2024 Farmworker Outreach Health Assessment - Adol (12-17) | ORW: | Date:

Optional — **FHASES ID:** _____ **Cohort:**_____ **Employer:** _____

Privacy

My signature indicates that I understand that my privacy will be protected within this farmworker health network except in the following circumstancs: if harm is suspected of a minor, elderly, or disabled person.

Signature: _____

Demographics

Name (first, last): _____ **Birth date**: ____/____/_____ □ Est. *mm/dd/yyyy*

Preferred language: Span/ Engl/ Other: _____ **Do you need an interpreter?** Yes/ No

Worker type: Migrant ((□ H2A? □ H2B?)/ Seasonal/ Other

(*If migrant*) **Estimated departure date**: _____

Unaccompanied minor? Y/N

Are you of Hispanic, Latino, or Spanish origin? *Mark all that apply.*

□ Yes, Mexican, Mexican Am., Chicano □ Yes, Puerto Rican □ Yes, Cuban
□ Yes, another Hispanic, Latino, or Spanish origin □ No, not of Hispanic, Latino, or Spanish origin □ Decline to answer

What is your race? *Mark all that apply.*

□ White	□ Vietnamese	□ Korean	□ American Indian or Alaska Native
□ Black or African Am.	□ Filipino	□ Samoan	□ Native Hawaiian
□ Some other race	□ Chamorro	□ Japonese	□ Asian Indian
□ Decline to annswer	□ Chinese	□ Other Asian	□ Other Pacific Islander

What sex were you assigned at birth? Male/ Female

What is your current gender identity? Man/ Woman/ Transgender man/ Transgender woman/ Other/ Decline to answer

Do you consider yourself to be: □ Heterosexual (not gay nor lesbian) □ Lesbian, gay, or homosexual □ Bisexual
□ Something different □ Unsure □ Decline to answer?

Housing: Own/ Rent/ Grower-provided/ Homeless

Address: _____ **City**: _____ **US veteran?** Sí/ No

State: _____ **Zip code**: _____ **County**: _____

Health insurance: None / Medicaid / Medicare / Health Choice / Private **Family income** ($ amount): _____

Amount is per: week / 2 weeks/ month / year **# months worked** ____ **# family members**: _____

Communication

How can we communicate with you?

Ask patient to initial next to each below if OK.

Cell number: _____
_____ OK to leave a message with another person.
_____ OK to leave a voicemail.
_____ OK to send a text (SMS) even though complete privacy is not guaranteed.
_____ OK to send a message through WhatsApp even though it may not be completely private.
WhatsApp number (if different): _____

How do you prefer that we communicate with you? *Circle preference.*

Emergency contact (optional)
Full name: _____
Phone number: _____
Relationship: _____

COVID-19

Do you have any questions about COVID-19? □ Yes □ No

Health ed: ☐ Provided ☐ Follow up
Vaccine ed: ☐ Provided ☐ Referral ☐ Follow up ☐ Declined
Self-test kit : ☐ Provided ☐ Referral ☐ Follow up ☐ Declined

Vitals

Blood pressure: _____ **Health ed:** ☐ Provided ☐ Follow up

If >120/80, offer health ed. If >140/90, offer referral. **Referral:** ☐ **Provided** ☐ **Follow up** ☐ **Declined**

General health

Is there something that worries you about your health? No/ Yes:_____

(If yes) **How can I help you with this problem?** _____

Have you ever been diagnosed with a medical condition? No/ Yes:_____

Are you taking (or should you be taking) medicines? No/ Yes:_____

Have you had a physical exam in the last two years in which you received vaccines? No/ Yes

If no, provide referral to primary care or health department.

Referral: ☐ Provided ☐ Follow up ☐ Declined

Diabetes, pregnancy, HTN, HIV, TB or abnormal cancer screen, consider MCN*

**Schedule a diabetes departure visit, if needed:* _____

Occupational

Do you work in the fields? No/ Yes

(If yes) **Do you worry about conditions at work?** (like unfair pay, pesticides exposure, or other illegal practices) **No/ Yes:** _____

(If yes) **Would you like more information on how to protect yourself at work?** (such as pesticides, heat stress, or something else) **No/ Yes:** _____

Referral: ☐ Provided ☐ Follow up ☐ Declined

Health ed: ☐ Provided ☐ Follow up

Health ed topic: _____

MH

Over the last 2 weeks, how often have you been bothered by any of the following problems? (PHQ-2)	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

If yes to either question, offer a referral or full depression screen (PHQ-9: Modificado for Teens)
For positive PHQ-9, offer referral

Referral: ☐ Provided ☐ Follow up ☐ Declined

PHQ-9: ☐ Provided ☐ Follow up

Health ed: ☐ Provided ☐ Follow up

Substance use

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? ____
2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? ____
3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? ____
4. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs? Yes/No

If the patient answered…
"1" or more for Q. 1, 2, or 3 ---> Ask all questions in CRAFFT Part B and provide health ed.
---> Refer if "yes" to 2 or more in Part B

CRAFFT Part B: ☐ Provided ☐ Follow up ☐ Declined

Health ed: ☐ Provided ☐ Follow up ☐ Declined

Referral: ☐ Provided ☐ Follow up ☐ Declined

CM

Does someone where you work or live threaten you or make you feel in danger? No/ Yes

Do you have any other worries or concerns? No/ Yes: _____

Referral: ☐ **Provided** ☐ **Follow up** ☐ **Declined**

Addtl. Health Ed

Would you like more information on the following topics? *Circle those desired and check off if provided.*

☐ COVID-19	☐ Emergency preparedness	☐ Internet access	☐ Telehealth services
☐ Dental health	☐ Emotional health	☐ Nutrition	☐ Other(s)_____
☐ Diabetes	☐ Green Tobacco Sickness	☐ STIs/ HIV	
☐ Drug or alcohol abuse	☐ Hypertension	☐ Smoking	

Notes