (Typical school week) How often do you go to bed at same time ‡
- (Typical school week) How often do you wake up at the same time ‡

Screen time

- (Typical weekday) Number of hours in front of TV, computer, cellphone, or other electronic device ‡

Concussions

- As a result of a blow or jolt to the head, ever knocked out or lost consciousness ‡§
  If no:
  - As a result of a blow or jolt to the head, ever been dazed or had a gap in your memory ‡§
  - As a result of a blow or jolt to the head, ever had headaches, vomiting, blurred vision, changes in mood or behavior ‡§
- Ever been checked for a concussion or brain injury ‡§
  If yes:
  - Ever been diagnosed with a concussion or brain injury ‡§

Health care utilization

- Time since last seen doctor or health professional ‡‡
  If not never:
  - Time alone with doctor or health professional at last visit §§
  - Was most recent visit a wellness visit, physical, or general-purpose check-up ‡‡
    If no:
    - Time since last wellness visit, physical, or general-purpose check-up ‡‡
      If not never:
      - Time alone with doctor or health professional at last wellness visit §§

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- (Ever) Had visit with doctor or health professional that parents did not know about
  If yes:
  - Type of visit (mental health, women's health, other - specify)

Content of care in past year (or at last wellness visit)
- Talked about understanding the changes in health care that happen at age 18
- Talked about gaining skills to manage your health and health care
- Talked about tobacco products or smoking
- Talked about your mental or emotional health
- Talked about puberty (e.g., changes to your body) or sexual health (e.g., safe sex practices)

Health care access
- Has a usual place for care when sick ‡‡
  If yes or more than one place:
  - Type of place (or type of place visited most often) ‡‡
- Has a personal doctor or nurse §§

Complementary and alternative health
- (Past 12 months) Use of meditation ‡
- (Past 12 months) Practice yoga ‡
- (Past 12 months) Visit a chiropractor ‡

Mental health care use and unmet need
- (Past 12 months) Any prescription medication taken to help with emotions, concentration, behavior, or mental health §‡
- (Past 12 months) Received counseling or therapy from a mental health professional §‡
- (Past 12 months) Any counseling or therapy needed but didn't get due to cost ‡
- (Past 12 months) Any counseling or therapy needed but didn't get due to fear of what others would think of you
- (Past 12 months) Any counseling or therapy needed but didn't get due to not knowing where to go or how to get help

Social support
- How often do you receive the social and emotional support you need §§
- How much can you rely on friends if you have a serious problem
- How much can you open up to friends if you need to talk about your worries
- How much can you rely on your parents/guardians if you have a serious problem
- How much can you open up to your parents/guardians if you need to talk about your worries
- Is there an adult in school, neighborhood, or community who makes a positive and meaningful difference in your life §§

Cognition
- Compared with people of same age, level of difficulty learning things ‡‡
- Compared with people of same age, level of difficulty remembering things ‡‡

Behavior
- Compared with people of same age, level of difficulty controlling behavior ‡‡
- Level of difficulty focusing on activity you enjoy ‡‡
- Level of difficulty accepting changes in routine ‡‡
- Level of difficulty making friends ‡‡

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Depression and anxiety (PHQ-2 and GAD-2)

- (Past 2 weeks) Frequency of…little interest or pleasure in doing things
- (Past 2 weeks) Frequency of…feeling down, depressed, hopeless
- (Past 2 weeks) Frequency of…feeling nervous, anxious, or on edge
- (Past 2 weeks) Frequency of…not being able to stop or control worrying

Stressful life events / adverse childhood experiences

- Ever victim of violence or witness any violence in neighborhood ‡§
- Ever been separated from a parent or guardian because they went to jail, prison, or detention center ‡§
- Ever live with anyone who was mentally ill or severely depressed ‡§
- Ever live with anyone who had a problem with alcohol or drugs ‡§
- Ever had a parent or guardian die
- Ever had a parent or guardian divorce or separate
- Ever lived with parent or guardian who frequently swore at you, insulted you, or put you down ‡§
- Ever been a time when your basic needs were not met ‡§
- Ever been treated or judged unfairly because of your race or ethnic group §§
- Ever been treated or judged unfairly because of your sexual orientation or gender identity §§

Bullying

- (Past 12 months) How often were you bullied, picked on, or excluded by others §§
- (Past 12 months) Been electronically bullied §§
- (Past 12 months) How often did you bully others, pick on them, or exclude them §§
- (Past 12 months) Electronically bulled others

Everyday discrimination

- How often are you treated with less courtesy or respect than other people your age
- At restaurants or stores, how often do you receive poorer service than other people your age
- How often do people act as if they think you are not smart

Demographics

- Hispanic origin ‡‡
- Race ‡‡
- Sexual orientation
- Sex at birth
- Gender identity
- School enrollment

Survey environment

- Type of device used to complete the survey
- Was survey completed at home
- Did anyone help you answer questions in the survey
- Was anyone else in the room when you completed the survey

Experience with survey

- How burdensome was this survey
- How easy or difficult was the survey
- How sensitive were the questions
- How would you describe the length of the survey

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