Since its inception in 1996 as the region’s first Medi-Cal managed care plan, IEHP’s mission has been to improve the delivery of quality, wellness-based health care services for Members, in partnership with our Providers.

Today, IEHP continues to work on improving health outcomes for Members through Population Health Management (PHM) strategies:

- Keeping Members healthy.
- Managing Members with emerging risks.
- Addressing patient safety and outcomes across settings.
- Managing multiple chronic conditions.

According to the Centers for Disease Control and Prevention’s (CDC), chronic diseases and conditions such as heart disease, cancer, chronic lung disease, stroke, Alzheimer’s disease, diabetes and chronic kidney disease are among the most common, costly, and preventable of all health problems. The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) states that:

- Six in 10 adults in the US have a chronic disease and four in 10 adults have two or more.
- Chronic diseases in America are the leading causes of death and disability and the leading drivers of the nation’s $3.3 trillion in annual health care costs.¹

The Resource Guide for Primary Care Practices contains best practice guidelines for select quality improvement measures, which IEHP Providers and their practices can utilize for PHM and to improve the quality of care provided to IEHP Members. The guide provides educational resources to encourage Member self-management.

We are looking forward to continued partnership with you, IEHP Providers, to fulfill our mission: “To organize and improve the delivery of quality, accessible and wellness-based health care services to our Members, within the communities we serve.”

Disclaimer

The guidelines provided in the Resource Guide for Primary Care Practices are informational only. It is not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by practitioners, considering each Member’s needs on an individual basis. Guideline recommendations apply to populations of patients. Clinical judgment is necessary to design treatment plans for individual Members.

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Medication Management for People with Asthma

Asthma is a lifelong disease that causes wheezing, breathlessness, chest tightness, and coughing. During an asthma attack, airways become inflamed, making breathing difficult. Asthma attacks can be mild, moderate, or serious—even life-threatening. But with appropriate care and education, people living with asthma can manage their condition. Asthma control improves quality of life, decreases medical expenditures, and increases productivity at work and school.

Asthma Controller Medications (also called Long-Term Control (LTC) medications) help reduce airway inflammation, control chronic symptoms and prevent asthma attacks. These medications do not relieve asthma symptoms quickly. To achieve and maintain control of asthma, most people must use LTC medications daily.

Measure Description: The percentage of Members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75 percent of their treatment period.

Epidemiology

- Number of adults ages 18 and older who currently have asthma: 19.9 million
- Percent of adults ages 18 and older who currently have asthma: 8.1 percent
- Percent of visits to office-based physician with asthma indicated on the medical record: 6.2 percent
- Number of visits to emergency departments with asthma as the primary diagnosis: 1.7 million
- Number of asthma-related deaths in 2017: 3,518

Best Practice Guidelines

- An accurate diagnosis is essential to treatment.
- Severity assessment determines initial therapy.
- Degree of asthma control determines ongoing therapy.
- Use a step-wise approach for initial and ongoing therapy.
- Effective control includes managing special situations.
- Managing exacerbations is an important part of care.

Member Education, Resources and Self-Management

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<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available at</th>
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<tbody>
<tr>
<td>Visit Breathmobile First 5 San Bernardino</td>
<td>Program that provides care via an “asthma clinic on wheels”</td>
<td>For a listing of the scheduled locations in your county please contact: Inland Empire (909) 498-6277 High Desert (909) 213-3341</td>
</tr>
</tbody>
</table>

Guideline topic provides background information.

Measure description provides details for compliant status determination.

Epidemiology provides insight on current frequency, patterns and determinants related to the health topic.

Best Practice Guidelines are based on reputable sources such as U.S. Preventive Services Task Force (USPSTF) or Center for Disease Control (CDC).

Member Education, Resources and Self-Management lists sources that the Member can use to obtain additional information related to the health topic including IEHP materials and programs.

“How to Maximize your Global Quality P4P Incentive” provides tips for obtaining the most out of the GQP4P program. Please refer to the 2018 PCP Global Quality P4P (GQP4P) Program Guide for additional measure description and code set information. (not shown in example).

Talking Points

Provides brief counseling points that the Provider Care Team can offer Members (not shown in example).

References

Provides sources that the Provider can use to obtain additional information related to the health topic, including the IEHP Provider Manual (not shown in example).

Exclusions

Please refer to the GQP4P booklet for exclusions per measure. To report Members that meet GQP4P exclusions, complete Historical Data Form per Member. The form is accessible at https://www.iehp.org/providers under the Forms tab. A copy of the Historical Data Form has been included in this resource guide for your reference.
The following tables include a listing of retired and new PCP Resource Guide topics. Tables also include citations that were added, updated and removed.

### ACUTE BRONCHITIS

<table>
<thead>
<tr>
<th>RETIRED TOPIC</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>• Per 2019 PCP GQP4P Program Guide, the “Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis” measure was discontinued.</td>
</tr>
</tbody>
</table>

### ADULT BMI ASSESSMENT

<table>
<thead>
<tr>
<th>NEW TOPIC</th>
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<tbody>
<tr>
<td></td>
<td>• Per 2019 PCP GQP4P Program Guide, the “Adult BMI Assessment” measure was added.</td>
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</table>

### DIABETES CARE

<table>
<thead>
<tr>
<th>UPDATED</th>
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<tr>
<td><strong>ASTHMA MEDICATION</strong></td>
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<tr>
<th><strong>DEPRESSION SCREENING</strong></th>
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<td><strong>UPDATED</strong></td>
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<th><strong>SUBSTANCE USE ASSESSMENT</strong></th>
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<tr>
<td><strong>NEW TOPIC</strong></td>
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<tr>
<td>• Per 2019 PCP GQP4P Program Guide, the “Substance Use Assessment” measure was added.</td>
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</tr>
</tbody>
</table>
### Cervical Cancer Screening

**Updated**


### Chlamydia Screening

**New Topic**

- Per 2019 PCP GQP4P Program Guide, the “Chlamydia Screening in Women” measure was added.

### Prenatal/Postpartum Care

**Retired**

- Per 2019 PCP GQP4P Program Guide, the “Postpartum Care” measure was discontinued and replaced with “Timeliness of Prenatal Care.”

### Prenatal Care

**Updated**

### ADOLESCENT WELL-CARE VISITS

**NEW TOPIC**

- Per 2019 PCP GQP4P Program Guide, the “Adolescent Well-Care Visits” measure was added.

### CHILDHOOD IMMUNIZATIONS

**ADDED**


### ADOLESCENT IMMUNIZATIONS

**ADDED**


### WELL-CARE VISITS FIRST 15 MONTHS

**NEW TOPIC**

- Per 2019 PCP GQP4P Program Guide, the “Well-Care Visits First 15 Months” measure was added.
### WELL CHILD 3-6 YEARS

**REMOVED**

**ADDED**

### WEIGHT ASSESSMENT

**UPDATED**
### Opioids and Benzodiazepines

**ADDED**

### Lower Back Pain

**NEW TOPIC**
- Per 2019 IPA GQP4P Program Guide, the “Use of Imaging Studies for Low Back Pain” measure was added.

### Patient Experience

**NEW TOPIC**
- Per 2019 PCP GQP4P Program Guide, the “Medical Assistance with Smoking Cessation – Advising Smokers to Quit” component was added to the Patient Experience measures.

**ADDED**
<table>
<thead>
<tr>
<th>ADDED (continued)</th>
<th>PATIENT EXPERIENCE (continued)</th>
</tr>
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</table>
Adult BMI Assessment
Obesity is defined as an amount of body fat higher than what is considered healthy for an individual’s weight. Obesity ranges are determined by using a commonly used weight-for-height screening tool called the “body mass index” (BMI). BMI is the most valuable tool to measure overweight and obesity; it allows the health care Providers to identify adults at risk and provide focused advice and services to help them reach and maintain a healthier weight.

The U.S. Preventive Services Task Force (USPSTF) uses the following terms to define categories of increased BMI: “overweight” is a BMI of 25 to 29.9 and “obesity” is a BMI of 30 or higher. Obesity can be categorized as class 1 (BMI of 30.0 to 34.9), class 2 (BMI of 35.0 to 39.9), or class 3 (BMI of ≥40).

**Measure Description:** The percentage of members 18–74 years of age who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year.

**Epidemiology**
- For more than 25 years, more than half of the adult population has been overweight or obese.
- Obesity is most prevalent in those ages 40 years and older and in African American adults, and is least prevalent in adults with the highest incomes.
- Since the early 2000s, abdominal obesity has been present in about half of U.S. adults of all ages. Prevalence is higher with increasing age and varies by sex and race/ethnicity.
- In 2009-2012, 65 percent of adult females and 73 percent of adult males were overweight or obese.
- In 2009-2012, nearly one in three youth ages 2 to 19 years were overweight or obese.

**Best Practice Guidelines**
- The USPSTF found adequate evidence that behavior-based weight loss interventions in adults with obesity can lead to clinically significant improvements in weight status and reduced incidence of type 2 diabetes among adults with obesity and elevated plasma glucose levels.
- The USPSTF found adequate evidence that behavior-based weight loss maintenance interventions are associated with less weight gain after the cessation of interventions, compared with control groups. The magnitude of these benefits is moderate.

**Screening Guidelines**

<table>
<thead>
<tr>
<th>Population</th>
<th>Screening recommendation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.</td>
<td>B</td>
</tr>
</tbody>
</table>
**Talking Points**

- Open the discussion about weight in a respectful and nonjudgmental way.
- Use terms “weight” (first) and “BMI” (second) when talking about obesity instead of the terms “fatness,” “excess fat,” and “obesity.”
- Talk about weight loss for reducing the risk factors for diabetes, cardiovascular disease, cholesterol levels, and chronic arthritis.
- Try to determine whether Members are willing to acknowledge that they should make lifestyle changes that might improve their health, as well as how ready they may be to begin making those changes.
- Members who are not yet ready to attempt weight loss may still benefit from talking with their Primary Care Provider about healthy eating and regular physical activity. See “For Professionals: Talk to Your Patients & Clients About Healthy Eating Patterns” and “Health Care Providers: Talk to Your Patients About Physical Activity” in the Provider resources section.
How to Maximize Your Global Quality P4P Incentive

• For members ages 20 years and older on the date of service, documentation in the medical record must indicate the weight and BMI value, dated during the measurement year or year prior to the measurement year. The weight and BMI value must be from the same data source.

• For members younger than 20 years on the date of service, documentation in the medical record must indicate the height, weight and BMI percentile, dated during the measurement year or year prior to the measurement year. The height, weight and BMI percentile must be from the same data source. For BMI percentile, either of the following meets criteria:
  o BMI percentile documented as a number (e.g., 85th percentile).
  o BMI percentile plotted on an age-growth chart.

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

References


As a health care provider, you know that helping your patients or clients make healthier food choices is essential. Written for health professionals like you, the **2015-2020 Dietary Guidelines for Americans** makes your job easier—with clear, evidence-based nutrition guidance you can trust.

The **2015-2020 Dietary Guidelines** focuses on overall eating patterns—and how making healthy choices over time can have lasting health benefits. This guide can help you share the recommendations from the **2015-2020 Dietary Guidelines** with your patients or clients. Help inspire them to adopt healthier eating patterns.

### Get the Conversation Started

When talking about healthy eating and the *Dietary Guidelines*, keep the conversation positive and encouraging. Try these friendly conversation starters.

**What’s your family’s favorite dinner?**
- Meet your patients or clients where they are. Once you have an idea how they’re eating now, you can make suggestions for shifts and substitutions recommended in the *Dietary Guidelines*—ways to adapt their favorite dishes to make them healthier.

**Who does the grocery shopping in your home? Who cooks?**
- Find out what they’re buying and how much they’re cooking. You might be able to make suggestions for new foods to try, or goals for cooking at home more often.

**What are some of your family’s favorite food routines & traditions?**
- Are patients or clients sharing family meals each night or eating separately?
- Talk about how healthy eating patterns are adaptable to any traditions or customs.

**When you’re thirsty, what kind of drink do you reach for?**
- Almost 50% of added sugars in the American diet comes from sodas, fruit drinks, and other sweetened beverages. See if you can steer them toward healthier options, like water.

**Does eating healthier seem hard or unrealistic?**
- If there are barriers, find out what they are and suggest some workarounds.
- Read more on Page 3.
Make Healthy Eating Seem Doable—Emphasize the Benefits

People may avoid changing their eating patterns because it feels overwhelming. Share these messages with your patients and clients to frame healthy changes in the *Dietary Guidelines* as small, manageable steps.

- **Eating healthier doesn’t mean drastic changes for a family’s eating plan.** Healthy eating isn’t all or nothing. People can eat healthier and still enjoy the foods they love. The key is to make some small changes and healthy shifts.
- **There’s no one “right” way to eat.** The *Dietary Guidelines* shows that there are lots of different paths to healthy eating. Anyone can find a healthy eating pattern that fits with their family’s preferences, traditions, culture, and budget.
- **Healthy eating is one of the most powerful tools we have to prevent or delay disease.** It can help keep people healthy and active as they get older—giving them more time to spend with their families and do the activities they enjoy.

Use this graphic to help your patients and clients understand the basics of a healthy eating pattern.

**What’s in a Healthy Eating Pattern?**

The 2015–2020 *Dietary Guidelines* has basic recommendations for a healthy eating pattern.

It includes foods like:

- **Fruits,** especially whole fruits
- **Grains,** at least half of which are whole grains
- **A variety of vegetables**—dark green, red and orange, legumes (beans and peas), starchy, and other vegetables
- **Fat-free or low-fat dairy,** including milk, yogurt, cheese, and/or fortified soy beverages
- **A variety of protein foods,** including seafood, lean meats and poultry, eggs, legumes (beans and peas), soy products, and nuts and seeds
- **Oils,** including those from plants (such as canola, corn, olive, peanut, safflower, soybean, and sunflower) and in foods (such as nuts, seeds, seafood, olives, and avocados)

And it has limits on:

- **Saturated & trans fats**—limit saturated fats to less than 10% of daily calories and keep trans fat intake as low as possible
- **Added sugars**—limit to less than 10% of daily calories
- **Sodium**—limit to less than 2,300 mg a day (for adults and children 14 years and older)
- **Alcohol**—limit to no more than 1 drink per day for women and no more than 2 per day for men
Be Ready for Resistance

Your patients or clients may have valid reasons for why healthy eating is difficult. Here are some ways to get past common barriers.

They say: “I can't afford healthy foods.”

Explain that healthy eating is for everyone—regardless of income or household budget. For example, if fresh vegetables seem too expensive, suggest frozen or canned—just make sure they check the sodium content.

They say: “I don't have the time to cook healthy meals.”

Suggest cooking a healthy dinner just once a week—that’s a great first step. Or have them cook meals in batches on the weekend, so they can heat up dinners during the week.

They say: “My kids won’t eat anything healthy.”

Point out that this is a common problem, but offer suggestions—like having kids help pick out a few healthy options at the grocery store and pitch in when cooking.

They say: “I don’t listen to the experts—they keep changing their minds about which foods are healthy and which aren’t.”

Acknowledge that changes in guidance can be confusing, but emphasize that the basic core recommendations in the Dietary Guidelines have stayed largely consistent over the years. People can trust the Dietary Guidelines—they’re based on the body of the best nutrition evidence we have.

Tips for Successful Conversations

Some people may feel judged or criticized when you bring up healthy eating. Use these techniques to prevent that from happening.

• Emphasize that you’re on the same side. The two of you are working together to solve a problem. You’re not trying to criticize or lecture.

• Celebrate successes. If your patient makes steps toward healthier eating, cheer them on. If you notice any benefits—like a lower weight or improved blood pressure—link these changes to their improved diet.

• Have empathy. Changing behavior is hard—especially when it comes to food. The important thing is to encourage your patients and clients to keep trying. Try offering personal examples of how you overcome challenges to make healthy changes.

Take the Next Step

These are just a few topics you can broach with your patients or clients—there’s a lot more in the Dietary Guidelines to learn about and discuss.

• Go to health.gov/dietaryguidelines to see the Recommendations At-A-Glance, the complete 2015-2020 Dietary Guidelines document, and handouts that you can share with your patients or clients.

• Refer your patients or clients to ChooseMyPlate.gov, where they can learn more about the Dietary Guidelines and get practical advice, recipes, and more.
As a health care provider, you know it’s important to help your patients get more physical activity. But it can be challenging to motivate patients in the short time you spend together.

The second edition of the Physical Activity Guidelines for Americans offers evidence-based physical activity guidance that can make your job easier. Share the recommendations with your patients and inspire them to get more active.

Start the conversation.

When you bring up physical activity with your patients, it helps to keep the tone friendly and encouraging. Try these quick conversation starters.

**How much physical activity do you get in an average week?**
Meet your patients where they are. Once you have an idea of their current activity level, you can suggest small changes to help them get more active.

**What are some things your family likes to do together?**
Does family time mean watching TV on the couch? Offer tips for getting the whole family more active, like turning commercials into family fitness breaks.

**Are there activities you’d like to be able to do?**
Do your patients want to run a 5K? Climb stairs more easily? Pick up grandkids without pain? Knowing their motivations can help you work together to set achievable goals.
**Recommend the right dose of activity.**

You can tailor these recommendations for children and adults to match your patients’ specific needs, interests, and abilities.

### Adults

**Moderate-intensity aerobic activity**

Anything that gets their heart beating faster counts.

- **at least 150 minutes a week**

**Muscle-strengthening activity**

Activities that make their muscles work harder than usual count.

- **at least 2 days a week**

*If they prefer vigorous-intensity aerobic activity (like running), they can aim for at least 75 minutes a week.

Older adults, pregnant women, and people with a disability or injury need the same amount. But if they can't do 150, encourage them to move as much as they can.

### Kids and teens ages 6 to 17

**Encourage them to aim for at least 60 minutes every day.**

Most of it can be moderate-intensity aerobic activity. At least 3 days a week, encourage them to step it up to vigorous intensity.

**As part of their daily 60 minutes, kids and teens also need:**

**Muscle-strengthening activity**

- at least 3 days a week

Anything that makes their muscles work harder counts — like climbing or swinging on the monkey bars.

**Bone-strengthening activity**

- at least 3 days a week

Bones need pressure to get stronger. Running, jumping, and other weight-bearing activities all count.
Make it a prescription.
To really drive the message home, frame the recommended dose of physical activity as a prescription. Your patients may take it more seriously.

Focus on the benefits.
The long-term benefits of physical activity are huge, but patients have heard them all before. Sharing messages about the lesser-known immediate benefits can help spark their interest.

Physical activity can make daily life better.
- Improves mood, focus, and sleep
- Helps you feel more energized, calm, and confident
- Makes it easier to do everyday activities, like carrying groceries and playing with kids

Be ready to address barriers.
Changing behavior is hard. And fitting in regular physical activity can be a struggle for all of us. Find out what's holding your patients back and talk about possible solutions. These strategies can help your patients find ways to overcome common barriers.

“I’m just too busy for physical activity.”
If they’re short on time, could they start with just a few minutes? Even that amount has health benefits, and some activity is always better than none. Suggest taking the stairs at work, parking farther away when shopping, or taking a quick walk after dinner.

“I’m too tired to exercise.”
It may sound counterintuitive to your patients, but getting more physical activity can actually boost energy and help them feel less tired. Encourage manageable changes to daily routines and help them set goals to add more activity gradually over time.
Find resources for your patients.

This fact sheet is just for providers, but the Move Your Way campaign has lots of tools and materials you can share with patients:

- Fact sheets for adults, older adults, parents, and kids: health.gov/PAGuidelines/MoveYourWay/#factsheets
- Activity planner for adults to set personalized activity goals: health.gov/MoveYourWay/Activity-Planner
- Interactive graphic for parents to help their kids get more physical activity: health.gov/MoveYourWay/Get-Kids-Active

And you can display these posters [health.gov/PAGuidelines/MoveYourWay/#posters] in your office so patients get the message about physical activity every time they visit.
Comprehensive Diabetes Care - HbA1c Control (<8.0%)
Type 1 Diabetes is usually diagnosed in children and young adults and was previously known as juvenile diabetes. Only 5 percent of people with diabetes have this form of the disease. In type 1 diabetes, the body does not produce insulin. The body breaks down the sugars and starches you eat into a simple sugar called glucose, which it uses for energy. Insulin is a hormone that the body needs to get glucose from the bloodstream into the cells of the body. With the help of insulin therapy and other treatments, even young children can learn to manage their condition and live a long, healthy life.

Type 2 Diabetes is a problem with your body that causes blood glucose (sugar) levels to rise higher than normal. This is also called hyperglycemia. Type 2 diabetes is the most common form of diabetes. In type 2 diabetes your body does not use insulin properly. This is called insulin resistance. At first, the pancreas makes extra insulin to make up for it. But over time it can’t keep up and can’t make enough insulin to keep the blood glucose at normal levels.

**Measure Description:** The percentage of Members 18-75 years of age with diabetes (type 1 and type 2) who had the following:

- HbA1c Control (<8.0 percent). This includes Members with diabetes whose most recent HbA1c test during the measurement year has a value <8.0 percent.
- The Member is not numerator-compliant if the result for the most recent HbA1c test is ≥8.0 percent or is missing a result, or if an HbA1c test was not done during the measurement year.

**Epidemiology**

- In 2015, 30.3 million Americans, or 9.4 percent of the population, had diabetes. Approximately 1.25 million American children and adults have type 1 diabetes.
- Of the 30.3 million adults with diabetes, 23.1 million were diagnosed, and 7.2 million remain undiagnosed.
- The percentage of Americans ages 65 and older with diabetes remains high, at 25.2 percent, or 12 million seniors (diagnosed and undiagnosed).
- 1.5 million Americans are diagnosed with diabetes every year.
- In 2015, 84.1 million Americans ages 18 and older had prediabetes.
- Diabetes was the seventh leading cause of death in the United States in 2015, with 79,535 death certificates listing it as the underlying cause of death, and a total of 252,806 death certificates listing diabetes as an underlying or contributing cause of death.
- The rates of diagnosed diabetes in adults by race/ethnic background are:
  - 15.1 percent of American Indians/Alaskan Natives.
  - 12.7 percent of non-Hispanic African Americans.
  - 12.1 percent of Hispanics.
  - 8.0 percent of Asian Americans.
  - 7.4 percent of non-Hispanic Whites.
**Best Practice Guidelines**

- Adults ages 18-85 with diabetes (type 1 or type 2) should be screened with annual HbA1c tests.
- A reasonable A1C goal for many nonpregnant adults is <7 percent (53 mmol/mol).
- Less stringent A1C goals (such as <8 percent [64 mmol/mol]) may be appropriate for Members with a history of severe hypoglycemia, limited life expectancy, advanced microvascular or macrovascular complications, extensive comorbid conditions, or long-standing diabetes in whom the goal is difficult to achieve despite diabetes self-management education, appropriate glucose monitoring, and effective doses of multiple glucose-lowering agents including insulin.
- Blood pressure should be measured at every routine clinical visit. Members found to have elevated blood pressure (≥140/90 mmHg) should have blood pressure confirmed using multiple readings, including measurements on a separate day, to diagnose hypertension.
- Adults ages 18-75 with diabetes (type 1 or type 2) should also be screened for nephropathy with one of the following: urine test for albumin or protein, visit to a nephrologist, renal transplant, medical attention for any of the following: diabetic nephropathy, ESRD, CRF, renal insufficiency, proteinuria, albuminuria, renal dysfunction, ARF, dialysis, hemodialysis, or peritoneal dialysis.

**Screening Guidelines – U.S. Preventive Services Task Force**

<table>
<thead>
<tr>
<th>Population</th>
<th>Screening recommendation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>This recommendation applies to adults ages 40 to 70 years who are seen in primary care settings and do not have obvious symptoms of diabetes.</td>
<td>The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults ages 40 to 70 years who are overweight or obese. Clinicians should offer or refer Members with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthy diet and physical activity.</td>
<td>B</td>
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</tbody>
</table>
## Member Education, Resources and Self-Management

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available At</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Location Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Visit:</strong> IEHP Community Resource Centers</td>
<td>Find upcoming class schedules/programs related to overall health</td>
<td>For the schedule of free health and fitness classes offered by IEHP’s Community Resource Centers (San Bernardino, Riverside, Victorville), visit <a href="http://www.iehp.org/crc">www.iehp.org/crc</a> or call 1-866-228-4347 to register for classes.</td>
</tr>
<tr>
<td><strong>Printed/Electronic Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reference:</strong> IEHP A1c Handout (IEHP)</td>
<td>Handout on A1c levels</td>
<td>Refer to the handout included in Member Resources</td>
</tr>
<tr>
<td><strong>Reference:</strong> Living with Diabetes (IEHP)</td>
<td>Brochure on what happens in the body and how to protect it</td>
<td>Refer to the handout included in Member Resources</td>
</tr>
<tr>
<td><strong>Reference:</strong> “Diabetes Self-Management Workshop and Journey Guide” (IEHP)</td>
<td>6-week IEHP self-management workshop covering a range of diabetes topics</td>
<td>Members can call IEHP Member Services at (800) 440-IEHP (4347) or (800) 718-4347 for TTY users to find out more information about IEHP diabetes self-management resources</td>
</tr>
<tr>
<td><strong>Reference:</strong> IEHP.org</td>
<td>Website linking to resources to help Members with diabetes self-management, including IEHP’s Diabetes Self-Management Workshop</td>
<td>Available at: <a href="https://www.iehp.org/en/members/managing-your-illness">https://www.iehp.org/en/members/managing-your-illness</a></td>
</tr>
</tbody>
</table>
Talking Points

- Even if Members have heard the information before, education and encouragement need to be ongoing and consistent.
- Refer Members to the IEHP Community Resource Center for various health and fitness educational class offerings.
- Remind Members that even if they are not experiencing symptoms, high blood glucose levels are damaging to the body (eyes, kidneys, etc.).
  - Advise Members to control blood pressure, A1c and perform annual eye exam (retinal and dilated).
  - Provide foot care education.

How to Maximize Your Global Quality P4P Incentive

- Use IEHP diabetes roster list to identify Members with HbA1c results >8% (available on the IEHP Secure Provider Portal).
- Remember to submit HbA1c point-of-care testing completed during Provider visits.
- Participate in Standing Orders Program when offered by IEHP; Members will have direct access to lab facility for completion of HbA1c.

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

References

Manage your blood sugar level to help live a healthy life and reduce complications in the future.

This test helps you and your Doctor better control your blood sugar. This can help you feel better, avoid some health problems, and could even save your life.

**Too HIGH blood sugar can affect your:**
- Heart
- Vision
- Kidneys
- Nerves

**Too LOW blood sugar can cause:**
- Dizziness
- Fainting
- Convulsions

### 4 Steps to stay healthy!
1. See your Doctor right away
2. Get your A1C Test, and write results in the chart
3. Get your heart, vision, kidneys and nerves tested
4. Eat healthy and exercise

Get your A1C test every three months

**Average Blood Sugar Level**

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td><strong>DANGER!</strong></td>
</tr>
<tr>
<td>11</td>
<td><strong>CAUTION!</strong></td>
</tr>
<tr>
<td>10</td>
<td><strong>SUCCESS!</strong></td>
</tr>
</tbody>
</table>

See your PCP and write in your A1C Test result:

A1C:

**A1C:** A blood test that shows your average blood sugar level for the last 3 months.

**IEHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-440-4347 (TTY: 1-800-718-4347). IEHP cumplen con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. SI habla español u otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llámenos al 1-800-440-4347 o al 1-800-718-4347 (TTY). IEHP cumple con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. SI habla español u otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llámenos al 1-800-718-4347 (TTY). IEHP cumplen con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. SI habla español u otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llámenos al 1-800-718-4347 (TTY). IEHP cumplen con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. SI habla español u otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llámenos al 1-800-718-4347 (TTY). IEHP cumple con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. SI habla español u otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llámenos al 1-800-718-4347 (TTY)."
Controle su nivel de azúcar en la sangre, esto le ayudará a disfrutar de una vida saludable y a reducir las complicaciones que se puedan presentar.

Esta prueba ayudará a que usted y su Doctor, lleven un mejor control de su nivel de azúcar (glucosa) en la sangre, así podría sentirse mejor, evitar diversos problemas de salud e incluso, esto puede salvarle la vida.

Consulte a su Doctor y escriba aquí el resultado de su A1C:

¡Los 4 pasos para mantenerse saludable!

1. Consulte a su Doctor de inmediato
2. Realícese la prueba A1C y escriba el resultado en la hoja de control
3. Su corazón, vista, riñones y nervios deben ser medicamente revisados
4. Aliméntese saludablemente y haga ejercicio

Su bienestar es prioridad: Destino Salud
How can you protect your vision if you have diabetes?

Setup a visit today to get a dilated retinal exam (DRE). This simple, painless exam helps find vision problems early, making it easier to treat them.

Setting up your visit is simple. **No referral is needed and it’s FREE.** Just call an IEHP Eye Doctor. To find one near you, visit www.iehp.org/doctorsearch or call IEHP Member Services at 1-800-440-IEHP (4347). TTY users can call 1-800-718-4347.

Use this sheet to write down the date of your visit.

Date ________________________  Time ____________________

Eye Doctor ______________________________________________

Eye Doctor Phone Number ________________________________
¿Cómo puede proteger su vista si tiene diabetes?

Programe una consulta hoy mismo para hacerse un examen de dilatación de retina, (dilated retinal exam, DRE). Este examen sencillo y sin dolor ayuda a detectar a tiempo los problemas de la vista, de tal forma que es más fácil tratarlos.

Programar su consulta es fácil. **No necesita referencias y es GRATIS.** Sólo llame a un Doctor de la Vista de IEHP. Para encontrar uno que se encuentre cerca de usted, visite [www.iehp.org/doctorsearch](http://www.iehp.org/doctorsearch) o llame a Servicios para Miembros de IEHP al 1-800-440-IEHP (4347). Los usuarios de TTY deben llamar al 1-800-718-4347

Utilice esta hoja para anotar la fecha de su consulta.

Fecha ________________________  Hora ___________________

Doctor de la Vista ________________________________________

Número Telefónico del Doctor de la Vista ____________________________________________________________
There are many things you can do each day to take control and stay healthy. Not sure where to start? Sign up for one of our free IEHP Diabetes Self Management classes! You’ll learn how to plan your meals, how to use a blood sugar machine, and much more.

Call IEHP Member Services at 1-800-440-IEHP (4347).
TTY users may call 1-800-718-4347.
You can also sign up online at www.iehp.org.
Choose Member LOGIN to sign in or to set up your account. Then select “Health Ed” to find a class.

Your Doctor will want to see you on a routine basis. Don’t skip these visits or tests, even if you’re feeling well. Diabetes care tests can tell you and your Doctor how you are doing. Your Doctor will let you know when and how often these tests are needed. Some of these diabetes care tests include:

- Foot exam that checks for circulation and nerve damage
- Urine test to check for kidney health
- Blood test to check A1C and cholesterol levels

Your Doctor may also refer you to a Dentist and an Eye Doctor. They will check to see if your diabetes is hurting your teeth, gums, or eyes.

Diabetes care tests can tell you and your Doctor how you are doing. Your Doctor will let you know when and how often these tests are needed. Some of these diabetes care tests include:

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Existen muchas cosas que puede hacer todos los días para tomar el control y mantenerse saludable. ¿No sabe por dónde empezar? ¡Inscríbase en una de las clases gratuitas para el Control Personal de la Diabetes de IEHP!

Aprenderá cómo planificar sus alimentos, cómo utilizar un dispositivo para medir el nivel de azúcar en la sangre y mucho más. Llame a Servicios para Miembros de IEHP al 1-800-440-IEHP (4347)

Los usuarios de TTY deben llamar al 1-800-718-4347

También puede inscribirse en línea: www.iehp.org

Elija la opción “Miembro INGRESAR” para iniciar sesión o para configurar su cuenta.

Destino >> Salud

VIVIR CON DIABETES

¿QUÉ LE ESTÁ SUCEDIENDO A SU CUERPO?

Si tiene diabetes significa que su cuerpo tiene problemas con la insulina, una hormona encargada de ayudar a transportar el azúcar (glucosa) hacia las células. Puede ser que su cuerpo no produzca suficiente insulina o que no sea capaz de utilizar la insulina que produce. Esto ocasiona que el nivel de azúcar en la sangre se eleve por encima de lo normal. Con el tiempo, los “niveles altos de azúcar en la sangre” pueden dañar los órganos y sistemas de todo el cuerpo.

Utilizar el dispositivo que mide el nivel de azúcar en la sangre es la mejor forma de revisar su nivel de azúcar. Otros síntomas de que su nivel de azúcar en la sangre no se encuentra dentro de un rango saludable pueden incluir:

- Visión borrosa
- Fatiga
- Náusea, vómito y dolor estomacal
- Sensación de sed o de hambre extremas
- Orinar con frecuencia
- Malestar en las manos o en los pies
- Problemas para respirar
- Aliento con aroma dulce a frutas

CÓMO PROTEGER SU CUERPO

La diabetes puede ocasionar problemas de salud como ceguera e insuficiencia renal. Para prevenir los problemas relacionados con la diabetes, debe controlar su nivel de azúcar en la sangre.

Comience realizando pequeños cambios saludables en su dieta. El tipo de alimentos que consume, así como la cantidad y la hora en que los ingiere, podrán ayudarle a evitar que su nivel de azúcar en la sangre se eleve y baje demasiado rápido.

A continuación, se mencionan otros cambios que pueden ayudarle a mantenerse saludable.

- Lleve un registro de sus niveles de azúcar en la sangre. Pregunte a su Doctor cuál es el rango recomendable para usted.
- Tome sus medicamentos como se lo indique su Doctor.
- Manténgase activo.
- Conserve un peso saludable.

NO FALE A NINGUNA DE SUS CITAS CON EL DOCTOR, NI A SUS EXÁMENES MÉDICOS

Su Doctor desea revisarlo con regularidad. No falte a sus citas con el Doctor, ni a sus exámenes médicos, incluso si se siente bien.

Los exámenes para el control de la diabetes podrían indicarle a usted y a su Doctor cómo se encuentra. Su Doctor le informará cuándo y con qué frecuencia debe hacerse estos exámenes. Algunos de los exámenes para el control de la diabetes incluyen:

- Examen de los pies para revisar la circulación y el daño a los nervios.
- Análisis de orina para revisar el estado de salud de los riñones.
- Exámenes de sangre para revisar los niveles de A1C y de colesterol.

Es posible que su doctor también lo refiera a un dentista y a un Doctor de la vista. Ellos le harán una revisión médica para determinar si la diabetes está dañando sus dientes, encías o su capacidad visual.

Medication Management for People with Asthma
Medication Management for People with Asthma

Asthma is a lifelong disease that causes wheezing, breathlessness, chest tightness, and coughing. During an asthma attack, airways become inflamed, making breathing difficult. Asthma attacks can be mild, moderate, or serious—even life-threatening. But with appropriate care and education, people living with asthma can manage their condition. Asthma control improves quality of life, decreases medical expenditures, and increases productivity at work and school.

Asthma Controller Medications (also called Long-Term Control (LTC) medications) help reduce airway inflammation, control chronic symptoms and prevent asthma attacks. These medications do not relieve asthma symptoms quickly. To achieve and maintain control of asthma, most people must use LTC medications daily.

**Measure Description:** The percentage of Members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75 percent of their treatment period.

**Epidemiology**

- Number of adults ages 18 and older who currently have asthma: 19.9 million
- Percent of adults ages 18 and older who currently have asthma: 8.1 percent
- Percent of visits to office-based physician with asthma indicated on the medical record: 6.2 percent
- Number of visits to emergency departments with asthma as the primary diagnosis: 1.7 million
- Number of asthma-related deaths in 2017: 3,518

**Best Practice Guidelines**

- An accurate diagnosis is essential to treatment.
- Severity assessment determines initial therapy.
- Degree of asthma control determines ongoing therapy.
- Use a step-wise approach for initial and ongoing therapy.
- Effective control includes managing special situations.
- Managing exacerbations is an important part of care.

**Member Education, Resources and Self-Management**

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available at</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Visit:</strong></td>
<td>Breathmobile First 5 &lt;br&gt;San Bernardino</td>
<td>Program that provides care via an “asthma clinic on wheels”</td>
</tr>
</tbody>
</table>
### Name

**Visit: IEHP Community Resource Centers**

### Description

Find upcoming class schedules/programs related to overall health and asthma education such as the “Family Asthma Class”

### Available at

For the schedule of free health and fitness classes offered by IEHP’s Community Resource Centers (San Bernardino, Riverside, Victorville), visit [www.iehp.org/crc](http://www.iehp.org/crc) or call 1-866-228-4347 to register for classes.

---

### Printed/Electronic Resources

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available at</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reference: Controlling Asthma (IEHP)</strong></td>
<td>Brochure on symptoms and tips on controlling asthma</td>
<td>Refer to the handout included in Member Resources. Call your Provider Services Representative for copies.</td>
</tr>
<tr>
<td><strong>Reference: Asthma Action Plan and Asthma Action Zones (IEHP)</strong></td>
<td>Handouts on the importance of keeping an action plan, how to keep track of peak flow readings, controller medicines and quick-relief medicines, includes tracking logs for Member</td>
<td>Refer to the handouts included in Member Resources.</td>
</tr>
<tr>
<td><strong>Reference: Asthma and Allergy Foundation of America</strong></td>
<td>Website providing information on Asthma Medication Treatment Information</td>
<td><a href="http://www.aafa.org/page/asthma-treatment.aspx">http://www.aafa.org/page/asthma-treatment.aspx</a></td>
</tr>
<tr>
<td><strong>Reference: Adult and Childhood Asthma Control Tests</strong></td>
<td>Tool to help Members identify whether their asthma symptoms are well controlled</td>
<td>Refer to the handouts included in Member Resources.</td>
</tr>
</tbody>
</table>
Talking Points
• Collaborate with Members to develop a written asthma action plan.
• Educate Members on the difference between using their quick relief inhaler versus their long-term controller.
• Emphasize the importance of self-monitoring to assess level of asthma control and signs of worsening asthma.
• Review proper administration of asthma medications during visits, ask the Member to demonstrate inhaler techniques and use of devices.
• Ask Members to identify trigger factors which worsen their asthma.
• Ask Members how they best learn and then provide educational resources tailored to their instructional preferences.
• Consider use of Asthma Control Test (ACT test) to identify Members with uncontrolled asthma and follow Members’ progress with treatment. See Provider Resources section for handouts to use with child and adult Members.

How to Maximize Your Global Quality P4P Incentive
• Use IEHP Asthma Roster List to identify Members in need of asthma controller medications (Available on IEHP Secure Provider Portal).
• Provide ongoing Member education.
• Stay familiar with long-term controller medication treatment options for asthma management.

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

References
Asthma Action Plan for Home and School

**Name**
_____________________________________________________

**DOB** _____ / _____ / ______

**Severity Classification**
- ☐ Intermittent
- ☐ Mild Persistent
- ☐ Moderate Persistent
- ☐ Severe Persistent

**Asthma Triggers**
_____________________________________________________

**Peak Flow Meter Personal Best** _____

---

### Green Zone: Doing Well

**Symptoms:** Breathing is good - No cough or wheeze - Can work and play - Sleeps well at night

**Peak Flow Meter** ______ (more than 80% of personal best)

<table>
<thead>
<tr>
<th>Control Medicine(s)</th>
<th>Medicine</th>
<th>How much to take</th>
<th>When and how often to take it</th>
<th>Take at</th>
</tr>
</thead>
</table>

- ☐ Home
- ☐ School

**Physical Activity**
- ☐ Use albuterol/levalbuterol ______ puffs, 15 minutes before activity
- ☐ with all activity
- ☐ when the child feels he/she needs it

---

### Yellow Zone: Caution

**Symptoms:** Some problems breathing - Cough, wheeze, or chest tight - Problems working or playing - Wake at night

**Peak Flow Meter** ______ to ______ (between 50% and 79% of personal best)

<table>
<thead>
<tr>
<th>Quick-relief Medicine(s)</th>
<th>Albuterol/levalbuterol</th>
<th>______ puffs, every 4 hours as needed</th>
</tr>
</thead>
</table>

- ☐ Continue Green Zone medicines
- ☐ Add ____________________________
- ☐ Change to ____________________________

The child should feel better within 20–60 minutes of the quick-relief treatment. If the child is getting worse or is in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

---

### Red Zone: Get Help Now!

**Symptoms:** Lots of problems breathing - Cannot work or play - Getting worse instead of better - Medicine is not helping

**Peak Flow Meter** ______ (less than 50% of personal best)

**Take Quick-relief Medicine NOW!**
- Albuterol/levalbuterol ______ puffs, ___________________________ (how frequently)

**Call 911 immediately if the following danger signs are present**
- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the red zone after 15 minutes

---

**School Staff:** Follow the Yellow and Red Zone instructions for the quick-relief medicines according to asthma symptoms. The only control medicines to be administered in the school are those listed in the Green Zone with a check mark next to "Take at School".

☐ Both the Healthcare Provider and the Parent/Guardian feel that the child has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

---

### Healthcare Provider

Name ____________________________ Date ____________ Phone (_______) - ________ Signature ____________________________

### Parent/Guardian

☐ I give permission for the medicines listed in the action plan to be administered in school by the nurse or other school staff as appropriate.

☐ I consent to communication between the prescribing health care provider or clinic, the school nurse, the school medical advisor and school-based health clinic providers necessary for asthma management and administration of this medicine.

Name ____________________________ Date ____________ Phone (_______) - ________ Signature ____________________________

### School Nurse

☐ The student has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

Name ____________________________ Date ____________ Phone (_______) - ________ Signature ____________________________

---

Please send a signed copy back to the provider listed above.
Asthma Action Plan

Name ___________________________ DOB ______/_____/_______

Severity Classification  □ Intermittent  □ Mild Persistent  □ Moderate Persistent  □ Severe Persistent

Asthma Triggers (list) __________________________________________________________

Peak Flow Meter Personal Best ______

Green Zone: Doing Well

Symptoms: Breathing is good  –  No cough or wheeze  –  Can work and play  –  Sleeps well at night
Peak Flow Meter _____ (more than 80% of personal best)

Control Medicine(s) Medicine How much to take When and how often to take it
__________________________________________ __________________________________ __________________________________
__________________________________________ __________________________________ __________________________________

Physical Activity □ Use albuterol/levalbuterol _____ puffs, 15 minutes before activity
□ with all activity  □ when you feel you need it

Yellow Zone: Caution

Symptoms: Some problems breathing  –  Cough, wheeze, or chest tight  –  Problems working or playing  –  Wake at night
Peak Flow Meter _____ to _____ (between 50% and 79% of personal best)

Quick-relief Medicine(s) □ Albuterol/levalbuterol _____ puffs, every 4 hours as needed

Control Medicine(s) □ Continue Green Zone medicines
□ Add ___________________________  □ Change to ___________________________

You should feel better within 20–60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

Red Zone: Get Help Now!

Symptoms: Lots of problems breathing  –  Cannot work or play  –  Getting worse instead of better  –  Medicine is not helping
Peak Flow Meter _____ (less than 50% of personal best)

Take Quick-relief Medicine NOW! □ Albuterol/levalbuterol _____ puffs, ___________________________ (how frequently)

Call 911 immediately if the following danger signs are present
• Trouble walking/talking due to shortness of breath
• Lips or fingernails are blue
• Still in the red zone after 15 minutes

Emergency Contact Name ___________________________ Phone (_______) _______ - _________

Healthcare Provider Name ___________________________ Phone (_______) _______ - _________

1-800-LUNGUSA | LUNG.org Date ______/_____/_______
What is an Asthma Action Plan?

An Asthma Action Plan is a written plan that you and your Doctor create together. The plan instructs you on how to manage your asthma when you have symptoms.

What are the benefits of an Asthma Action Plan?

When you have an Asthma Action Plan you can take control of your asthma. When your asthma is under control you will feel better. And when you feel better, your asthma won’t keep you from doing what you like.

Following your Asthma Action Plan can also help you have fewer sick days and trips to your Doctor or the emergency room.

If your child has asthma, be sure your child’s teacher or any adult who takes care of your child has a copy of the Asthma Action Plan.

Creating an Asthma Action Plan

Your Doctor can help you set up your Asthma Action Plan. Your Plan will list the medicines you take, your asthma symptoms, and your peak flow ranges.

Your Doctor, using a peak flow meter, will help you decide what your best peak flow ranges should be. A peak flow meter is a tool used to measure how hard you can blow air out of your lungs. By keeping track of your peak flow readings, you’ll know when the airways in your lungs are starting to tighten up even before you have any asthma symptoms.

Your Doctor will use your peak flow readings to set up your Asthma Action Plan.
Asthma Action Zones

An Asthma Action Plan is divided into three action zones: green, yellow, and red. The color of the zone lets you know in which stage of action your asthma symptoms fall.

Based on your symptoms and peak flow readings, your Asthma Action Plan will tell you what steps you need to take to prevent your symptoms from getting worse.

**Green = Healthy**

The green zone is where you want to be on a daily basis.

*In this zone:*
- You have no asthma symptoms
- Your peak flow is normal or near normal
- You can do your usual activities

Be sure to take your asthma controller medicine even if you don’t have asthma symptoms.

**Yellow = Caution**

In the yellow zone quick action stops symptoms from getting worse.

*In this zone:*
- Your asthma is starting to flare-up
- You have some symptoms
- Your peak flow range is low

In this zone you should slow down and follow the steps in your plan that tell you which medicines you need to take and how you should take them.

**Red = Medical Alert**

You must take action right away.

*In this zone:*
- You are having an asthma flare-up
- Your peak flow is very low
- You cannot do your usual activities

Use your rescue medicine and call your Doctor or the IEHP Nurse Advice Line. If you are afraid for your safety, have someone take you to the ER or call 911.

Keeping track of your peak flow readings

Using a peak flow meter to check your peak flow on a daily basis will help you follow your Asthma Action Plan. Your Doctor may also ask you to record your peak flow readings. Having a record over days or weeks will help your Doctor to:
- Identify your asthma triggers
- Decide if your asthma is under control
- Decide when to add or adjust asthma medicines

Keeping a record of your readings is easy. Most times, Doctors ask that you check your peak flow in the morning and again in the evening. You can make copies of the Peak Flow Chart on the back of this page to record your daily readings.

- Write the dates of the week across the first row.
- Find your reading in the column on the left.
- Follow that reading across the chart to the correct day and put a dot in the AM or PM column.
- Joining the dots with a line will give you and your Doctor a picture of how you’re doing over time.
- If you were having symptoms at the time of your reading, record them in the rows at the bottom of the chart.

### Asthma Peak Flow Chart

<table>
<thead>
<tr>
<th>My Peak Flow Zones</th>
<th>Green Zone</th>
<th>600 - 500</th>
<th>Yellow Zone</th>
<th>250 - 400</th>
<th>Red Zone Less than 250</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>5/3</td>
<td>5/4</td>
<td>5/5</td>
<td>5/6</td>
<td>5/7</td>
</tr>
<tr>
<td>TIME</td>
<td>AM</td>
<td>PM</td>
<td>AM</td>
<td>PM</td>
<td>AM</td>
</tr>
<tr>
<td>Your Peak Flow Reading</td>
<td>40</td>
<td>35</td>
<td>30</td>
<td>25</td>
<td>20</td>
</tr>
</tbody>
</table>

If you had any of these symptoms at time of reading, please place check in the box.

- Wheezing
- Coughing
- Tightness of Chest
- Shortness of Breath

If you were having symptoms at time of reading, record them in the rows at the bottom of the chart.
What is an Asthma Action Plan?

An Asthma Action Plan is a written plan that you and your Doctor create together. The plan instructs you on how to manage your asthma when you have symptoms.

What are the benefits of an Asthma Action Plan?

When you have an Asthma Action Plan you can take control of your asthma. When your asthma is under control you will feel better. And when you feel better, your asthma won’t keep you from doing what you like.

Following your Asthma Action Plan can also help you have fewer sick days and trips to your Doctor or the emergency room.

If your child has asthma, be sure your child’s teacher or any adult who takes care of your child has a copy of the Asthma Action Plan.

Creating an Asthma Action Plan

Your Doctor can help you set up your Asthma Action Plan. Your Plan will list the medicines you take, your asthma symptoms, and your peak flow ranges.

Your Doctor, using a peak flow meter, will help you decide what your best peak flow ranges should be. A peak flow meter is a tool used to measure how hard you can blow air out of your lungs. By keeping track of your peak flow readings, you’ll know when the airways in your lungs are starting to tighten up even before you have any asthma symptoms.

Your Doctor will use your peak flow readings to set up your Asthma Action Plan.
¿En qué consiste un Plan de Tratamiento para Controlar el Asma?
Un Plan de Tratamiento para Controlar el Asma es un régimen por escrito que usted y su Doctor elaboran juntos. Este régimen le indica cómo controlar el asma cuando usted presenta síntomas.

¿Cuáles son los beneficios de un Plan de Tratamiento para Controlar el Asma?
Al realizar un Plan de Tratamiento para Controlar el Asma, usted tiene opciones para combatir los síntomas del asma. Cuando su asma esté bajo control, usted se sentirá mejor. Y si se siente mejor, su asma no le impedirá realizar las actividades que le gusta hacer.

Seguir su Plan de Tratamiento para Controlar el Asma también puede ayudarle a faltar menos al trabajo y a no visitar con tanta frecuencia a su Doctor o la sala de emergencias.

Si su hijo tiene asma, asegúrese de que la maestra de su hijo o que cualquier adulto que cuide a su hijo, tenga una copia del Plan de Tratamiento para Controlar el Asma.

Cómo crear un Plan de Tratamiento para Controlar el Asma
Su Doctor puede ayudarle a preparar su Plan de Tratamiento para Controlar el Asma. Su Plan tendrá una lista de los medicamentos que usted toma, sus síntomas de asma y sus niveles de flujo máximo.

Su Doctor usará un medidor de flujo máximo (peak flow meter) para ayudarle a decidir cuáles serían los niveles de flujo máximo adecuados para usted. Un medidor de flujo máximo es una herramienta que se usa para medir la fuerza con la que puede expulsar el aire de sus pulmones. Si mantiene un registro de las lecturas de su medidor de flujo máximo, sabrá cuando las vías respiratorias de sus pulmones empiecen a estrecharse incluso antes de que tenga síntomas de asma.

Su Doctor usará sus lecturas del medidor de flujo máximo para preparar su Plan de Tratamiento para Controlar el Asma.
Niveles de Alerta para Controlar el Asma

Un Plan de Tratamiento para Combatir el Asma se divide en tres niveles de alerta: verde, amarillo y rojo. El color de los niveles le indica en qué etapa de control están sus síntomas de asma.

Con base en sus síntomas y en las lecturas de su medidor de flujo máximo, su Plan de Tratamiento para Controlar el Asma le indicará qué pasos debe seguir para prevenir que sus síntomas empeoren.

**Verde = Saludable**
El nivel verde es en el que usted debe estar a diario.

*En este nivel:*
- Usted no tiene síntomas de asma
- Su flujo máximo es normal o casi normal
- Puede llevar a cabo sus actividades habituales

Asegúrese de llevar su medicamento de control para el asma aunque no tenga síntomas de asma.

**Amarillo = Precaución**
En el nivel amarillo, tomar medidas rápidas impide que los síntomas empeoren.

*En este nivel:*
- Su asma empieza a desencadenarse
- Presenta algunos síntomas
- Su rango de flujo máximo es bajo

En este nivel, usted debería bajar el ritmo y seguir los pasos de su plan que le indican qué medicamentos necesita tomar y cómo debe tomarlos.

**Rojo = Alerta Médica**
Usted debe tomar medidas de inmediato.

*En este nivel:*
- Usted tiene un ataque de asma
- Su flujo máximo es muy bajo
- Usted no puede llevar a cabo sus actividades habituales

Use su medicamento de rescate y llame a su Doctor o a la Línea de Consejos de Enfermería de IEHP. Si teme por su seguridad, pídale a alguien que lo lleve a la sala de emergencias (Emergency Room, ER) o que llame al 911.

Cómo llevar un registro de sus lecturas del medidor de flujo máximo

Usar un medidor de flujo respiratorio máximo para revisar su flujo máximo a diario, le ayudará a seguir su Plan de Tratamiento para Controlar el Asma. Su Doctor también podría pedirle que registre sus lecturas (rangos) del medidor de flujo máximo. Tener un registro de varios días o semanas ayudará a que su Doctor:
- Identifique los factores que desencadenan su asma
- Decida si su asma está bajo control
- Decida cuándo agregar o ajustar los medicamentos para el asma

Llevar un registro de sus lecturas es fácil. Generalmente, los Doctores le pedirán que revise su flujo máximo por la mañana y una vez más por la noche. Usted puede hacer copias de la Tabla de Flujo Máximo que está al reverso de esta página para registrar sus lecturas diarias.
- Escriba las fechas de los días de la semana a lo largo del primer renglón.
- Busque su lectura en la columna del lado izquierdo.
- Siga esa lectura a lo largo de la tabla hasta llegar al día correcto y ponga un punto en la columna AM o PM.
- Si une estos puntos con una línea, usted y su Doctor tendrán una idea de cómo ha estado a lo largo de un periodo.
- Si presentó síntomas a la hora de la lectura, registrelas en los renglones de la parte inferior de la tabla.

### Tabla de Flujo Respiratorio Máximo para Controlar el Asma

<table>
<thead>
<tr>
<th>Fecha</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Si presentó algún tipo de síntomas a la hora de la lectura, por favor marque el cuadro.
Niveles de Alerta para Controlar el Asma

Un Plan de Tratamiento para Combatir el Asma se divide en tres niveles de alerta: **verde**, **amarillo** y **rojo**. El color de los niveles le indica en qué etapa de control están sus síntomas de asma.

Con base en sus síntomas y en las lecturas de su medidor de flujo máximo, su Plan de Tratamiento para Controlar el Asma le indicará qué pasos debe seguir para prevenir que sus síntomas empeoren.

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El nivel verde es en el que usted debe estar a diario.

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- Usted no tiene síntomas de asma
- Su flujo máximo es normal o casi normal
- Puede llevar a cabo sus actividades habituales

Asegúrese de llevar su medicamento de control para el asma aunque no tenga síntomas de asma.

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En el nivel amarillo, tomar medidas rápidas impide que los síntomas empeoren.

*En este nivel:*
- Su asma empieza a desencadenarse
- Presenta algunos síntomas
- Su rango de flujo máximo es bajo

En este nivel, usted debería bajar el ritmo y seguir los pasos de su plan que le indican qué medicamentos necesita tomar y cómo debe tomarlos.

**Rojo = Alerta Médica**
Usted debe tomar medidas de inmediato.

*En este nivel:*
- Usted tiene un ataque de asma
- Su flujo máximo es muy bajo
- Usted no puede llevar a cabo sus actividades habituales

Use su medicamento de rescate y llame a su Doctor o a la Línea de Consejos de Enfermería de IEHP. Si teme por su seguridad, pidále a alguien que lo lleve a la sala de emergencias (Emergency Room, ER) o que llame al 911.

Cómo llevar un registro de sus lecturas del medidor de flujo máximo

Usar un medidor de flujo respiratorio máximo para revisar su flujo máximo a diario, le ayudará a seguir su Plan de Tratamiento para Controlar el Asma. Su Doctor también podría pedirle que registre sus lecturas (rango) del medidor de flujo máximo. Tener un registro de varios días o semanas ayudará a que su Doctor:

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- Escriba las fechas de los días de la semana a lo largo del primer renglón.
- Busque su lectura en la columna del lado izquierdo.
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### Tabla de Flujo Respiratorio Máximo para Controlar el Asma

<table>
<thead>
<tr>
<th>Mes</th>
<th>Rango de Flujo Mínimo</th>
<th>Rango de Flujo Mínimo para Controlar el Asma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar</td>
<td>400 - 500</td>
<td>250 - 400</td>
</tr>
<tr>
<td>Abr</td>
<td>300 - 400</td>
<td>200 - 300</td>
</tr>
<tr>
<td>May</td>
<td>200 - 250</td>
<td>100 - 200</td>
</tr>
</tbody>
</table>

Si presenta síntomas, marque el cuadrado correspondiente en el renglón de la fecha y hora de la lectura.

- **Nivel Verde**: Asegúrese de tomar medicamentos según su plan.
- **Nivel Amarillo**: Visite a su Doctor si sus síntomas empeoran.
- **Nivel Rojo**: Llame a la Línea de Consejos de Enfermería de IEHP. Si teme por su seguridad, pídale a alguien que lo lleve a la sala de emergencias o que llame el 911.
¿En qué consiste un Plan de Tratamiento para Controlar el Asma?
Un Plan de Tratamiento para Controlar el Asma es un régimen por escrito que usted y su Doctor elaboran juntos. Este régimen le indica cómo controlar el asma cuando usted presenta síntomas.

¿Cuáles son los beneficios de un Plan de Tratamiento para Controlar el Asma?
Al realizar un Plan de Tratamiento para Controlar el Asma, usted tiene opciones para combatir los síntomas del asma. Cuando su asma esté bajo control, usted se sentirá mejor. Y si se siente mejor, su asma no le impedirá realizar las actividades que le gusta hacer.

Seguir su Plan de Tratamiento para Controlar el Asma también puede ayudarle a faltar menos al trabajo y a no visitar con tanta frecuencia a su Doctor o la sala de emergencias.

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Su Doctor usará sus lecturas del medidor de flujo máximo para preparar su Plan de Tratamiento para Controlar el Asma.
WHAT IS ASTHMA?

Asthma affects millions of people, both children and adults. It causes breathing problems by making your airways inflamed and swollen. Sometimes symptoms go unnoticed, but even mild ones can lead to life threatening asthma flare-ups. If it is not treated, asthma could get worse. But, with the right medicines and care, you can live an active life.

WHAT ARE SYMPTOMS OF UNCONTROLLED ASTHMA?

If you have any of these symptoms, it may mean your asthma is not under control. Speak with your Doctor soon.

• Frequent coughing that does not go away
• Wheezing (breathing that sounds like whistling)
• Coughing or wheezing that disturbs your sleep
• Coughing when trying to take a deep breath
• A tight feeling in the chest
• Problems breathing in certain situations such as when under stress, sick, or exercising

HOW TO CONTROL ASTHMA

• Talk to your Doctor about using an Asthma Action Plan
• Find out what your asthma triggers are and how to avoid them
• Take your medicines the way your Doctor tells you
• Use your peak flow meter to check for changes in your breathing
• Don’t allow smoking inside your home
• Attend an IEHP Asthma Class – you’ll learn how to do all of these things (and more)!

WITH THE RIGHT MEDICINES AND CARE, YOU CAN LIVE AN ACTIVE LIFE WITH ASTHMA!

IEHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-866-640-4347 (TTY: 1-800-718-4347). IEHP cumple con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. ATENCIÓN: Si habla español u otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llame al 1-800-440-4347 o al 1-800-718-4347 (TTY). IEHP cumple con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. ATENCIÓN: Si habla español u otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llame al 1-800-440-4347 o al 1-800-718-4347 (TTY). IEHP cumple con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. ATENCIÓN: Si habla español u otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llame al 1-800-440-4347 o al 1-800-718-4347 (TTY).

IEHP Family Asthma Program

This class is free to IEHP Members with asthma. To sign up for a class near you: Call IEHP Member Services at 1-800-440-IEHP (4347)

TTY users may call 1-800-718-4347

You can also sign up online at www.IEHP.org

Choose Member LOGIN to sign in or to set up your account. Then select “Health Ed” to find a class.

WANT TO LEARN MORE?

Visit these websites:

American Lung Association
www.lung.org

The Centers for Disease Control and Prevention
www.cdc.gov/asthma/faqs.htm

IEHP OFFERS MANY HEALTH EDUCATION PROGRAMS

To sign up, call: IEHP Member Services 1-800-440-4347 | 1-800-718-4347 for TTY users

Monday – Friday
8 a.m. – 5 p.m.
¿QUÉ ES EL ASMA?
El asma es una condición que afecta a millones de personas, tanto a niños como a adultos, causándoles dificultad para respirar, ya que provoca que las vías respiratorias se inflamen y se hinchen. En ocasiones, los síntomas pasan desapercibidos, pero incluso los síntomas moderados pueden causar ataques de asma que ponen en riesgo su vida. Si el asma no se trata podría empeorar, pero con los medicamentos apropiados y la atención médica adecuada, usted puede disfrutar de una vida activa.

¿CUÁLES SON LOS SÍNTOMAS DEL ASMA NO CONTROLADA?
Si tiene alguno de estos síntomas, significa que su asma no está bajo control. Hable de inmediato con su Doctor.

• Tos persistente que no se quita
• Silbido asmático (respiración que suena como silbidos)
• Tos o silbido asmático que no le permite dormir
• Tos cuando intenta respirar profundamente
• Sensación de opresión en el pecho
• Problemas para respirar en algunas situaciones, como cuando está bajo estrés, enfermo o haciendo ejercicio

¿DESEA OBTENER MÁS INFORMACIÓN?
Visite los siguientes sitios web con información disponible en español:
American Lung Association
www.lung.org
Centros de Control y Prevención de Enfermedades
www.cdc.gov/asthma/es/faqs.htm

IEHP OFRECE MUCHOS PROGRAMAS DE EDUCACIÓN PARA LA SALUD
Clases sobre el Asma de IEHP
Esta clase es gratuita para los Miembros de IEHP que padecen asma. Para inscribirse en una clase cerca de usted, comuníquese con Servicios para Miembros de IEHP al 1-800-440-IEHP (4347), los usuarios de TTY pueden llamar al 1-800-718-4347.
También puede inscribirse en línea: www.IEHP.org
Eliga la opción “Miembro INGRESAR” para iniciar sesión o para configurar su cuenta.
Después elija “Educación para la Salud” para buscar una clase.

CON LOS MEDICAMENTOS APROPIADOS Y LA ATENCIÓN MÉDICA ADECUADA, ¡EL ASMA NO LE IMPEDIRÁ QUE LLEVE UNA VIDA ACTIVA!
**Plan de acción contra el asma**

Nombre _______________________________________________________________________________  Fecha de nacimiento ______ / ______ / ________

Clasificación de gravedad  □Intermitente  □Persistente leve  □Persistente moderado  □Persistente grave

Desencadenantes del asma (lista) ___________________________________________________________________________________________________________

Mejor marca personal del flujómetro ______

### Zona verde: Anda bien

<table>
<thead>
<tr>
<th>Síntomas: La respiración es buena  –  Sin tos ni resuello  –  Puede trabajar y jugar  –  Duermes bien a la noche</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flujómetro _____ (más del 80% de la mejor marca personal)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicamento/s de control</th>
<th>Medicamento</th>
<th>Cuánto tomar</th>
<th>Cuándo y con qué frecuencia tomarlo</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actividad física</th>
<th>usa albuterol/levalbuterol _____ puffs, 15 minutos antes de la actividad</th>
<th>con todas las actividades</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cuando siente que necesita</td>
<td></td>
</tr>
</tbody>
</table>

### Zona amarilla: Precaución

<table>
<thead>
<tr>
<th>Síntomas: Algunos problemas de respiración  –  Tos, resuello, u opresión en el pecho  –  Problemas para trabajar o jugar  –  Se despierta a la noche</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flujómetro _____ a _____ (entre 50% y 79% de la mejor marca personal)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicamento/s de alivio rápido</th>
<th>Albuterol/levalbuterol _____ puffs, cada 4 horas según sea necesario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicamento/s de control</td>
<td>□Continuar con los medicamentos de la Zona verde</td>
</tr>
<tr>
<td></td>
<td>□Agregar __________________________________________________________</td>
</tr>
<tr>
<td></td>
<td>□Cambiar por _____________________________________________________</td>
</tr>
</tbody>
</table>

Debe sentirse mejor dentro de 20-60 minutos del tratamiento de alivio rápido. Si usted está empeorando o se encuentran en la Zona amarilla durante más de 24 horas, siga las instrucciones en de la ZONE ROJA y llame al médico inmediatamente.

### Zona roja: ¡Consigue ayuda ahora!

<table>
<thead>
<tr>
<th>Síntomas: Muchos problemas de respiración  –  No puede trabajar o jugar  –  Empeora en vez de mejorar  –  El medicamento no ayuda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flujómetro _____ (menos del 50% de la mejor marca personal)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>¡Tome el medicamento de alivio rápido AHORA!</th>
<th>Albuterol/levalbuterol _____ puffs, __________________________ (con qué frecuencia)</th>
</tr>
</thead>
</table>

Llame al 911 inmediatamente si presenta las siguientes señales de peligro
- Dificultad para caminar/hablart debido a la falta de aire
- Labios o uñas azules
- Sigue en la zona roja después de 15 minutos

### Contacto de emergencia

<table>
<thead>
<tr>
<th>Nombre __________________________</th>
<th>Teléfono (______) ______ - ________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nombre __________________________</th>
<th>Teléfono (______) ______ - ________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1-800-LUNGUSA | LUNG.org  
Fecha ____ / ____ / ________
# ASTHMA CONTROL TEST™

## Know your score.

The Asthma Control Test™ provides a numerical score to help you and your healthcare provider determine if your asthma symptoms are well controlled.

Take this test if you are 12 years or older. Share the score with your healthcare provider.

**Step 1:** Write the number of each answer in the score box provided.

**Step 2:** Add up each score box for the total.

**Step 3:** Take the completed test to your healthcare provider to talk about your score.

**IF YOUR SCORE IS 19 OR LESS,** your asthma symptoms may not be as well controlled as they could be. **No matter what the score, bring this test to your healthcare provider to talk about the results.**

**NOTE:** If your score is 15 or less, your asthma may be very poorly controlled. Please contact your healthcare provider right away. There may be more you and your healthcare provider could do to help control your asthma symptoms.

<table>
<thead>
<tr>
<th>1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time</td>
<td>Most of the time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. During the past 4 weeks, how often have you had shortness of breath?</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than once a day</td>
<td>Once a day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 or more nights a week</td>
<td>2 to 3 nights a week</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 or more times per day</td>
<td>1 to 2 times per day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. How would you rate your asthma control during the past 4 weeks?</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Controlled at All</td>
<td>Poorly Controlled</td>
</tr>
</tbody>
</table>

**TOTAL:** ..........
Childhood Asthma Control Test for children 4 to 11 years

Know your score.

**Parent or Guardian:** The Childhood Asthma Control Test* is a way to help your child's healthcare provider determine if your child's asthma symptoms are well controlled. Take this test with your child (ages 4 to 11). Share the results with your child’s healthcare provider.

**Step 1:** Have your child answer the first four questions (1 to 4). If your child needs help, you may help, but let your child choose the answer.

**Step 2:** Answer the last three questions (5 to 7) on your own. Don’t let your child’s answers influence yours. There are no right or wrong answers.

**Step 3:** Write the number of each answer in the score box to the right.

**Step 4:** Add up each score box for the total.

**Step 5:** Take the COMPLETED test to your child’s healthcare provider to talk about your child’s total score.

Have your child complete these questions.

1. How is your asthma today?

   - Very bad
   - Bad
   - Good
   - Very good

2. How much of a problem is your asthma when you run, exercise or play sports?

   - It's a big problem, I can't do what I want to do.
   - It's a problem and I don't like it.
   - It's a little problem but it's okay.
   - It's not a problem.

3. Do you cough because of your asthma?

   - Yes, all of the time.
   - Yes, most of the time.
   - Yes, some of the time.
   - No, none of the time.

4. Do you wake up during the night because of your asthma?

   - Yes, all of the time.
   - Yes, most of the time.
   - Yes, some of the time.
   - No, none of the time.

Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

   - Not at all
   - 1-3 days
   - 4-10 days
   - 11-18 days
   - 19-24 days
   - Everyday

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

   - Not at all
   - 1-3 days
   - 4-10 days
   - 11-18 days
   - 19-24 days
   - Everyday

7. During the last 4 weeks, how many days did your child wake up during the night because of the asthma?

   - Not at all
   - 1-3 days
   - 4-10 days
   - 11-18 days
   - 19-24 days
   - Everyday

*The Childhood Asthma Control Test was developed by GSK.

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Screening for Clinical Depression in Primary Care & Positive Depression Screening with Follow-up Plan
Clinical Depression Screening

Depression is a medical illness that causes severe symptoms that affect how you feel, think and handle daily activities. A person with depression often feels hopeless, has low energy and has no interest in activities that he or she may have enjoyed in the past. To be diagnosed with clinical depression, symptoms must be present for at least two weeks. Depression is a common but serious mood disorder that can affect thoughts, feelings, behavior, mood, and physical health. (National Institute of Mental Health, 2018)

Depression screening includes the following two components:

1. Screening for Clinical Depression in Primary Care

**Measure Description:** The percentage of Members ages 12 years and older screened for clinical depression using an age-appropriate standardized depression screening tool during the measurement year.

- Adolescent (12-17) Screening Tool Examples
  - Patient Health Questionnaire for Adolescents (PHQ-A).
  - Beck Depression Inventory-Primary Care Version (BDI-PC).
  - Mood Feeling Questionnaire (MFQ).
  - Center for Epidemiologic Studies Depression Scale (CES-D).
  - PRIME MD-PHQ2.

- Adult (18 years and older) Screening Tool Examples
  - Patient Health Questionnaire (PHQ-9 or PHQ-2).
  - Beck Depression Inventory (BDI or BDI-II).
  - Center for Epidemiologic Studies Depression Scale (CES-D).
  - Depression Scale (DEPS), Duke Anxiety-Depression Scale (DADS).
  - Geriatric Depression Scale (GDS).
  - Cornell Scale Screening.
  - PRIME MD-PHQ2.

2. Positive Depression Screening with Follow-Up Plan

**Measure Description:** The percentage of Members ages 12 years and older who screened positive for clinical depression, using an age-appropriate standardized depression screening tool, who also have a follow-up plan documented during the measurement year. Follow-Up Plan: documented follow-up for a positive depression screening must include one or more of the following:

- Additional evaluation for depression.
- Suicide risk assessment.
- Referral to a practitioner who is qualified to diagnose and treat depression.
- Pharmacological interventions.
- Other interventions or follow-up for the diagnosis or treatment of depression.
Epidemiology

• In 2016, an estimated 10.3 million U.S. adults ages 18 and older had at least one major depressive episode with severe impairment. This number represented 4.3 percent of all U.S. adults.
• An estimated 3.1 million adolescents ages 12-17 in the U.S. had at least one major depressive episode. This number represented 12.8 percent of the U.S. population ages 12-17.
• The prevalence of a major depressive episode was higher among adolescent females (19.4 percent) compared to males (6.4 percent).
• The prevalence of a major depressive episode was highest among adolescents reporting two or more races (13.8 percent).
• An estimated 16.2 million adults in the U.S. had at least one major depressive episode. This number represented 6.7 percent of all U.S. adults.
• The prevalence of a major depressive episode was higher among adult females (8.5 percent) compared to males (4.8 percent).
• The prevalence of adults with a major depressive episode was highest among individuals ages 18-25 (10.9 percent).
• The prevalence of a major depressive episode was highest among adults reporting two or more races (10.5 percent).

Best Practice Guidelines

• PCPs and other practitioners are responsible for identifying, diagnosing and treating Members’ behavioral health conditions within their scope of practice.
• Members presenting with complex behavioral health conditions, or multiple/mixed psychiatric symptomatology, combined with functional impairments are generally beyond the PCP’s scope of practice and requires a referral to a behavioral health practitioner through the appropriate local County Mental Health Plan or the IEHP Behavioral Health Department.
• IEHP’s Behavioral Health Department can assist in the referral process for all Members. Members accessing care may be directed to the IEHP Behavioral Health Team through several sources.
• A Member may access behavioral health services directly by calling IEHP Member Services at (800) 440-4347 or they may be referred by any IEHP Provider.
• PCPs and other practitioners may receive assistance coordinating behavioral health care by contacting the IEHP Provider Relations Team at (909) 890-2054. Providers who have access to IEHP’s Behavioral Health web forms on the IEHP Secure Provider Portal can submit electronic referrals.
Depression Screening Guidelines

<table>
<thead>
<tr>
<th>Population</th>
<th>Screening recommendation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum* women.</td>
<td>The USPSTF recommends screening for depression in the general adult population (18 and older), including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up</td>
<td>B</td>
</tr>
</tbody>
</table>

*Having given birth within the previous 12 months

Recommended screening tools include:
- Patient Health Questionnaire (PHQ-2 or 9 question versions)
- Edinburgh Postnatal Depression Scale (EPDS for postpartum women)

Member Education, Resources and Self-Management

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available At</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telephonic Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact:</strong> IEHP Behavioral Health Department</td>
<td>IEHP Health Plan Behavioral Health Care Manager assistance for referrals and coordination of care</td>
<td>Please contact IEHP Member Services at (800) 440-4347</td>
</tr>
<tr>
<td><strong>Printed/Electronic Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reference:</strong> Dealing with Depression (IEHP)</td>
<td>Brochure on depression overview, symptoms and actions the Member can take if he or she is experiencing depression</td>
<td>Refer to the handout included in Member Resources or call your Provider Services Representative for copies</td>
</tr>
<tr>
<td><strong>Reference:</strong> Inland Empire Maternal Mental Health Collaborative</td>
<td>Website providing maternal mental health information and fact sheets, local resources and support group information</td>
<td><a href="http://www.iemmhc.org/resources">http://www.iemmhc.org/resources</a></td>
</tr>
<tr>
<td><strong>Reference:</strong> Centers for Disease Control and Prevention</td>
<td>Website providing mental health information</td>
<td><a href="https://www.cdc.gov/mentalhealth/">https://www.cdc.gov/mentalhealth/</a></td>
</tr>
<tr>
<td><strong>Reference:</strong> National Alliance on Mental Illness</td>
<td>Website providing mental health information, infographics and fact sheets</td>
<td>Refer to the handout included in Member Resources Available at <a href="https://www.nami.org">https://www.nami.org</a></td>
</tr>
</tbody>
</table>
Talking Points

- Engage Members in conversations regarding mental health by screening for depression on a routine basis.
- Be patient and continue to show care/concern during visits. Members are listening and as trust builds, resistance lessens.
- Place signs in waiting/exam rooms inviting Members to ask about depression.
- Refer to the PHQ-9 Patient Health Questionnaire, PHQ-2, and the Edinburgh Tool for depression screening.
- Encourage Members to have a well-balanced diet, live a healthy lifestyle and stay active.
- Recommend that the Members seek support from family, friends or support groups.
- Encourage Members to try a variety of coping methods such as: meditation, relaxation, creative activities, or exercising.
- Antidepressants can take two to four weeks to take effect.
- In some cases, 25-year-olds and/or children may experience increase in suicidal thoughts.
- FDA warns that patients taking antidepressants should be monitored closely, especially during the first week.
- Refer to a behavioral health specialist as needed.

How to Maximize Your Global Quality P4P Incentive

- Apply the USPSTF guidelines for depression screening.
- Have age-appropriate standardized screening tools readily available. (Refer to screening tools included in the Provider Resources pocket)
- Ensure that encounters are being submitted in a timely fashion, using the appropriate code sets.
- Set up EMR system to capture depression screening and result and document a follow-up plan for any positive screens.
- Map depression screen result and depression follow-up plan to valid GQP4P codes.

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

References

Everyone feels sad at times – it’s a normal part of life. But if sadness is making it hard for you to get through your days, you may be struggling with depression.

Depression is not a sign of weakness or something to be ashamed of. Depression is an illness that affects your mind and body – and you can’t just “snap out” of it. But even the deepest depression can be treated – and you can feel better again!

**WHAT IS DEPRESSION?**

Depression is not just feeling sad. Different people have different symptoms. Symptoms may include:

- Feeling sad, anxious, or “empty”
- Feeling worthless, guilty, or hopeless
- Having no energy; feeling tired all the time
- Having body aches and pains with no known cause
- Not being able to concentrate, think clearly, remember details, or make decisions
- Feeling restless or irritable
- Not sleeping, or sleeping too much
- Having no appetite/losing weight, or overeating/gaining weight
- Losing interest, or finding no pleasure in things once enjoyed
- Having thoughts of death or suicide

If you have had some of these symptoms most of the day for at least two weeks, you should talk with your Doctor as soon as you can.

**SYMPTOMS OF DEPRESSION**

**WHAT CAN I DO?**

Don’t put off asking for help. There are many treatment options that can help you manage depression. Your Doctor may prescribe medicine or refer you to therapy. There are also lifestyle changes you can make. Start with a few small goals, then try doing a little more each day.

- Talk to someone you trust about how you’re feeling.
- Join with others to do things you enjoy – hobbies, sports, day trips, making art or music.
- Try to sleep between seven and nine hours each night.
- Exercise! Even a 10-minute walk can boost your mood.
- Eat small, well-balanced meals throughout the day.
- Avoid alcohol and drugs. These can make your depression worse.
- Get some sun for at least 15 minutes a day.
- Most of all, be patient and don’t give up. With time and the right treatment, you will start to feel better.

**RESOURCES**

**National Institute of Mental Health**
https://www.nimh.nih.gov/health/
publications/depression

The better you understand depression, the clearer your path to health will be.

**Mayo Clinic**
http://www.mayoclinic.org/diseases-conditions/depression/basics/definition/con-20032977

Learn more about depression from this worldwide leader in medical care and research.

**Suicide Prevention Lifeline**
1-800-273-8255
(24/7 free support for people in distress)

No matter what you are dealing with, find a reason to keep living!

IEHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-440-4347 (TTY: 1-800-718-4347).

IEHP cumple con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. ATENCIÓN: Si habla español u otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de interprétación. Llame al 1-800-440-4347 (TTY: 1-800-718-4347). IEHP 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。注意：如果您說其他語言，我們可以為您提供免費的翻譯服務。請致電 1-800-440-4347 (TTY: 1-800-718-4347)。
A veces, todos nos podemos sentir tristes, es normal. Pero si la tristeza le dificulta seguir su vida cotidiana, es posible que tenga depresión.

La depresión no es signo de debilidad ni motivo de vergüenza. Es una enfermedad que le afecta la mente y el cuerpo, y usted no sabe cómo “reaccionar”. Pero hasta la depresión más severa puede tratarse y lograr que usted vuelva a sentirse bien!

¿QUÉ ES LA DEPRESIÓN?

La depresión no es sólo sentirse triste. Las personas tienen diferentes síntomas. Los cuales pueden incluir:

- Sentir tristeza, ansiedad o “vacío”
- Falta de valor, culpa o desesperanza
- Falta de energía; sentir cansancio todo el tiempo
- Dolores y molestias corporales sin causa conocida
- No poder concentrarse, pensar bien, recordar o tomar decisiones
- Sentir Inquietud o irritabilidad
- No dormir o dormir demasiado
- No tener apetito y perder peso o comer mucho y subir de peso
- Perder interés o no encontrar placer en lo que antes disfrutaba
- Pensar en la muerte o en el suicidio

Si tiene algunos de estos síntomas durante la mayor parte del día y los ha tenido al menos por dos semanas, hable con su Doctor lo antes posible.

¿QUÉ PUEDE HACER?

No tarde en pedir ayuda. Hay muchos tratamientos que pueden ayudarle a controlar la depresión. Su Doctor puede indicarle medicamento o terapia. También puede hacer cambios en su estilo de vida. Comience con pequeñas metas y vaya aumentándolas poco a poco cada día.

- Hable con alguien de confianza sobre lo que siente.
- Reúna con otras personas para disfrutar de pasatiempos, deportes, viajes cortos, arte o música.
- Intente dormir entre siete y nueve horas cada noche.
- Haga ejercicios! Caminar 10 minutos puede mejorar su estado de ánimo.
- Ingiera comidas pequeñas y balanceadas durante el día.
- Evite el alcohol y las drogas. Pueden empeorar su depresión.
- Tome sol al menos durante 15 minutos cada día.

Sobre todo, sea paciente y no se desanime. Con el tiempo y el tratamiento adecuado, se sentirá mejor.

¿QUÉ PUEDO HACER?

¡PUEDE REGRESAR LA ALEGRÍA A SU VIDA!

CÓMO TRATAR LA DEPRESIÓN

SÍNTOMAS DE LA DEPRESIÓN

RECURSOS

National Institute of Mental Health
https://www.nimh.nih.gov/health/publications/depression

Suicide Prevention Lifeline
1-800-273-8255 (apoyo gratis 24/7 para la angustia)

No importa por lo que esté atravesando, busque un motivo para seguir viviendo!

MAYO CLINIC
http://www.mayoclinic.org/diseases-conditions/depression/basics/definition/con-20032977

Aprenda más sobre la depresión del líder internacional en atención médica e investigación.

Cualquiera que comience a sentirse triste debe buscar ayuda. No es una debilidad, sino una enfermedad. Hay muchas formas que puede controlarse y aliviar bien con tratamiento.

¡No importa por lo que esté atravesando, busque un motivo para seguir viviendo!
# Severity Measure for Depression—Child Age 11–17

*PHQ-9 modified for Adolescents (PHQ-A)—Adapted

<table>
<thead>
<tr>
<th>Instructions</th>
<th>How often have you been bothered by each of the following symptoms during the past 7 days? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Clinician Use</th>
<th>Item score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling down, depressed, irritable, or hopeless?</td>
<td>Not at all</td>
<td>Several days</td>
</tr>
<tr>
<td>2. Little interest or pleasure in doing things?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Poor appetite, weight loss, or overeating?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Feeling tired, or having little energy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or feeling that you are a failure, or that you have let yourself or your family down?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Trouble concentrating on things like school work, reading, or watching TV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or the opposite—being so fidgety or restless that you were moving around a lot more than usual?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total/Partial Raw Score:**

**Prorated Total Raw Score: (if 1-2 items left unanswered)**

*Modified from the PHQ-A (J. Johnson, 2002) for research and evaluation purposes*
Instructions to Clinicians
The Severity Measure for Depression—Child Age 11–17 (adapted from PHQ-9 modified for Adolescents [PHQ-A]) is a 9-item measure that assesses the severity of depressive disorders and episodes (or clinically significant symptoms of depressive disorders and episodes) in children ages 11–17. The measure is completed by the child prior to a visit with the clinician. Each item asks the child to rate the severity of his or her depression symptoms during the past 7 days.

Scoring and Interpretation
Each item on the measure is rated on a 4-point scale (0=Not at all; 1=Several days; 2=More than half the days; and 3=Nearly every day). The total score can range from 0 to 27, with higher scores indicating greater severity of depression. The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score in the section provided for “Clinician Use.” The raw scores on the 9 items should be summed to obtain a total raw score and should be interpreted using the table below:

<table>
<thead>
<tr>
<th>Total Raw Score</th>
<th>Severity of depressive disorder or episode</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>None</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately severe</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe</td>
</tr>
</tbody>
</table>

Note: If 3 or more items are left unanswered, the total raw score on the measure should not be used. Therefore, the child should be encouraged to complete all of the items on the measure. If 1 or 2 items are left unanswered, you are asked to calculate a prorated score. The prorated score is calculated by summing the scores of items that were answered to get a partial raw score. Multiply the partial raw score by the total number of items on the PHQ-9 modified for Adolescents (PHQ-A)—Modified (i.e., 9) and divide the value by the number of items that were actually answered (i.e., 7 or 8). The formula to prorate the partial raw score to Total Raw Score is:

\[
\text{Total Raw Score} = \frac{(\text{Raw sum} \times 9)}{\text{Number of items that were actually answered}}
\]

If the result is a fraction, round to the nearest whole number.

Frequency of Use
To track changes in the severity of the child’s depression over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the child’s symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the child that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.
PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? 
(use "✓" to indicate your answer)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

**TOTAL:**

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

   - Not difficult at all
   - Somewhat difficult
   - Very difficult
   - Extremely difficult
PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder
- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder
- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Box to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Depression Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>Minimal depression</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild depression</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate depression</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately severe depression</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe depression</td>
</tr>
</tbody>
</table>

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A2662B 10-04-2005
Substance Use Assessment
Substance abuse is the long-term, pathological use of alcohol or drugs, characterized by daily intoxication, inability to reduce consumption and impairment in social or occupational functioning; broadly, alcohol or drug addiction.

Alcohol misuse describes alcohol consumption that puts individuals at increased risk for adverse health and social consequences. It is defined as excess daily consumption (more than four drinks per day for men or more than three drinks per day for women), or excess total consumption (more than 14 drinks per week for men or more than seven drinks per week for women), or both.

Screening for Alcohol Misuse and Substance Abuse Screening Measure Description:

• Medi-Cal requires alcohol misuse screening for members 18 years of age and older who answer “yes” to the alcohol “prescreening” question in the Individual Health Education Behavioral Assessment (IHEBA), other approved tool or at any time the PCP identifies a potential alcohol misuse problem. The single alcohol-related question on the Staying Health Assessment alone does not meet this Medi-Cal requirement.
• IEHP requires the use of the Brief Addiction Monitor (BAM) or Alcohol Use Disorder Identification Test-Consumption (AUDIT-C)

Epidemiology

• In 2016, 20.1 million Americans over 12 years of age (about 7.5 percent of the population) were classified as having Substance Use Disorder involving AOD (alcohol or other drug dependence)
• More than 700,000 Americans receive alcoholism treatment every day, but there is growing recognition that alcoholism (i.e., alcohol dependence or addiction) represents only one end of the spectrum of “alcohol misuse.”
• There are approximately 79,000 deaths attributable to excessive alcohol use each year in the United States.
• Alcohol misuse is associated with high costs to employers including absenteeism, decreased productivity (due to poor work performance), turnover, accidents and increased health care costs.
• The cost of alcohol misuse in the United States was estimated to be $185 billion in 1998. About $16 billion of this amount was spent on medical care for alcohol-related complications (not including fetal alcohol syndrome [FAS]), $7.5 billion was spent on specialty alcohol treatment services and $2.9 billion was spent on FAS treatment. The remaining costs ($134 billion) were due to lost productivity. Lost productivity due to alcohol-related deaths and disabilities impose a greater economic burden than do health care costs.
• Over 15 percent of U.S. workers report being impaired by alcohol at work at least one time during the past year, and 9 percent of workers reported being hung-over at work.

Clinical Practice Guidelines

• PCP’s and other practitioners are responsible for identifying, diagnosing, and treating Members’ behavioral health conditions within their scope of practice.
• Recommended evaluation tools for alcohol misuse/substance abuse include the AUDIT C or BAM questionnaire.
• PCPs must offer behavioral counseling intervention(s) when the member responds affirmatively to alcohol/drug question in the IHEBA, provides responses on the expanded screening that indicates hazardous use, or otherwise.
• A Member may access behavioral health services directly by calling IEHP Member Services at (800) 440-4347, or they may be referred by any IEHP Provider.
• PCPs and other practitioners may receive assistance coordinating behavioral health care by contacting the IEHP Provider Relations Team at (909) 890-2054. Providers who have access to IEHP’s Behavioral Health web forms on the IEHP Secure Provider Portal can submit electronic referrals.

### Screening Guidelines

<table>
<thead>
<tr>
<th>Population</th>
<th>Screening recommendation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 years and older</td>
<td>Annually or as needed</td>
<td>Eligible for IEHP Global P4P Incentive program.</td>
</tr>
</tbody>
</table>

### Member Education, Resources and Self-Management

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available At</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telephonic Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact:</strong> IEHP Behavioral Health Department</td>
<td>IEHP Health Plan Behavioral Health Care Manager assistance for referral and coordination of care</td>
<td>Please contact IEHP Member Services at (800) 440-4347</td>
</tr>
<tr>
<td><strong>Printed/Electronic Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reference:</strong> San Bernardino County Substance Use Disorder and Recovery Services (SUDRS)</td>
<td>Brochure that can be used when referring Members to county services.</td>
<td>Please refer to the handout provided in Member resources</td>
</tr>
<tr>
<td><strong>Reference:</strong> County of Riverside Substance Abuse Prevention and Treatment Program</td>
<td>Brochure that can be used when referring Members to county services.</td>
<td>Please refer to the handout provided in Member resources</td>
</tr>
<tr>
<td><strong>Reference:</strong> An American Addiction Centers Resource</td>
<td>Website that provides resources on substance abuse and facts on substance abuse</td>
<td><a href="https://drugabuse.com">https://drugabuse.com</a></td>
</tr>
<tr>
<td><strong>Reference:</strong> National Institute on Alcohol Abuse and Alcoholism</td>
<td>Website that provides information on your health and alcohol abuse.</td>
<td><a href="http://www.niaaa.nih.gov/alcohol-health">www.niaaa.nih.gov/alcohol-health</a></td>
</tr>
<tr>
<td><strong>Reference:</strong> National Institute on Drug Abuse</td>
<td>Website that provides informational resources on drug abuse</td>
<td><a href="http://www.drugabuse.gov">www.drugabuse.gov</a></td>
</tr>
</tbody>
</table>
### Printed/Electronic Resources (continued)

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available At</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reference:</strong> Substance Abuse Screening Assessment and Referral Center (SARC)</td>
<td>San Bernardino County Alcohol and Drug Treatment Referral Lines and Website</td>
<td><strong>(909) 421-4601</strong>&lt;br&gt;wp.sbcounty.gov/dbh/ads</td>
</tr>
<tr>
<td><strong>Reference:</strong> Substance Use CARES Line</td>
<td>Riverside County Alcohol and Drug Treatment Referral Lines and Website</td>
<td><strong>(800) 499-3008</strong>&lt;br&gt;www.rcdmh.org/Substance-Use-Program</td>
</tr>
<tr>
<td><strong>Reference for providers:</strong> Free AMSC Training</td>
<td>Live 4-hour workshop through the UCLA Integrated Substance Abuse Program</td>
<td><a href="http://www.uclaiap.org">www.uclaiap.org</a></td>
</tr>
<tr>
<td><strong>Reference for providers:</strong> Free AMSC Training</td>
<td>Online 4-hour self-paced course with CEUs</td>
<td><a href="http://www.dhcs.ca.gov/services/medical/Pages/SBIRT.aspx">www.dhcs.ca.gov/services/medical/Pages/SBIRT.aspx</a></td>
</tr>
<tr>
<td><strong>Reference for providers:</strong> Free AMSC Training</td>
<td>National Institute on Alcohol Abuse And Alcoholism (NIAAA) Clinician’s Guide Online</td>
<td><a href="http://www.niaaa.nih.gov/guide">www.niaaa.nih.gov/guide</a></td>
</tr>
</tbody>
</table>

### Talking Points
- Engage Members in conversations regarding mental health by screening for alcohol/drug misuse.
- Be patient, nonjudgmental and continue to show care/concern during visits. Members are listening and as trust builds, resistance lessens.
- Educate the Member on concurrent psychosocial treatment(s) and participation in community groups such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous and others.
- Evaluation for need of medically managed detoxification (delirium tremens, history of seizures, anxiety).

### How to Maximize Your Global Quality P4P Incentive
- Download and utilize recommended tools.
- Stay familiar with trainings offered on substance use assessment.

*Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.*
References


Si es un problema con el alcohol o las drogas, estamos aquí para ayudar.

El Departamento de Salud Mental, del Condado de San Bernardino (DBH) Servicios de Recuperación para Trastornos por el Uso de Sustancias (SUDRS) proporciona una gama completa de servicios de tratamiento del trastorno por uso de sustancias para las comunidades y residentes del Condado de San Bernardino.

Tenemos diferentes opciones de tratamiento diseñadas para proporcionar los servicios necesarios para ayudar a dirigir a la gente en el camino hacia la recuperación. Ofrecemos todo, desde el tratamiento residencial hasta los servicios ambulatorios. También enlazamos personas con recursos y centros de recuperación en donde la gente puede disfrutar de actividades libres de drogas.

En este folleto encontrará más información sobre los servicios DBH SUDRS. Para obtener acceso a cualquiera de estos servicios o si tiene alguna pregunta, llámenos al (800) 968-2636 o al (909) 386-9740 para obtener ayuda.

Promoción del bienestar, Recuperación y Resiliencia

DBH Administración de Servicios de Recuperación para Trastornos por el Uso de Sustancias
621 E. Carnegie Dr., Suite 210
San Bernardino, CA  92415
(800) 968-2636
(909) 386-9740
Fax (909) 381-2172

Para el acceso 24/7 a los servicios de salud mental y uso de sustancias, llame a la Línea de Ayuda de Servicios DBH al (888) 743-1478 o (909) 386-8256 En caso de EMERGENCIA, llame al 9-1-1.

Para todos los números, Usuarios TTY, por favor marquen 7-1-1.

SBCounty.gov/DBH
Descripción General de los Servicios del DBH-SUDRS

DBH SUDRS proporciona una variedad de servicios de trastorno por uso de sustancias para:
- Adultos mayores de 18 años.
- Jóvenes de 12 a 17 años.

Admisión de prioridad al tratamiento de trastorno de uso de sustancias se da en el siguiente orden:
1. Usuarios de drogas inyectables y embarazadas.
2. Embarazadas con abuso de sustancias.
3. Usuarios de drogas inyectables.
4. Todos los demás que necesiten tratamiento.

Los servicios están disponibles para todos los residentes del Condado, sin importar raza, religión, género, orientación sexual o discapacidad, incluyendo enfermedades crónicas o HIV.

El costo del tratamiento se basa en una tarifa de escala móvil. Medi-Cal y otros fondos de asistencia pública puede pagar parte del tratamiento. Si no tiene una referencia y no tiene Medi-Cal, puede pagar parte del tratamiento. Si no tiene una referencia y no tiene Medi-Cal, póngase en contacto con nosotros para que podamos ayudarle.

DBH-SUDRS ofrece los siguientes servicios de tratamiento:
- Desintoxicación
- Tratamiento Residencial
- Tratamiento Ambulatorio
- Tratamiento Ambulatorio Intensivo
- Tratamiento Perinatal
- Programa de Tratamiento de Narcóticos
- Tratamiento para adolescentes

Los servicios con estas opciones de tratamiento incluyen:
- Planes de Tratamiento Individualizado.
- Terapia Individual/Grupo/Familiar
- Gestión de Casos
- Servicios de Intervención de Crisis
- Componentes Educativos
- Referencias a otros servicios

Servicios DBH-SUDRS ofrecidos por referencia incluyen:
- Servicios de Tratamiento Cal-WORKs para la Salud Mental
- Cal-WORKs - Servicios de Tratamiento de Trastornos de Uso de Sustancias
- Cal-WORKs- Estabilización de la familia
- Cal-WORKs - Habilidades de la vida
- Gestión de Casos para el Programa Que Ningún niño se quede desprotegido y los Veteranos, Programa de Vivienda
- Listo para alquilar
- Vivienda limitada, solamente por remisión

Los Centros de Recuperación también están disponibles para individuos en la comunidad como un centro de servicio cuyo propósito principal es apoyar los esfuerzos de recuperación de los trastornos por uso de sustancias de las personas en la comunidad. Estos centros pueden ofrecer:
- Grupos de autoayuda
- Actividades Sociales
- Educación para Padres
- Grupos educativos: (Habilidades de la Vida, Apoyo Familiar, La Asistencia Postoperatoria, Manejo de la Ira, Dejar de Fumar

Para una lista completa de los lugares, llame a la Administración de DBH-SUDRS al (800) 968-2636.

El Condado de San Bernardino tiene varios programas de prevención Friday Night Live (FNL) y Club Live (CL). FNL, diseñado para los jóvenes de la escuela Preparatoria, y CL, diseñado para los jóvenes de escuela secundaria, ofrecen la oportunidad de unirse con otros en su escuela y comunidad a través de diversión, la habilidad de desarrollar actividades y relaciones afectuosas en ambientes libres de alcohol, tabaco y violencia. Para encontrar un grupo local de FNL/CL visite www.fridaynightlive.org.

Si desea obtener mas información sobre cualquiera de estos servicios o programas del DBH-SUDRS llame al (800) 968-2636 o (909) 386-9740.
Whether it’s a problem with alcohol or drugs, we are here to help.

San Bernardino County Department of Behavioral Health (DBH) Substance Use Disorder and Recovery Services (SUDRS) provides a full range of substance use disorder treatment services for San Bernardino County communities and residents.

We have different treatment options designed to provide the necessary services to help move people toward the road to recovery. We offer everything from residential treatment to outpatient services. We also link people to resources and recovery centers where people can enjoy drug free activities.

In this brochure, you will find more information on DBH SUDRS services. For access to any of these services or if you have any questions, please contact us at (800) 968-2636 or (909) 386-9740 for assistance.

Promoting Wellness, Recovery and Resilience

DBH Substance Use Disorder and Recovery Services Administration 621 E. Carnegie Dr., Suite 210 San Bernardino, CA 92415
(800) 968-2636
(909) 386-9740
Fax (909) 381-2172

For 24/7 access to behavioral health and substance use disorder services call DBH’s Access Unit at (888) 743-1478 or (909) 386-8256
In an EMERGENCY, call 9-1-1.

TTY users, please dial 7-1-1 for all phone numbers listed.

SBCounty.gov/DBH

Revised 10/17
DBH SUDRS Services Overview

DBH SUDRS provides a variety of substance use disorder services to:
- Adults aged 18 and over.
- Youth aged 12 through 17.

Priority admission to substance use disorder treatment is given to, in the following order:
1. Pregnant injecting drug users.
2. Pregnant substance abuser.
3. Injecting drug users.
4. All others who need treatment.

Services are available to all County residents regardless of race, religion, gender, sexual orientation or disability, including chronic illness or HIV.

The cost of treatment is based on a sliding scale fee. Medi-Cal and other public assistance funding may pay for some of the treatment. If you do not have a referral and do not have Medi-Cal, please contact us so we can assist you.

If you would like more information on any of these services or programs, please call DBH SUDRS at (800) 968-2636 or (909) 386-9740

DBH SUDRS offers the following treatment services:
- Withdrawal Management (Detoxification)
- Residential Treatment
- Outpatient Treatment
- Intensive Outpatient Treatment
- Perinatal Treatment
- Narcotic Treatment Program
- Youth Treatment

Services within these treatment options include:
- Individualized Treatment Plans
- Individual/Group/Family Therapy
- Case Management
- Crisis Intervention Services
- Educational Components
- Referrals to other services

Additional DBH SUDRS services offered by referral include:
- CalWORKs Mental Health Treatment Services
- CalWORKs Substance Use Disorder Treatment Services
- CalWORKs Family Stabilization
- CalWORKs Life Skills
- Case Management for the No Child Left Unsheltered Program and the Veterans Housing Program
- Ready To Rent

Recovery Centers are also available to individuals in the community as a service center whose primary purpose is to support recovery efforts from substance use disorders of persons in the community. These centers can offer:
- Self-Help Groups
- Social Activities
- Parenting Education
- Educational Groups; Life Skills, Family Support, Aftercare, Anger Management, Smoking Cessation.

For a complete list of locations, call DBH SUDRS Administration at (800) 968-2636.

San Bernardino County currently has several Friday Night Live (FNL) and Club Live (CL) prevention programs. FNL, designed for high school aged youth, and CL, designed for middle school age youth, offer youth an opportunity to connect with others in their school and community through fun, skill building activities and caring relationships in environments free of alcohol, drugs, tobacco and violence.

To find a local FNL/CL chapter visit www.fridaynightlive.org.
Participant ID: __________  Date: __________

Interviewer ID (Clinician Initials): __________

Instructions:
This is a standard set of questions about several areas of your life such as your health, alcohol and drug use, etc. The questions generally ask about the past 30 days. Please consider each question and answer as accurately as possible.

Method of Administration:
☐ Clinician Interview  ☐ Self Report  ☐ Phone

1. In the past 30 days, how would you say your physical health has been?
   - Excellent (0)
   - Very Good (8)
   - Good (15)
   - Fair (22)
   - Poor (30)

2. In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?
   ___  ___

3. In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?
   ___  ___

4. In the past 30 days, how many days did you drink ANY alcohol?
   ___  ___ (If 00, Skip to #6)

5. In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? [One drink is considered one shot of hard liquor (1.5 oz.) or 12-ounce can/bottle of beer or 5-ounce glass of wine.]
   ___  ___

6. In the past 30 days, how many days did you use any illegal or street drugs or abuse any prescription medications?
   ___  ___ (If 00, Skip to #8)

7. In the past 30 days, how many days did you use any of the following drugs:
   7A. Marijuana (cannabis, pot, weed)?
      ___  ___
   7B. Sedatives and/or Tranquilizers (benzos, Valium, Xanax, Ativan, Ambien, barbs, Phenobarbital, downers, etc.)?
      ___  ___
   7C. Cocaine and/or Crack?
      ___  ___
   7D. Other Stimulants (amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, speed, crystal meth, ice, etc.)?
      ___  ___
   7E. Opiates (Heroin, Morphine, Dilaudid, Demerol, Oxycontin, oxy, codeine (Tylenol 2,3,4), Percocet, Vicodin, Fentanyl, etc.)?
      ___  ___
   7F. Inhalants (glues, adhesives, nail polish remover, paint thinner, etc.)?
      ___  ___
   7G. Other drugs (steroids, non-prescription sleep and diet pills, Benadryl, Ephedra, other over-the-counter or unknown medications)?
      ___  ___
8. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?
   - Not at all (0)
   - Slightly (8)
   - Moderately (15)
   - Considerably (22)
   - Extremely (30)

9. How confident are you that you will NOT use alcohol and drugs in the next 30 days?
   - Not at all (0)
   - Slightly (8)
   - Moderately (15)
   - Considerably (22)
   - Extremely (30)

10. In the past 30 days, how many days did you attend self-help meetings like AA or NA to support your recovery?
    ___   ___

11. In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky “people, places or things”)?
    ___   ___

12. Does your religion or spirituality help support your recovery?
    - Not at all (0)
    - Slightly (8)
    - Moderately (15)
    - Considerably (22)
    - Extremely (30)

13. In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work?
    ___   ___

14. Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?
    - No (0)
    - Yes (30)

15. In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends?
    - Not at all (0)
    - Slightly (8)
    - Moderately (15)
    - Considerably (22)
    - Extremely (30)
16. In the past 30 days, how many days did you contact or spend time with any family members or friends who are supportive of your recovery?

   ___  ___

17. How satisfied are you with your progress toward achieving your recovery goals?

   ○ Not at all (0)
   ○ Slightly (8)
   ○ Moderately (15)
   ○ Considerably (22)
   ○ Extremely (30)
Breast Cancer Screening
Breast Cancer Screening

Breast Cancer is a cancer that occurs in the cells of the breast and is the second most common cancer diagnosed in women in the United States, after skin cancer. Breast cancer occurs in both men and women, although male breast cancer is rare.

Mammography is an image of the breast tissue created using radiation (X-ray or another digital technique). This is the standard recommended screening tool for breast cancer. MRIs, ultrasounds or biopsies are performed as an adjunct to mammography and do not themselves count as screening. The main benefit of mammograms is they help reduce the chance that a woman will die from breast cancer. The most serious potential harm is over-diagnosis. This occurs when a woman is diagnosed with a breast cancer that would not have become a threat to her health during her lifetime.

Measure Description: The percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer anytime on or between October 1 two years prior to the measurement year through December 31 of the measurement year.

Epidemiology

• Breast cancer is one of the most common cancers in women. In 2015, about 232,000 women were newly diagnosed with breast cancer and 40,000 women died from it.
• The risk of developing breast cancer increases with age. Women between the ages of 55-64 are most frequently diagnosed with breast cancer. The most common age of death from breast cancer is 68.
• The rate of mammography screening among female Medicare enrollees aged 67-69 who received at least one mammogram during the last two years is 58 percent for Riverside County, 52 percent for San Bernardino County and 60 percent for California.

Best Practice Guidelines

• Mammography is the best available method to detect breast cancer at an early stage, when treatment is most effective.
## Screening Guidelines

<table>
<thead>
<tr>
<th>Population</th>
<th>Screening recommendation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>This recommendation applies to women ages 40-49 years.</td>
<td>The decision to start screening women should be an individual one. Women with a parent, sibling or child with breast cancer are at higher risk for breast cancer and thus may benefit more than average-risk women from beginning screening in their 40s. While screening women ages 40 to 49 years may reduce the risk for breast cancer death, the number of deaths averted is smaller than that in older women and the number of false-positive results and unnecessary biopsies is larger. The balance of benefits and harms is likely to improve as women move from their early to late 40s.</td>
<td>C</td>
</tr>
<tr>
<td>This recommendation applies to women ages 50-74 years.</td>
<td>The U.S. Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women ages 50 to 74 years.</td>
<td>B</td>
</tr>
<tr>
<td>This recommendation applies to women ages 75 years and older.</td>
<td>The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women ages 75 years and older.</td>
<td>I</td>
</tr>
</tbody>
</table>

## Member Education, Resources and Self-Management

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available at</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reference:</strong> Mammograms (Office on Women’s Health, DHHS)</td>
<td>Website providing general information on mammograms, including frequently asked questions</td>
<td><a href="https://www.womenshealth.gov/a-z-topics/mammograms">https://www.womenshealth.gov/a-z-topics/mammograms</a></td>
</tr>
<tr>
<td><strong>Reference:</strong> Breast Cancer (National Cancer Institute, NIH)</td>
<td>Website providing overview of breast cancer, causes and prevention, screening and treatment</td>
<td><a href="https://www.cancer.gov/types/breast">https://www.cancer.gov/types/breast</a></td>
</tr>
</tbody>
</table>
Talking Points

• Tell Members about the benefits of early breast cancer detection: reduces deaths, extends life expectancy (years of life gained), and improves life quality (quality-adjusted life-years gained).
• Early breast cancer detection also enables less extensive surgery, fewer mastectomies, and less frequent or less aggressive chemotherapy.
• Reducing smoking and alcohol use and engaging in a healthy diet can play a vital role in reducing breast cancer risk.
• Remind Members to give “New” Or “Updated” address and phone information. Or, provide the Member with the “Time to Update” form located in your P4P Member Handout section of your PCP resource guide.

How to Maximize Your Global Quality P4P Incentive

• Use IEHP Breast Cancer Screening roster list to identify Members in need of mammograms (available on the IEHP Secure Provider Portal).
• If the Member completed a mammogram more than three months ago, please complete the Historical Data Form and fax the results to IEHP at (909) 477-8568. IEHP will accept medical record documentation that provides the following details: date mammogram was completed (at a minimum, provide year) and mammogram results.
  ❏ If a mammogram was completed within the past three months, please submit appropriate claim/encounter documentation.
• Participate in the Standing Orders Program and utilize the RadNet Facility Service (Refer to “RadNet Mammography Sites” handout included in the Member Resources pocket).
• Verify the Member’s address and phone number at every appointment. Having Members complete an updated form at each visit has been shown to be more successful at capturing up-to-date information when compared to verbalizing current information and having the Member confirm.
• See handout “8 ways to increase breast cancer screening rates.”

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

References


San Bernardino County Locations:

**VICTOR VALLEY ADVANCED IMAGING MRI**
18495 CORWIN RD.
APPLE VALLEY, CA 92307
8:00AM-5:00PM M-F
Ph: (760) 951-2867

**VICTOR VALLEY WOMEN’S CENTER**
12276 HESPERIA RD STE 5
VICTOR VALLEY, CA 92395
7:00AM-5:30PM M-F
Ph: (760) 951-2867

**VICTOR VALLEY IMAGING HESPERIA**
12677 HESPERIA RD, STE 190
VICTORVILLE, CA 92395
8:00AM-5:00PM M-F
Ph: (760) 951-2867

**ELITE ADVANCED IMAGING**
17260 BEAR VALLEY RD, STE 109
VICTORVILLE, CA 92395
8:00AM-5:00PM M-F
Ph: (760) 951-2867

**MAIN STREET IMAGING**
222 E MAIN ST #214
BARSTOW, CA 92311
8:00AM-5:00PM M-F
Ph: (760) 951-2867

**GROVE ADVANCED IMAGING**
8805 HAVEN AVE, STE 120
RANCHO CUCAMONGA, CA 91730
8:00AM-5:00PM M-F
Ph: (909) 450-0649

**GROVE DIAGNOSTIC IMAGINE MEDICAL GROUP**
8283 GROVE AVE STE 101
RANCHO CUCAMONGA, CA 91730
8:00AM-5:00PM M-F
Ph: (909) 450-0649

**GROVE BREAST CARE**
8805 HAVEN AVE, STE 220
RANCHO CUCAMONGA, CA 91730
8:00AM-5:00PM M-F
Ph: (909) 450-0649

**SAN BERNARDINO ADVANCED IMAGING – HIGHLAND**
800 E HIGHLAND AVE
SAN BERNARDINO, CA 92404
8:00AM-5:00PM M-F
Ph: (909) 587-8956

**REDLANDS ADVANCED IMAGING**
1901 W LUGONIA ACE STE 11
REDLANDS, CA 92374
8:00AM-5:00PM M-F
Ph: (951) 587-8956
### Riverside County Locations:

**CORONA COMPREHENSIVE IMAGING CENTER**
- 801 S Main St #101
- Corona, CA 92882
- 6:30AM-10:30PM M-F
- 6:30AM-10:00PM SAT
- 7:30AM – 3:30PM SUN
- Ph: (951) 682-1099

**RIVERSIDE ADVANCED IMAGING CENTER**
- 3900 SHERMAN DRIVE, STE 100
- RIVERSIDE, CA 92503
- 6:00AM-10:00PM M-Sun
- Ph: (951) 682-1099

**RIVERSIDE ADVANCED IMAGING CENTER**
- 3900 SHERMAN DRIVE, STE 110
- RIVERSIDE, CA 92503
- 7:00AM-5:30PM M-F
- 7:00AM-4:00PM SAT-SUN
- Ph: (951) 682-1099

**HEALTHCARE IMAGING CENTER**
- 4334 CENTRAL AVE.
- RIVERSIDE, CA 92506
- 8:00AM-5:00PM M-F
- Ph: (951) 682-1099

**BEVERLY RADIOLOGY MEDICAL GROUP - RIVERSIDE**
- 3900 SHERMAN DR STE 100
- RIVERSIDE, CA 92503
- 8:00AM-5:00PM M-F
- Ph: (951) 682-1099

**BEVERLY RADIOLOGY MEDICAL GROUP**
- 6485 DAY ST, STE 101
- RIVERSIDE, CA 92507
- 8:00AM-5:00PM M-F
- Ph: (951) 682-1099

**DESERt ADVANCED IMAGING MEDICAL CENTER – RANCHO MIRAGE**
- 35800 BOB HOPE DRIVE, SUITE 255
- RANCHO MIRAGE, CA 92270
- 8:00AM-5:00PM M-F
- Ph: (760) 346-6239

**DESERt ADVANCED IMAGING MEDICAL CENTER – PALM SPRINGS**
- 2601 E TAQuITZ CANYON WAY
- PALM SPRINGS, CA 92262
- 7:00AM-7:00PM M-SAT
- Ph: (760) 318-2988
Riverside County Locations:

**BREASTLINK WOMEN’S IMAGING CENTER – TEMECULA VALLEY**
25455 MEDICAL CENTER DR. STE 210
MURRIETA, CA 92562
7:00AM-6:00PM M-F
8:00AM-2:00PM SAT
Ph: (951) 587-8956

**TEMECULA VALLEY ADVANCED IMAGING – TEMECULA PARKWAY**
31775 DE PORTOLA RD. STE. 100
TEMECULA, CA 92592
8:00 AM-8:00PM M-F
Ph: (951) 587-8956

**TEMECULA VALLEY IMAGING – MENIFEE**
27168 NEWPORT RD #B
MENIFEE, CA 92584
8:00AM-9:00PM M-F
9:00AM-9:00PM SAT
Ph: (951) 587-8956

**TEMECULA VALLEY IMAGING – MURRIETA**
25395 HANCOCK AVE STE 110
MURRIETA, CA 92562
8:00AM-9:00PM M-F
Ph: (951) 696-4230

**TEMECULA VALLEY IMAGING – WILDOMAR**
36320 INLAND VALLEY DR STE 303
WILDOMAR, CA 92595
8:00AM-9:00PM M-F
Ph: (951) 587-8956

**TEMECULA VALLEY IMAGING SINGLE OAK**
28780 SINGLE OAK DR STE 155
TEMECULA, CA 92590
8:00AM-9:00PM M-F
Ph: (951) 587-8956

**DEsert ADVANCED IMAGING MEDICAL CENTER – RANCHO MIRAGE**
35800 BOB HOPE DRIVE, SUITE 255
RANCHO MIRAGE, CA 92270
8:00AM-5:00PM M-F
Ph: (760) 346-6239

**DEsert ADVANCED IMAGING MEDICAL CENTER – PALM SPRINGS**
2601 E TAHQUITZ CANYON WAY
PALM SPRINGS, CA 92262
7:00AM-7:00PM M-SAT
Ph: (760) 318-2988

**TEMECULA VALLEY ADVANCED IMAGING**
25455 MEDICAL CENTER DR STE 100
MURRIETA, CA 92562
6:00AM-10:00PM M-F
7:00AM-5:00PM SAT-SUN
Ph: (951) 587-8956
Riverside County Locations:

DESERT ADVANCED IMAGING MEDICAL CENTER-INDIO
81880 DOCTOR CARREON BLVD., #A-102
INDIO, CA 92201
7:30AM-7:30PM M-F
Ph: (951) 682-1099

CORONA ADVANCED IMAGING CENTER MAIN STREET
2250 S MAIN ST STE#103
CORONA, CA 92882
8:00AM-5:00PM M-F
Ph: (760) 318-2988

CORONA ADVANCED IMAGING CENTER MAGNOLIA AVENUE
886 MAGNOLIA AVE STE. 101
CORONA, CA 92879
6:00AM-9:00PM M-F
8:00AM-9:00PM Sat
Ph: (951) 682-1099

CORONA ADVANCED IMAGING CENTER 9TH STREET
175 E. 9TH ST.
CORONA, CA 92879
7:00AM-10:00PM M-F
7:00AM-3:30PM Sat-Sun
Ph: (951) 682-1099

SAN JACINTO IMAGING CENTER
1695 S SAN JACINTO AVE #B
SAN JACINTO, CA 92583
7:30AM-7:00PM M-F
Ph: (951) 587-8956

MORENO VALLEY IMAGING INC
12818 HEACOCK ST STE. C2
MORENO VALLEY, CA 92553
8:00AM-5:00PM M-F
Ph: (951) 682-1099
Breast Cancer: What You Need to Know

Cancer is a disease in which cells in the body grow out of control. When cancer starts in the breast, it is called breast cancer. Except for skin cancer, breast cancer is the most common cancer in American women.

Breast cancer screening means checking a woman’s breasts for cancer before she has any symptoms. A mammogram is an X-ray picture of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms.

Most women who are 50 to 74 years old should have a screening mammogram every two years. If you are 40 to 49 years old, or think you may have a higher risk of breast cancer, ask your doctor when to have a screening mammogram.

Some things may increase your risk

The main factors that influence your breast cancer risk are being a woman and getting older. Other risk factors include—

- Changes in breast cancer-related genes (BRCA1 or BRCA2).
- Having your first menstrual period before age 12.
- Never giving birth, or being older when your first child is born.
- Starting menopause after age 55.
- Taking hormones to replace missing estrogen and progesterone in menopause for more than five years.
- Taking oral contraceptives (birth control pills).
- A personal history of breast cancer, dense breasts, or some other breast problems.
- A family history of breast cancer (parent, sibling, or child).
- Getting radiation therapy to the breast or chest.
- Being overweight, especially after menopause.

Symptoms

Some warning signs of breast cancer are—

- New lump in the breast or underarm (armpit).
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.
- Redness or flaky skin in the nipple area or the breast.
- Pulling in of the nipple or pain in the nipple area.
- Nipple discharge other than breast milk, including blood.
- Any change in the size or the shape of the breast.
- Pain in the breast.

Other conditions can cause these symptoms. If you have any signs that worry you, call your doctor right away.

More Information

www.cdc.gov/cancer/breast/ • (800) CDC-INFO (800-232-4636) • TTY: (888) 232-6348

Can’t afford a mammogram?

If you have a low income or do not have insurance and are between the ages of 40 and 64, you may qualify for a free or low-cost mammogram through CDC’s National Breast and Cervical Cancer Early Detection Program. To learn more, call (800) CDC-INFO.
El cáncer es una enfermedad en la cual las células del cuerpo comienzan a multiplicarse sin control. Cuando el cáncer se origina en la mama, se denomina cáncer de mama. El cáncer de mama, con la excepción del cáncer de piel, es el cáncer más común entre las mujeres estadounidenses.

En la detección del cáncer de mama se examinan las mamas de una mujer para detectar el cáncer, antes de que presente síntomas. Una mamografía es una radiografía de la mama. Las mamografías son el mejor método para detectar el cáncer de mama en etapas tempranas, cuando es más fácil de tratar y antes de que sea lo suficientemente grande para que se sienta al palpar o cause síntomas.

La mayoría de las mujeres entre los 50 y 74 años deben hacerse una mamografía cada dos años. Si tiene entre 40 y 49 años o piensa que puede tener un riesgo más alto de cáncer de mama, pregúntele a su médico cuándo debe hacerse una mamografía.

### Algunos factores pueden aumentar su riesgo

Los principales factores que influyen en el riesgo de una persona incluyen ser mujer y hacerse mayor. Otros factores de riesgo incluyen:

- Cambios heredados en ciertos genes (BRCA1 o BRCA2).
- Tener la menstruación antes de los 12 años de edad.
- No haber dado a luz o tener el primer hijo a una edad más tardía.
- Comenzar la menopausia a los 55 años de edad.
- Tomar hormonas durante más de cinco años para reemplazar el estrógeno y la progesterona.
- Tomar anticonceptivos orales (píldoras anticonceptivas).
- Antecedentes personales de cáncer de mama, mamas densas y otros problemas de salud.
- Antecedentes familiares de cáncer de mama (padre, hermano o hijo).
- Recibir radioterapia en la mama o el pecho.
- Tener sobrepeso, en especial después de la menopausia.

### Síntomas

Algunas señales de advertencia del cáncer de seno son:

- Un bulto o dolor en la seno.
- Endurecimiento o hinchazón de una parte de las senos.
- Irritación o hundimientos en la piel de las senos.
- Piel de la seno escamosa o enrojecida.
- Hundimiento del pezón o dolor en esa zona.
- Líquido del pezón, que no sea leche materna, en especial sangre.
- Cualquier cambio en el tamaño o la forma de la seno.
- Dolor en cualquier parte de la mama.

Otras afecciones pueden causar estos síntomas. **Si usted tiene algún signo preocupante, consulte a su médico de inmediato.**

### Más información

[www.cdc.gov/spanish/cancer/breast/](http://www.cdc.gov/spanish/cancer/breast/) • Twitter: @CDC_Cancer

(800) CDC-INFO (800-232-4636) • TTY: (888) 232-6348 • cdcinfo@cdc.gov

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¿No tiene el dinero para hacerse una mamografía?

Si sus ingresos son bajos o no tiene seguro médico, y tiene entre 40 y 64 años, es posible que cumpla con los requisitos para hacerse una mamografía a bajo costo o gratuita mediante el Programa Nacional de Detección Temprana del Cáncer de Seno y Cuello Uterino de los CDC. Llame al (800) CDC-INFO para obtener más información.
8 Ways to Increase Breast Cancer Screening Rates

Despite many public awareness & media campaigns associated with Breast Cancer Awareness Month, the rate of screening mammographies has decreased in recent years. What can you do at your clinic to increase breast cancer screening rates?

STRATEGIES

1. Offer flexible mammography screening hours such as evenings and Saturdays

2. Offer culturally sensitive educational materials and support services (such as interpreters) to women of ethnic and racial minorities, as well as other underserved groups such as the elderly, immigrants, men, and people with disabilities. Make sure you consider patients' literacy levels.

3. Work with your local places of worship and community-based organizations. Existing programs may assist patients with transportation or childcare, and offer an opportunity to address negative or outdated beliefs about cancer and cancer treatment.

4. Use flu season as an opportunity to promote screenings During flu shot clinics, offer mammography appointments and brochures

PROCESS IMPROVEMENTS

5. Make sure that data reflects services received:

   – At check-in time: ask if patients have had a mammogram ordered or completed by other providers

   – Develop communication between your office and the mammography center or OB/GYN provider. Ask patients to confirm your office contact information when at the mammogram appointment.

   – Ensure that new scanned mammography reports are “filed” or results entered in fields that are used to generate performance reports (e.g., reports attached to orders, results and date entered in flow sheet, or method appropriate for your EHR). Standardize the process (i.e., who is responsible, training, etc.).

   – Perform data cleanup for patients whose last mammograms are not captured in reports and are not due for a mammogram for 3 months or longer

   – For high risk patients or patients overdue for a mammogram, mail reminders or use phone reminders

   – Print reminders on patients' bills

6. Reduce barriers:

   – Have standing orders for MAs to give patients a referral or to order mammograms

   – Consider eliminating clinic requirement that patients have a CBE prior to mammogram (see November 2009 USPSTF)

   – Schedule mammogram in conjunction with other office visits

   – Reinforce the cost coverage

7. Increase patient follow-through:

   – Develop compelling scripted messages for MAs (e.g., linked to staying healthy for family)

   – Provide materials with compelling messages and intended timeframe for mammogram completion

8. Increase staff engagement:

   – Provide data to care teams regularly and recognize teams with high and improved performance

   – Provide care teams with “missed opportunity” reports (number of patients with visits in a month who were due or overdue for mammogram and were without a mammogram order)

   – Hold periodic meetings of MAs and primary care providers to generate ideas for process changes and build support for implementing tested ideas that were successful

   – As a provider, stay up-to-date on practice guidelines and talk to patients about the importance of early detection

Some content in this column is based on material from CDC.gov.

For information about Stratis Health's work with screening measures, contact Jerri Hiniker, jhiniker@stratishealth.org

This material was prepared by Stratis Health, the Minnesota Medicare Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The materials do not necessarily reflect CMS policy. 165SW-MN-09-14-23 072214
Cervical Cancer Screening
Cervical Cancer Screening

Cervical cancer is cancer that occurs in the cervix. The cervix is the lower, narrow end of the uterus (womb). It connects a woman’s uterus to her vagina.

Cytology is a test, also called a Pap test or Pap smear, looks for abnormal changes in cells in the cervix. These changes may suggest that cancer may develop in the future.

Human papillomavirus (HPV) test: HPV infection is seen in many cases of cervical cancer. The HPV test looks for the type of HPV virus that causes cervical cancer (Centers for Disease Control and Prevention.)

**Measure Description:** The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women ages 21–64 who had cervical cytology performed every three years.
- Women ages 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.

**Epidemiology**

- The number of new cases of cervical cancer has decreased by half during the past 40 years because of improved screening with cytology and HPV testing.
- Despite available screening and treatment, 12,578 women were diagnosed with cervical cancer in the U.S. in 2014, and 4,115 of these women died from the disease.

**Best Practice Guidelines**

- Regardless of a woman’s sexual history, the screening guidelines are recommended as mentioned below.

**Screening Guidelines**

- The recommendations below do not apply to these special populations: Women who have been diagnosed with a high-grade precancerous lesion or cervical cancer, HIV, immunosuppression, or exposure to diethylstilbestrol (DES – a medication used by pregnant women in the past).

<table>
<thead>
<tr>
<th>Population</th>
<th>Screening recommendation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women ages 21 to 65 years</td>
<td>The U.S. Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every three years with cervical cytology alone in women ages 21 to 65 years.</td>
<td>A</td>
</tr>
<tr>
<td>Women ages 30 to 65 years</td>
<td>The USPSTF recommends screening every five years with high-risk human papillomavirus (hrHPV) testing alone, or every five years with hrHPV testing in combination with cytology (co-testing). Note: Reflex testing for HPV does not count as “co-testing” for GQP4P.</td>
<td>A</td>
</tr>
</tbody>
</table>
Screening Guidelines (continued)

<table>
<thead>
<tr>
<th>Population</th>
<th>Screening recommendation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women older than 65 years</td>
<td>The USPSTF recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer.</td>
<td>D</td>
</tr>
<tr>
<td>Women younger than 21 years</td>
<td>The USPSTF recommends against screening for cervical cancer in women younger than 21 years. Characteristics of sexual activity are not an indication to initiate screening.</td>
<td>D</td>
</tr>
<tr>
<td>Women who have had a hysterectomy</td>
<td>The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.</td>
<td>D</td>
</tr>
</tbody>
</table>

Member Education, Resources and Self-Management

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available at</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reference</strong>: Pap and HPV Tests: What to Expect (IEHP)</td>
<td>Handout on how to lower HPV risks, testing recommendations</td>
<td>Refer to the handout included in Member Resources. Call your Provider Services Representative for copies.</td>
</tr>
</tbody>
</table>
Talking Points

• Tell Members under 30 if their test results are normal, they can wait up to three years for their next Pap test.
• When they turn 30, they have a choice—
  ❏ If they are screened with a Pap test alone, and it’s normal, they can wait up to three years.
  ❏ If they have the co-test (Pap and HPV) and the results are normal and negative, they can wait up to five years.
• Tell Members to follow up if their Pap or HPV test results are not normal.
• Cervical cancer is highly preventable through screening and HPV vaccination.
• Remind Members about the importance of providing your office with most accurate contact information, as it is necessary for keeping Members informed and up to date with important services.

How to Maximize Your Global Quality P4P Incentive

• Don’t miss opportunities (e.g., completing Pap tests during regular scheduled visits, urine pregnancy tests, UTI and Chlamydia/STI screening).
• Use IEHP Cervical Cancer Screening roster list to identify Members in need of cytology (available on the IEHP Secure Provider Portal).
• If a Member completed a cervical cytology test greater than three months ago, please complete the Historical Data Form and fax results to (909) 477-8568.
  ❏ If a cervical cytology was completed within the past three months, please submit appropriate claim/encounter documentation.
  ❏ IEHP will also accept chart documentation that states cytology was completed along with the results and timeframe. Examples of acceptable documentation:
    ❏ Member states that she had Pap in Jan. 2015 – normal
    ❏ Pap in 2014 – WNL
• Document in the medical record if the Member has had a hysterectomy with no residual cervix. Please complete the Historical Data Form and fax the chart documentation indicating a total hysterectomy to (909) 477-8568. Acceptable synonyms include: total, complete, radical.
• Try to maintain the most accurate and current Member information, provide Members with the “Time to Update” form located in your P4P Member Handout section of your PCP resource guide.

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

References

Cervical cancer screening is an essential part of a woman’s routine health care. This includes two types of screening tests: the Pap test and the HPV test.

What causes cancer of the cervix?
Nearly all cancers of the cervix are caused by human papillomavirus (HPV).

How can I lower my risk of getting HPV?
There are a few ways:
- Ask your Doctor about the HPV vaccine, which is a series of 2 or 3 shots. It’s best to get the shots before you start having sex.
- Have sex with only one person who only has sex with you.
- Use a condom each time you have sex.
- Choose not to have any sexual contact.

How often should I get tested?
It depends on your age.
- You should have your first Pap test when you are 21 years old.
- If you are 21 to 65 years old, you should get a Pap test every 3 years.
- OR
- If you are 30 to 65 years old, you should get a co-test (Pap and HPV) every 5 years.
What’s the difference between a Pap test and an HPV test?

💖 **The Pap test** (or Pap smear) is done to check your cervix (the opening of the uterus) for changes that could lead to cancer. Cells are removed with a swab and then tested to see if they are normal or if changes can be seen. By checking for those changes, a woman can get the treatment she needs before it becomes cancer.

*Note: All women should start having Pap tests when they are 21 years old. Some women may need a Pap test more often, especially if they had an abnormal test in the past.*

💖 **The HPV test** is done to check for human papillomavirus (HPV). HPV is passed by skin-to-skin contact. It can be spread during any kind of sex using the mouth, vagina, penis, or anus. The HPV test can be done at the same time as the Pap test. This is called co-testing, which Doctors prefer for women 30 years old or older. Co-testing can help Doctors find early cervical cancers or pre-cancers.

*Note: Talk to your Doctor or Nurse about the cervical cancer screening that is right for you.*

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<tbody>
<tr>
<td>21</td>
<td>Get your first Pap test</td>
<td>21-65</td>
<td>Get a Pap test every 3 years</td>
<td>30-65</td>
<td>Get a co-test (Pap and HPV) every 5 years</td>
</tr>
</tbody>
</table>

Please keep seeing your Primary Care Doctor yearly for a well-woman checkup. Your Doctor may recommend more frequent Pap testing.
La evaluación para detectar el cáncer de cuello uterino es una parte importante de la atención médica de rutina de la mujer. Esta incluye dos tipos de exámenes de evaluación: **Examen de Papanicolaou (Papanicolaou Test, Pap Test)** y **El examen del Virus del Papiloma Humano (Human Papillomavirus, HPV)**.

**¿Qué provoca cáncer de cuello uterino?**

Casi todos los tipos de cáncer de cuello uterino son causados por el virus del papiloma humano (HPV).

**¿Cómo puedo disminuir el riesgo de contraer HPV?**

**A continuación le mencionamos algunas maneras:**

- Pregúntele a su Doctor acerca de la vacuna contra el HPV, la cual consta de una serie de 2 a 3 inyecciones. Es mejor vacunarse antes de comenzar a tener relaciones sexuales.

- Mantenga relaciones sexuales con una sola persona, la cual sólo tenga relaciones sexuales con usted.

- Use un condón cada vez que tenga relaciones sexuales.

- Elija no tener contacto sexual.

**¿Con qué frecuencia debo hacerme los exámenes?**

**Esto depende de su edad.**

- Debe hacerse su primer examen de Papanicolaou a los 21 años.

- Si tiene entre 21 y 65 años, debe hacerse un examen de Papanicolaou cada 3 años.

- Si tiene entre 30 y 65 años, debe hacerse un examen de Papanicolaou y una examen de HPV simultáneamente cada 5 años.
¿Cuál es la diferencia entre un examen de Papanicolaou y un examen del HPV?

El examen de Papanicolaou (o prueba de Papanicolaou) se hace para revisar su cuello uterino (la abertura del útero) para detectar cambios que puedan desarrollar cáncer. Se retiran células con un hisopo y se examinan para verificar si son normales o si se detectan cambios. Al revisar esos cambios, una mujer puede recibir tratamiento antes de desarrollar cáncer.

Nota: Todas las mujeres deben empezar a hacerse exámenes de Papanicolaou a los 21 años. Algunas mujeres pueden necesitar realizarse una prueba de Papanicolaou con más frecuencia, especialmente si en algún examen previo el resultado fue anormal.

El examen del HPV se realiza para detectar el Virus del Papiloma Humano (HPV). El HPV se contagia por el contacto piel con piel. Se puede contagiar durante cualquier tipo de relación sexual, al usar la boca, la vagina, el pene o el ano. El examen de HPV se puede hacer al mismo tiempo que el examen de Papanicolaou. Estos se conocen como exámenes conjuntos y los Doctores prefieren hacer esto en mujeres de 30 años o mayores. Los exámenes conjuntos pueden ayudar a los Doctores a detectar a tiempo cánceres de cuello uterino o precánceres.

Nota: Hable con su Doctor o Enfermera sobre el examen para detectar el cáncer de cuello uterino adecuado para usted.

Por favor, busque a su Doctor de Cuidado Primario anualmente para una evaluación del bienestar de la mujer. Su Doctor podría recomendarte un examen de Papanicolaou con más frecuencia.
Chlamydia Screening in Women
Chlamydia Screening in Women

Chlamydia is the most commonly reported bacterial sexually transmitted disease in the United States. Chlamydia can infect both men and women but occurs most often among adolescent and young adult females. If untreated, chlamydial infections can lead to serious and irreversible complications which can include pelvic inflammatory disease (PID), infertility, ectopic pregnancy, ophthalmia neonatorum (passing infection to infants during delivery) and increased risk of becoming infected with HIV.

**Measure Description:** The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. The eligible population in the measure meet the following criteria: Women 16–24 years of age as of December 31 of the measurement year and continuous enrollment during the measurement year with no more than one gap in enrollment of up to 45 days.

**Epidemiology**
- Annual costs of chlamydial infection, including costs of treating complications, are estimated to total $2.4 billion.
- Screening is important, as approximately 75 percent of chlamydia infections in women and 95 percent of infections in men are asymptomatic.
- In 2017, the rate of chlamydia was 552.2 cases per 100,000 Californians, a 9 percent increase over 2016.
- San Bernardino County (536.9) has higher chlamydia rates than the overall rate of California (504.4 per 100,000 people).

**Clinical Practice Guidelines**
- Annual screening of all sexually active women aged <25 years is recommended.

**Screening Guidelines**

<table>
<thead>
<tr>
<th>Population</th>
<th>Screening recommendation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>This recommendation applies to sexually active women.</td>
<td>The U.S. Preventive Services Task Force recommends screening sexually active women age 24 years and younger and in older women who are at increased risk for infection.</td>
<td>B</td>
</tr>
</tbody>
</table>

**Member Education, Resources and Self-Management**

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available At</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference: Chlamydia facts</td>
<td>Website providing chlamydia facts sheets and brochures.</td>
<td><a href="https://www.cdc.gov">https://www.cdc.gov</a> or website URL</td>
</tr>
<tr>
<td>Reference: Chlamydia 101</td>
<td>Website providing chlamydia education, fact sheets and videos.</td>
<td><a href="http://chlamydialoalition.org/chlamydia-101/">http://chlamydialoalition.org/chlamydia-101/</a> or American Sexual Health Association website</td>
</tr>
</tbody>
</table>
Talking Points

- Advise Member about the benefits of testing to prevent damage to her reproductive system.
- Inquire if the Member has unprotected sex and/or multiple partners.
- Educate Members about the signs and symptoms of chlamydia.
- If Member is positive for chlamydia, ask her how she would like to notify her partner.
- Inform Members that if their partners are not treated for chlamydia, they will likely be infected again.
- Encourage teens to communicate with their parents about sensitive health topics.

How to Maximize Your Global Quality P4P Incentive

- Stay familiar with screening options
- Stay familiar with best practices on proper documentation and coding

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

References

Chlamydia: What You Should Do Now

Your sex partner has chlamydia (kla-MID-ee-a).

This is a curable infection people can get from having sex. You may have chlamydia, too.

Your partner has taken medication to cure chlamydia. You must take the same kind of medication as soon as you can.

Here’s what you need to know:

- Chlamydia is easy to cure. But both you and your partner(s) must take all the medicine right away.

- You can get chlamydia by having sex with the penis, vagina, or anus. You can also get it by having oral sex (mouth on penis or vagina).

- Many people have chlamydia and don’t know it.

- Some people have pain or a discharge (drip).

- If you don’t get treated, you can get very sick or you may not be able to have children.

- For women who don’t get treated and later get pregnant, chlamydia can hurt their babies.

Take the pills your partner brings you.

Your partner may bring you pills or a prescription to get them. Either way, it is important to take them as soon as you can.
Here's how to take the pills:

Azithromycin (1 gram):
Take all of the medicine at once, as soon as you get it.
- Do NOT take antacids (like Tums or Rolaids) for one hour before or two hours after you take the pills.
- Do NOT share or give these pills to anyone else!

Most people do not have problems after they take these pills.
- Some people may feel dizzy or have an upset stomach or diarrhea.
- Some women may have itching and a discharge from the vagina.

These common problems will go away on their own in a couple of days. If they don’t, talk to your doctor.

The pills are very safe for most people.

Talk to your doctor if:
- You have ever had a bad reaction, rash, or allergy to antibiotics.
- You have a serious illness such as kidney, heart, or liver disease.
- You are currently taking another prescribed medication.

How long does it take for the infection to go away?

It takes 7 days.

For 7 days after you take the pills:
- It is best not to have sex at all with the vagina, penis, mouth, or anus.
- If you do have sex, you must use a condom or else you could get chlamydia again.

Go to a doctor, clinic, or emergency room right away:

If you are a woman and:
- Have lower belly pain.
- Have pain with sex.
- Are vomiting.
- Have a rash or fever.

If you are a man and:
- Have pain or swelling in our testicles (balls).
- Have a rash or fever.

This may mean you may need stronger medicine. The medicine given to you MAY NOT be enough to cure the infection.

Find a clinic near you:

- Ask your partner where he or she got tested.
- Visit www.bedsider.org. Click on “where to get it” and type in your city, state or zip code.
- Call the CDC hotline at 800-CDC-INFO or 800-232-4636

Get a chlamydia test now.

- The test doesn’t hurt. You only have to urinate (pee) in a cup.
- Anyone you’ve had sex with in the last 60 days should also get tested.
- Get another test in 3 months to make sure you didn’t get chlamydia again.
Clamidia: 
Lo Que Debe Hacer Ya

Su pareja sexual tiene clamidia (kla-MID-ee-a). Esta es una infección que las personas pueden contraer al tener relaciones sexuales. Usted puede tener clamidia, también.

Su pareja ha tomado medicamentos para curar la clamidia. Usted debe tomar el mismo tipo de medicamento lo más pronto posible.

Esto es lo que usted debe saber:

- La clamidia es fácil de curar. Pero tanto usted como su pareja(s) deben tomar todos sus medicamentos inmediatamente.

- Usted puede contraer clamidia al tener relaciones sexuales con el pene, la vagina o el ano. También puede contraerlo por tener sexo oral (boca en el pene o la vagina).

- Muchas personas tienen clamidia y no lo saben.

- Algunas personas tienen dolor o una secreción (goteo).

- Si no recibe tratamiento, puede llegar a estar muy enfermo. O es posible que no pueda tener hijos nunca.

- Para las mujeres que no reciben tratamiento y posteriormente quedan embarazadas, la clamidia puede hacer daño a su bebé.

Tome las pastillas que su pareja le trae.

Su pareja puede traer pastillas o una receta para obtenerlas. De cualquier manera, es importante que las tome lo más pronto posible.

Aprenda más sobre la clamidia:
- Llame gratis al 1-800-232-4636
- O visite www.ashastd.org
Así es como se deben tomar las pastillas:

- Tome todas las pastillas al mismo tiempo con un vaso lleno de agua.
- NO tome antiácidos (como Tums o Rolaid's) durante una hora antes o dos horas después de tomar las pastillas.
- ¡NO comparta o dé estas pastillas a nadie!

La mayoría de la gente no tiene problemas después de tomar estas pastillas.

- Algunas personas pueden sentir mareo o tener malestar estomacal o diarrea.
- Algunas mujeres pueden tener comezón y secreción de la vagina.

Estos problemas comunes desaparecerán por su cuenta en un par de días. Si no desaparecen, hable con su médico.

Las pastillas son muy seguras para la mayoría de la gente.

Hable con su médico acerca de lo que usted debe hacer:

- Si alguna vez ha tenido una mala reacción, erupción, o alergia a los antibióticos.
- Si usted tiene un padecimiento grave como enfermedad renal, del corazón o hígado.
- Si usted está actualmente tomando otro medicamento prescrito.

¿Cuánto tiempo se necesita para que la infección desaparezca?

Se toma 7 días.

Por 7 días después de tomar las pastillas:

- Lo mejor es no tener relaciones sexuales en absoluto con la vagina, pene, boca, o el ano.
- Sin embargo, si usted tiene relaciones sexuales, debe usar un condón o de lo contrario estará en peligro de contraer clamidia de nuevo.

Vaya con un médico, clínica o sala de emergencias de inmediato:

Si usted es una mujer y:

- Tiene dolor en el bajo vientre.
- Tiene dolor durante las relaciones sexuales.
- Está vomitando.
- Tiene una erupción o fiebre.

Si usted es un hombre y:

- Tiene dolor o inflamación en los testículos (bolas).
- Tiene una erupción o fiebre.

Esto puede significar que usted puede necesitar medicamentos más fuertes. El medicamento que se le ha dado PUEDE NO SER suficiente para curar la infección.

Hágase una prueba de clamidia ahora.

- La prueba no duele. Usted sólo tiene que orinar (hacer pipí) en una taza.
- Cualquier persona con quien haya tenido relaciones sexuales en los últimos 60 días también debe hacerse la prueba.
- Hágase otra prueba en 3 meses para asegurarse de que usted no contrajo la clamidia de nuevo.

Encuentre una clínica cercana a usted:

- Pregúntele a su pareja dónde él o ella se examinaron.
- Visite www.teensource.org, siga a “find a clinic” y entre su código postal (zip).
- Llame a la línea de 24 horas de CDC al 800-CDC-INFO o al 800-232-4636
Chlamydia is a common sexually transmitted disease (STD) that can be easily cured. If left untreated, chlamydia can make it difficult for a woman to get pregnant.

What is chlamydia?
Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman’s reproductive system. This can make it difficult or impossible for her to get pregnant later on. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb).

How is chlamydia spread?
You can get chlamydia by having vaginal, anal, or oral sex with someone who has chlamydia. If your sex partner is male you can still get chlamydia even if he does not ejaculate (cum). If you’ve had chlamydia and were treated in the past, you can still get infected again. This can happen if you have unprotected sex with someone who has chlamydia. If you are pregnant, you can give chlamydia to your baby during childbirth.

How can I reduce my risk of getting chlamydia?
The only way to avoid STDs is to not have vaginal, anal, or oral sex. If you are sexually active, you can do the following things to lower your chances of getting chlamydia:

- Be in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results;
- Use latex condoms the right way every time you have sex. (https://www.cdc.gov/condomeffectiveness/)

Am I at risk for chlamydia?
Anyone who has sex can get chlamydia through unprotected vaginal, anal, or oral sex. However, sexually active young people are at a higher risk of getting chlamydia. This is due to behaviors and biological factors common among young people. Gay, bisexual, and other men who have sex with men are also at risk since chlamydia can spread through oral and anal sex.

Have an honest and open talk with your health care provider. Ask whether you should be tested for chlamydia or other STDs. If you are a sexually active woman younger than 25 years, you should get a test for chlamydia every year. If you are an older woman with risk factors such as new or multiple sex partners, or a sex partner who has an STD, you should get a test for chlamydia every year. Gay, bisexual, and other men who have sex with men; as well as pregnant women should also get tested for chlamydia.

I’m pregnant. How does chlamydia affect my baby?
If you are pregnant and have chlamydia, you can pass the infection to your baby during delivery. This could cause an eye infection or pneumonia in your newborn. Having chlamydia may also make it more likely to deliver your baby too early.

If you are pregnant, you should get tested for chlamydia at your first prenatal visit. Testing and treatment are the best ways to prevent health problems.
How do I know if I have chlamydia?

Most people who have chlamydia have no symptoms. If you do have symptoms, they may not appear until several weeks after you have sex with an infected partner. Even when chlamydia causes no symptoms, it can damage your reproductive system.

Women with symptoms may notice
- An abnormal vaginal discharge;
- A burning sensation when urinating.

Symptoms in men can include
- A discharge from their penis;
- A burning sensation when urinating;
- Pain and swelling in one or both testicles (although this is less common).

Men and women can also get infected with chlamydia in their rectum. This happens either by having receptive anal sex, or by spread from another infected site (such as the vagina). While these infections often cause no symptoms, they can cause
- Rectal pain;
- Discharge;
- Bleeding.

You should be examined by your doctor if you notice any of these symptoms or if your partner has an STD or symptoms of an STD. STD symptoms can include an unusual sore, a smelly discharge, burning when urinating, or bleeding between periods.

How will my doctor know if I have chlamydia?

Laboratory tests can diagnose chlamydia. Your health care provider may ask you to provide a urine sample or may use (or ask you to use) a cotton swab to get a sample from your vagina to test for chlamydia.

Can chlamydia be cured?

Yes, chlamydia can be cured with the right treatment. It is important that you take all of the medication your doctor prescribes to cure your infection. When taken properly it will stop the infection and could decrease your chances of having complications later on. You should not share medication for chlamydia with anyone.

Repeat infection with chlamydia is common. You should be tested again about three months after you are treated, even if your sex partner(s) was treated.

I was treated for chlamydia. When can I have sex again?

You should not have sex again until you and your sex partner(s) have completed treatment. If your doctor prescribes a single dose of medication, you should wait seven days after taking the medicine before having sex. If your doctor prescribes a medicine for you to take for seven days, you should wait until you have taken all of the doses before having sex.

What happens if I don’t get treated?

The initial damage that chlamydia causes often goes unnoticed. However, chlamydia can lead to serious health problems.

If you are a woman, untreated chlamydia can spread to your uterus and fallopian tubes (tubes that carry fertilized eggs from the ovaries to the uterus). This can cause pelvic inflammatory disease (PID). PID often has no symptoms, however some women may have abdominal and pelvic pain. Even if it doesn’t cause symptoms initially, PID can cause permanent damage to your reproductive system. PID can lead to long-term pelvic pain, inability to get pregnant, and potentially deadly ectopic pregnancy (pregnancy outside the uterus).

Men rarely have health problems linked to chlamydia. Infection sometimes spreads to the tube that carries sperm from the testicles, causing pain and fever. Rarely, chlamydia can prevent a man from being able to have children.

Untreated chlamydia may also increase your chances of getting or giving HIV – the virus that causes AIDS.
La infección por clamidia es una enfermedad de transmisión sexual (ETS) común que es fácil de curar. Si se deja sin curar, puede hacer más difícil que una mujer quede embarazada.

¿Qué es la infección por clamidia?
La infección por clamidia es una ETS común que puede infectar tanto a los hombres como a las mujeres. Puede causar daños graves y permanentes en el aparato reproductor de una mujer y hacer más difícil o imposible que quede embarazada en el futuro. La infección por clamidia también puede provocar un embarazo ectópico (embarazo que ocurre fuera del útero) que puede ser mortal.

¿Cómo se propaga la infección por clamidia?
Usted puede contraer la infección por clamidia al tener relaciones sexuales anales, vaginales u orales con una persona que tenga esta infección.
Si su pareja sexual es hombre, usted puede contraer la infección por clamidia aunque él no eyacule (acabe).
Si ya ha tenido la infección por clamidia y recibió tratamiento en el pasado, usted puede todavía volver a infectarse si tiene relaciones sexuales sin protección con una persona infectada.
Si está embarazada, usted puede transmitírsela a su bebé durante el parto.

¿Cómo puedo evitar contraer la infección por clamidia?
Usted puede protegerse de contraer la infección por clamidia si:
- no tiene relaciones sexuales;
- tiene una relación mutuamente monógama a largo plazo con una pareja a quien se le hayan realizado pruebas y haya tenido resultados negativos para las ETS;
- usa condones de látex y diques dentales en forma correcta cada vez que tiene relaciones sexuales.

¿Tengo riesgo de contraer la infección por clamidia?
Cualquier persona que tenga relaciones sexuales puede contraer la infección por clamidia mediante relaciones sexuales anales, vaginales u orales sin protección. No obstante, las personas jóvenes sexualmente activas tienen mayor riesgo de contraer esta infección. Esto se debe a factores conductuales y biológicos comunes entre las personas jóvenes. Los homosexuales, bisexuales y otros hombres que tienen relaciones sexuales con hombres también corren riesgo debido a que la infección por clamidia puede propagarse mediante las relaciones sexuales orales y anales.
Hable con su proveedor de atención médica de manera honesta y abierta y pregúntele si debe hacerse la prueba de detección de la clamidia o de otras ETS. Si es una mujer sexualmente activa menor de 25 años, o una mujer mayor con factores de riesgo —como el tener una nueva pareja sexual o múltiples parejas sexuales, o una pareja sexual con una infección de transmisión sexual—, debe hacerse una prueba de detección de la clamidia todos los años. Los homosexuales, bisexuales y otros hombres que tienen relaciones sexuales con hombres y las mujeres embarazadas también deben hacerse la prueba de detección de la clamidia.

Estoy embarazada. ¿Cómo afecta a mi bebé la infección por clamidia?
Si está embarazada y tiene la infección por clamidia, puede transmitírsela a su bebé durante el parto. Esto podría causar una infección en los ojos o neumonía en el recién nacido. Tener la infección por clamidia puede también aumentar su probabilidad de dar a luz a su bebé de manera prematura.
Si está embarazada, usted debe hacerse la prueba de detección de la clamidia en su primera visita prenatal. Las pruebas y los tratamientos son las mejores maneras de prevenir problemas de salud.

¿Cómo sé si tengo la infección por clamidia?
La mayoría de las personas que tienen la infección por clamidia no presentan síntomas. Si usted presenta síntomas, es posible que no aparezcan por varias semanas después de que haya tenido relaciones sexuales con una persona infectada. Incluso cuando no causa síntomas, la infección por clamidia puede dañar su aparato reproductor.

Las mujeres con síntomas podrían notar los siguientes:
- secreción vaginal anormal;
- sensación de ardor al orinar.

Los síntomas en los hombres pueden ser los siguientes:
- secreción del pene;
- sensación de ardor al orinar;
- dolor e inflamación de uno o ambos testículos (aunque esto es menos común).

Los hombres y las mujeres también pueden infectarse por clamidia en el recto, ya sea mediante las relaciones sexuales anales receptivas o la propagación desde otra parte infectada (como la vagina). Aunque por lo general estas infecciones no causan síntomas, pueden provocar:
- dolor en el recto;
- secreciones;
- sangrado.

Debe hacerse revisar por un médico si nota cualquiera de estos síntomas o si su pareja tiene una ETS o síntomas de una ETS, como dolor inusual, secreción con olor, ardor al orinar o sangrado entre periodos.

¿Cómo sabrá mi médico si tengo la infección por clamidia?
Existen pruebas de laboratorio para diagnosticar la infección por clamidia. Es posible que su proveedor de atención médica le pida una muestra de orina o use (o le pida que use) un hisopo para obtener una muestra de las secreciones de su vagina para hacerle una prueba para detectar la clamidia.

¿La infección por clamidia se puede curar?
Sí, la infección por clamidia se puede curar con el tratamiento correcto. Es importante que tome todos los medicamentos que su médico le recete para curar su infección. Cuando se toman de manera adecuada, detienen la infección y pueden disminuir su probabilidad de tener complicaciones en el futuro. Los medicamentos contra la infección por clamidia no se deben compartir con nadie.

La recurrencia de la infección por clamidia es común. Debe volver a hacerse la prueba unos tres meses después del tratamiento, incluso si su pareja sexual o parejas sexuales recibieron tratamiento.

¿Qué pasa si no recibo tratamiento?
A menudo, el daño que inicialmente causa la clamidia pasa desapercibido. Sin embargo, la infección por clamidia puede causar problemas de salud graves.

Si usted es mujer, la infección por clamidia que no se trata puede propagarse al útero y a las trompas de Falopio (los conductos que transportan los óvulos fecundados desde los ovarios hasta el útero), y causar enfermedad inflamatoria pélvica (EIP). La enfermedad inflamatoria pélvica por lo general no presenta síntomas; sin embargo, algunas mujeres pueden tener dolor abdominal y pélvico. Aun cuando no cause síntomas iniciales, la enfermedad inflamatoria pélvica puede causar daño permanente al aparato reproductor y dolor pélvico crónico, imposibilidad de quedar embarazada y embarazo ectópico (embarazo fuera del útero) que puede causar la muerte.

Los hombres raramente tienen problemas de salud asociados a la infección por clamidia. En ocasiones, la infección se propaga al conducto que transporta el semen desde los testículos, lo cual causa dolor y fiebre. La clamidia, en muy pocos casos, puede causar que un hombre no pueda tener hijos.

Una infección por clamidia que no se trate también puede aumentar su probabilidad de contraer o transmitir el VIH, el virus que causa el SIDA.

Recibí tratamiento contra la infección por clamidia. ¿Cuándo puedo tener relaciones sexuales nuevamente?
Usted no debe tener relaciones sexuales de nuevo hasta que usted y su pareja sexual o sus parejas sexuales hayan completado el tratamiento. Si su médico le recetó un medicamento de una sola dosis, deberá esperar siete días después de haberlo tomado, antes de volver a tener relaciones sexuales. Si su médico le recetó un medicamento que debe tomar durante siete días, deberá esperar a terminar todas las dosis antes de tener relaciones sexuales.

¿Dónde puedo obtener más información?
División de Prevención de Enfermedades de Transmisión Sexual (DSTDP)
Centros para el Control y la Prevención de Enfermedades
https://www.cdc.gov/std/spanish/default.htm

Centro de información de los CDC
1-800-CDC-INFO (1-800-232-4636)
Comuníquese con CDC–INFO
https://wwwn.cdc.gov/dcs/espanol

Quiero Saber (ASHA)
http://www.quierosaber.org/ets.html
P.O. Box 13827
Research Triangle Park, NC 27709-3827
1-800-783-9877
Timeliness of Prenatal Care
Prenatal Care is the care a woman gets during pregnancy. Early and regular prenatal visits with a health care Provider are important for the health of both the mother and the fetus.

Visits for an uncomplicated pregnancy include an exam every four weeks for the first 28 weeks of pregnancy, every two to three weeks until 36 weeks of gestation, and weekly thereafter. Women with active medical or obstetrical problems should be seen more frequently, at intervals determined by the nature and severity of the problem.

**Measure Description:** The percentage of deliveries of live births during the measurement period that received a prenatal care visit as a Member of the organization in the first trimester on the enrollment start date or within 42 days of enrollment in the organization.

**Epidemiology**
- In 2012, 73.1 percent of women giving birth were determined to have received prenatal care in the first trimester, while 6.2 percent of women began prenatal care in the third trimester or did not receive any prenatal care (U.S. Department of Health and Human Services, 2013).
- Overall, 77.1 percent of women who gave birth in 2016 initiated prenatal care in the first trimester of pregnancy; 4.6 percent began prenatal care in the third trimester, and 1.6 percent of women received no care at all. More than 75 percent of women received at least adequate prenatal care and 15 percent of women received inadequate prenatal care. Younger women, women with less education, women having a fourth or higher-order birth, and non-Hispanic Native Hawaiian or other Pacific Islander women were the least likely to begin care in the first trimester of pregnancy and to have at least adequate prenatal care.

**Best Practice Guidelines**
- The accurate dating of pregnancy is essential to assist in the management of pre-term labor and post-term pregnancy.
- Screening and treatment for iron deficiency anemia can reduce the risks of pre-term labor and intrauterine growth restriction.
- That clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.
- That all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.
- The use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- Providing interventions during pregnancy and after birth to support breastfeeding.
- That clinicians provide or refer pregnant and postpartum women who are at increased risk of perinatal depression to counseling interventions.
- Ensure the following screening guidelines are completed either by the PCP, OB/GYN or other prenatal care practitioners when applicable.
## Screening Guidelines - USPSTF A & B Recommendation

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Grade</th>
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<tbody>
<tr>
<td><strong>Bacteriuria Screening:</strong> Pregnant Women</td>
<td>The U.S. Preventive Services Task Force (USPSTF) recommends screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks’ gestation or at the first prenatal visit, if later.</td>
<td>A</td>
</tr>
<tr>
<td><strong>Breastfeeding Interventions</strong></td>
<td>The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.</td>
<td>B</td>
</tr>
<tr>
<td><strong>Gestational Diabetes Mellitus Screening</strong></td>
<td>The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.</td>
<td>B</td>
</tr>
<tr>
<td><strong>Hepatitis B Screening:</strong> Pregnancy</td>
<td>The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.</td>
<td>A</td>
</tr>
<tr>
<td><strong>HIV Screening:</strong> Pregnancy</td>
<td>The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.</td>
<td>A</td>
</tr>
<tr>
<td><strong>Preeclampsia Screening</strong></td>
<td>The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.</td>
<td>B</td>
</tr>
<tr>
<td><strong>Rh Incompatibility Screening:</strong> First Pregnancy Visit</td>
<td>The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</td>
<td>A</td>
</tr>
<tr>
<td><strong>Rh Incompatibility Screening:</strong> 24-28 Weeks’ Gestation</td>
<td>The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks’ gestation, unless the biological father is known to be Rh (D)-negative.</td>
<td>B</td>
</tr>
<tr>
<td><strong>Syphilis Screening:</strong> Pregnancy</td>
<td>The USPSTF recommends early screening for syphilis infection in all pregnant women.</td>
<td>A</td>
</tr>
<tr>
<td><strong>Tobacco Use Counseling and Interventions:</strong> Pregnancy</td>
<td>The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.</td>
<td>A</td>
</tr>
</tbody>
</table>
## Member Education, Resources and Self-Management

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available at</th>
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<tbody>
<tr>
<td><strong>Visit:</strong> IEHP Community Resource Centers</td>
<td>Find upcoming class schedules/programs related to overall health and prenatal education such as the “Healthy Me, Healthy Baby Class.”</td>
<td>For the schedule of free health and fitness classes offered by IEHP’s Community Resource Centers (San Bernardino, Riverside, Victorville), visit <a href="http://www.iehp.org/crc">www.iehp.org/crc</a> or call 1-866-228-4347 to register for classes.</td>
</tr>
</tbody>
</table>

### Printed/Electronic Resources

| Reference: Healthy Me, Healthy Babies Guidebook (IEHP) | Booklet on health tips during pregnancy – covers a range of pregnancy related topics. | To obtain a copy of the Handbook, please contact IEHP Member Services at (800) 440-IEHP (4347). |
| Application: Text4baby | Free text program – tailored educational messages are timed to the Member’s due date. | Members can download the App on their devices or text BABY (BEBE for Spanish) to 511411. |
| Reference: Pregnancy Tests | Fact sheet answering frequently asked questions regarding pregnancy tests. | Please refer to the handout provided in Member resources. |
| Reference: Talking with Parents about Vaccines for Infants | Guide for providers on talking points to begin the conversation around immunization with expecting parents. | Please refer to the handout provided in Provider resources. |
| Reference: Infant Immunizations FAQ | Fact sheet answering frequently asked questions regarding infant immunizations. | Please refer to the handout provided in Member resources. |
Talking Points

- Reinforce the importance of early prenatal care as part of preconception care. Educate on the signs of pregnancy, and where to access diagnostic testing to confirm pregnancy early in gestation.
- Encourage women to follow up for postpartum care in a timely manner (within 21-56 days after delivery).
- Develop a plan for their reproductive life including birth control options.
- Emphasize avoidance of smoking, drinking alcohol and using drugs.
- Make sure their immunizations are up to date.

How to Maximize Your Global Quality P4P Incentive

- Proactively monitor new pregnancies assigned to your panel.
- Promote early entry into prenatal care and follow up with Member about entry into care during the first trimester.

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

References

Pregnancy Tests

If you think you may be pregnant, taking a pregnancy test as soon as the first day of your missed period can help you get the care and support you need. A home pregnancy test can tell whether you are pregnant with almost 99% accuracy, depending on how you use it. If a pregnancy test says you are pregnant, you should see your doctor for another test to confirm the pregnancy and talk about next steps.

Q: How soon can I use a home pregnancy test?
A: Some home pregnancy tests are more sensitive than others and can be taken before your missed period. But you may get more accurate results if you wait until after the first day of your missed period. This is because the amount of the pregnancy hormone, called human chorionic gonadotropin, or hCG, in your urine doubles every 48 hours. The earlier you take the test, the harder it is for the test to detect the hCG.

Q: My home pregnancy test says I am pregnant. What should I do next?
A: If a home pregnancy test shows that you are pregnant, you should call your doctor right away. Your doctor can use a blood test to tell for sure whether you are pregnant. Seeing your doctor early in your pregnancy also means you can begin prenatal care to help you and your baby stay healthy.

Q: My home pregnancy test says that I am not pregnant. Could I still be pregnant?
A: Yes, it is still possible you could be pregnant. It is possible to be pregnant and to have a pregnancy test say that you are not pregnant.

If your test says you are not pregnant, take another pregnancy test in a few days. If you think you are pregnant but more tests say you are not, call your doctor.

Q: How accurate are home pregnancy tests?
A: Most home pregnancy tests claim to be up to 99 percent accurate. But the accuracy depends on:

- **How you use them.** Be sure to check the expiration date and follow the instructions. Wait up to 10 minutes after taking the test to check the results window.
• **When you use them.** The amount of hCG or pregnancy hormone in your urine increases with time. The earlier you take the test, the harder it is for the test to detect the hCG. Most home pregnancy tests can accurately detect pregnancy after a missed period. Also, testing your urine first thing in the morning can boost the accuracy.

• **Who uses them.** Each woman ovulates at a different time in her menstrual cycle. Plus, the fertilized egg can implant in a woman’s uterus at different times. Your body makes hCG after implantation occurs. In up to 10 percent of women, implantation does not occur until after the first day of a missed period. This means home pregnancy tests can be accurate as soon as 1 day after a missed period for some women but not for others.

• **The brand of test.** Some home pregnancy tests are more sensitive than others. For that reason, some tests are better than others at spotting hCG early on. Talk to your pharmacist about which brand may be best for you.

**Q:** Can anything affect home pregnancy test results?

**A:** Yes. If you take medicine with the pregnancy hormone hCG as an active ingredient, you may get a false-positive test result. A false positive is when a test says you are pregnant when you are not. Some examples of medicines with hCG include certain medication for infertility. If you are taking medicine to help you get pregnant, you may want to see your doctor for a pregnancy test.

Most medicines should not affect the results of a home pregnancy test. This includes over-the-counter and prescription medicines such as birth control pills and antibiotics. Also, alcohol and illegal drugs do not affect pregnancy test results.
Infant Immunizations FAQs

It's natural you have questions about your child's vaccines. Read answers to common questions to learn more about vaccine safety, the recommended schedule, how vaccines protect your child from 14 diseases by age two, and more. CDC regularly updates this document to ensure frequently asked questions from parents are answered with the most current information.

Q: Are vaccines safe?
A: Yes. Vaccines are very safe. The United States' long-standing vaccine safety system ensures that vaccines are as safe as possible. Currently, the United States has the safest vaccine supply in its history. Millions of children safely receive vaccines each year. The most common side effects are typically very mild, such as pain or swelling at the injection site.

Q: What are the side effects of the vaccines? How do I treat them?
A: Vaccines, like any medication, may cause some side effects. Most of these side effects are very minor, like soreness where the shot was given, fussiness, or a low-grade fever. These side effects typically only last a couple of days and are treatable. For example, you can apply a cool, wet washcloth on the sore area to ease discomfort. Serious reactions are very rare. However, if your child experiences any reactions that concern you, call the doctor's office.

Q: What are the risks and benefits of vaccines?
A: Vaccines can prevent infectious diseases that once killed or harmed many infants, children, and adults. Without vaccines, your child is at risk for getting seriously ill and suffering pain, disability, and even death from diseases like measles and whooping cough. The main risks associated with getting vaccines are side effects, which are almost always mild (redness and swelling at the injection site) and go away within a few days. Serious side effects after vaccination, such as a severe allergic reaction, are very rare and doctors and clinic staff are trained to deal with them. The disease-prevention benefits of getting vaccines are much greater than the possible side effects for almost all children, for almost all children. The only exceptions to this are cases in which a child has a serious chronic medical condition like cancer or a disease that weakens the immune system, or has had a severe allergic reaction to a previous vaccine dose.

Q: Is there a link between vaccines and autism?
A: No. Scientific studies and reviews continue to show no relationship between vaccines and autism. Some people have suggested that thimerosal (a compound that contains mercury) in vaccines given to infants and young children might be a cause of autism. Others have suggested that the MMR (measles, mumps, rubella) vaccine may be linked to autism. However, numerous scientists and researchers have studied and continue to study the MMR vaccine and thimerosal, and they reach the same conclusion: there is no link between MMR vaccine or thimerosal and autism.

Q: Can vaccines overload my baby’s immune system?
A: Vaccines do not overload the immune system. Every day, a healthy baby’s immune system successfully fights off thousands of germs. Antigens are parts of germs that cause the body’s immune system to go to work to build antibodies, which fight off diseases. The antigens in vaccines come from the germs themselves, but the germs are weakened or killed so they cannot cause serious illness. Even if babies receive several vaccinations in one day, vaccines contain only a tiny fraction of the antigens they encounter every day in their environment. Vaccines give your child the antibodies they need to fight off serious vaccine-preventable diseases.

Q: Why are so many doses needed for each vaccine?
A: Getting every recommended dose of each vaccine provides your child with the best protection possible. Depending on the vaccine, your child will need more than one dose to build high enough immunity to prevent disease or to boost immunity that fades over time. Your child may also receive more than one dose to make sure they are protected if they did not get immunity from a first dose, or to protect them against germs that change over time, like flu. Every dose is important because each protects against infectious diseases that can be especially serious for infants and very young children.

Q: Why do vaccines start so early?
A: The recommended schedule protects infants and children by providing immunity early in life, before they come into contact with life-threatening diseases. Children receive immunization early because they are susceptible to diseases at a young age. The consequences of these diseases can be very serious, even life-threatening, for infants and young children.

Q: What do you think of delaying some vaccines or following a non-standard schedule?
A: Children do not receive any known benefits from following schedules that delay vaccines. Infants and young children who follow immunization schedules that spread out or leave out shots are at risk of developing diseases during the time you delay their shots. Some vaccine-preventable diseases remain common in the United States and children may be exposed to these diseases during the time they are not protected by vaccines, placing them at risk for a serious case of the disease that might cause hospitalization or death.
Infant Immunizations FAQs

Q: Haven’t we gotten rid of most of these diseases in this country?
A: Some vaccine-preventable diseases, like pertussis (whooping cough) and chickenpox, remain common in the United States. On the other hand, other diseases vaccines prevent are no longer common in this country because of vaccines. However, if we stopped vaccinating, the few cases we have in the United States could very quickly become tens or hundreds of thousands of cases. Even though many serious vaccine-preventable diseases are uncommon in the United States, some are common in other parts of the world. Even if your family does not travel internationally, you could come into contact with international travelers anywhere in your community. Children who don’t receive all vaccinations and are exposed to a disease can become sick and spread it through a community.

Q: What are combination vaccines? Why are they used?
A: Combination vaccines protect your child against more than one disease with a single shot. They reduce the number of shots and office visits your child would need, which not only saves you time and money, but also is easier on your child.

Some common combination vaccines are Pediarix®, which combines DTap, Hep B, and IPV (polio), and ProQuad®, which combines MMR and varicella (chickenpox).

Q: Can’t I just wait until my child goes to school to catch up on immunizations?
A: Before entering school, young children can be exposed to vaccine-preventable diseases from parents and other adults, brothers and sisters, on a plane, at child care, or even at the grocery store. Children under age 5 are especially susceptible to diseases because their immune systems have not built up the necessary defenses to fight infection. Don’t wait to protect your baby and risk getting these diseases when he or she needs protection now.

Q: Why does my child need a chickenpox shot? Isn’t it a mild disease?
A: Your child needs a chickenpox vaccine because chickenpox can actually be a serious disease. In many cases, children experience a mild case of chickenpox, but other children may have blisters that become infected. Others may develop pneumonia. There is no way to tell in advance how severe your child’s symptoms will be.

Before vaccine was available, about 50 children died every year from chickenpox, and about 1 in 500 children who got chickenpox was hospitalized.

Q: My child is sick right now. Is it okay for her to still get shots?
A: Talk with your child’s doctor, but children can usually get vaccinated even if they have a mild illness like a cold, earache, mild fever, or diarrhea. If the doctor says it is okay, your child can still get vaccinated.

Q: What are the ingredients in vaccines and what do they do?
A: Vaccines contain ingredients that cause the body to develop immunity. Vaccines also contain very small amounts of other ingredients. All ingredients play necessary roles either in making the vaccine, or in ensuring that the final product is safe and effective.

Q: Don’t infants have natural immunity? Isn’t natural immunity better than the kind from vaccines?
A: Babies may get some temporary immunity (protection) from mom during the last few weeks of pregnancy, but only for diseases to which mom is immune. Breastfeeding may also protect your baby temporarily from minor infections, like colds. These antibodies do not last long, leaving your baby vulnerable to disease.

Natural immunity occurs when your child is exposed to a disease and becomes infected. It is true that natural immunity usually results in better immunity than vaccination, but the risks are much greater. A natural chickenpox infection may result in pneumonia, whereas the vaccine might only cause a sore arm for a couple of days.

Q: Can’t I just wait to vaccinate my baby, since he isn’t in child care, where he could be exposed to diseases?
A: No, even young children who are cared for at home can be exposed to vaccine preventable diseases, so it’s important for them to get all their vaccines at the recommended ages. Children can catch these illnesses from any number of people or places, including from parents, brothers or sisters, visitors to their home, on playgrounds or even at the grocery store. Regardless of whether or not your baby is cared for outside the home, she comes in contact with people throughout the day, some of whom may be sick but not know it yet.

If someone has a vaccine preventable disease, they may not have symptoms or the symptoms may be mild, and they can end up spreading disease to babies or young children. Remember, many of these diseases can be especially dangerous to young children so it is safest to vaccinate your child at the recommended ages to protect her, whether or not she is in child care.

Q: Do I have to vaccinate my baby on schedule if I’m breastfeeding him?
A: Yes, even breastfed babies need to be protected with vaccines at the recommended ages. The immune system is not fully developed at birth, which puts newborns at greater risk for infections.

Breast milk provides important protection from some infections as your baby’s immune system is developing. For example, babies who are breastfed have a lower risk of ear infections, respiratory tract infections, and diarrhea. However, breast milk does not protect children against all diseases. Even in breastfed infants, vaccines are the most effective way to prevent many diseases. Your baby needs the long-term protection that can only come from making sure he receives all his vaccines according to the CDC’s recommended schedule.

Q: What’s wrong with delaying some of my baby’s vaccines if I’m planning to get them all eventually?
A: Young children have the highest risk of having a serious case of disease that could cause hospitalization or death. Delaying or spreading out vaccine doses leaves your child unprotected during the time when they need vaccine protection the most. For example, diseases such as Hib or pneumococcus almost always occur in the first 2 years of a baby’s life. And some diseases, like Hepatitis B and whooping cough (pertussis), are more serious when babies get them at a younger age. Vaccinating your child according to the CDC’s recommended immunization schedule means you can help protect him at a young age.

Q. I got the whooping cough and flu vaccines during my pregnancy. Why does my baby need these vaccines too?
A: The protection (antibodies) you passed to your baby before birth will give him some early protection against whooping cough and flu. However, these antibodies will only give him short-term protection. It is very important for your baby to get vaccines on time so he can start building his own protection against these serious diseases.
Preguntas frecuentes sobre la vacunación infantil

Es normal que tenga preguntas sobre las vacunas de sus hijos. Lea las respuestas a preguntas comunes para saber más sobre la seguridad de las vacunas, el calendario de vacunación recomendado, cómo las vacunas protegen a sus hijos de 14 enfermedades antes de cumplir los dos años, y más. Los CDC actualizan este documento con regularidad para garantizar que las preguntas frecuentes que hagan los padres sean respondidas con la información más reciente.

P: ¿Son seguras las vacunas?
R: Sí. Las vacunas son seguras. El sistema de seguridad de vacunas de los Estados Unidos, que tiene una larga trayectoria, garantiza que las vacunas sean lo más seguras posible. En la actualidad, los Estados Unidos cuentan con el suministro de vacunas más seguras de su historia. Cada año se vacuna de forma segura a millones de niños. Los efectos secundarios más comunes son normalmente muy leves, como dolor o hinchazón en el lugar de la inyección.

P: ¿Cuáles son los efectos secundarios de las vacunas? ¿Cómo se tratan?
R: Las vacunas, al igual que cualquier otro medicamento, pueden causar algunos efectos secundarios. La mayoría de estos efectos son muy leves, como dolor en el lugar de la inyección, irritabilidad o fiebre baja. Suelen durar solo un par de días y se pueden tratar. Por ejemplo, puede colocar una toallita húmeda y fresca sobre el área adolorida para aliviar las molestias.

Las reacciones graves son muy raras. Sin embargo, si su hijo tiene alguna reacción que le preocupa, llame al consultorio médico.

P: ¿Cuáles son los riesgos y los beneficios de las vacunas?
R: Las vacunas pueden prevenir enfermedades infecciosas que antes causaban la muerte o hacían daño a muchos bebés, niños y adultos. Sin las vacunas, su hijo queda expuesto al riesgo de enfermarse gravemente y sufrir dolor, discapacidad e incluso la muerte por enfermedades como el sarampión y la tosferina. Los riesgos principales asociados a las vacunas son los efectos secundarios, los cuales casi siempre son leves (enrojecimiento e hinchazón en el lugar de la inyección) y desaparecen a los pocos días. Los efectos secundarios graves después de la vacunación, como una reacción alérgica grave, son muy raros y tanto los médicos como el personal de los centros de atención de la salud están capacitados para tratarlos.

Los beneficios de prevención de enfermedades de las vacunas superan los posibles efectos secundarios para casi todos los niños. La única excepción a esto son los casos de niños con afecciones crónicas graves, como el cáncer o enfermedades que debiliten el sistema inmunitorio, o que hayan tenido una reacción alérgica grave a una dosis previa de la vacuna.

P: ¿Existe algún vínculo entre las vacunas y el autismo?
R: No. Los estudios científicos y las revisiones continúan mostrando que no hay una relación entre las vacunas y el autismo. Algunas personas han sugerido que el tiomersal (un componente que contiene mercurio) en las vacunas de los bebés y los niños pequeños podría ser una causa del autismo. Otras sugieren que la vacuna MMR (sarampión, paperas y rubéola) podría estar vinculada al autismo. Sin embargo, muchos científicos e investigadores han estudiado y continúan estudiando la vacuna MMR y el tiomersal, y llegan a la misma conclusión: no hay un vínculo entre el autismo y la vacuna MMR o el tiomersal.
Pregunta frecuente sobre la vacunación infantil

**P: ¿Pueden las vacunas sobrecargar el sistema inmunitario de mi bebé?**

**R:** Las vacunas no sobrecargan el sistema inmunitario. Cada día, el sistema inmunitario de los bebés sanos combate con éxito miles de microbios. Los antígenos son partes de los microbios que activan al sistema inmunitario para que cree anticuerpos, los cuales luchan contra las enfermedades. Los antígenos en las vacunas provienen de los microbios mismos; sin embargo, están debilitados o muertos, por lo cual no pueden hacer que se enfermen gravemente. **Incluso si los bebés reciben varias vacunas en un día, las vacunas contienen solo una muy pequeña fracción de la cantidad de antígenos que se encuentran en su ambiente diario.** Las vacunas le proveen a su hijo los anticuerpos que necesita para combatir enfermedades graves, prevenibles a través de ellas.

**P: ¿Por qué se necesitan tantas dosis de cada vacuna?**

**R:** Recibir todas las dosis recomendadas de cada vacuna le proporciona a su hijo la mejor protección posible. Dependiendo de la vacuna, su hijo necesitará más de una dosis para que su cuerpo desarrolle una inmunidad lo suficientemente fuerte como para prevenir enfermedades, o para reforzar la inmunidad que va desapareciendo con el tiempo. Puede que su hijo también reciba más de una dosis para garantizar que esté protegido si no obtuvo la suficiente inmunidad de la primera dosis, o para protegerlo contra microbios que cambian a lo largo del tiempo, como los de la influenza (gripe). Cada dosis es importante pues protege contra enfermedades infecciosas que pueden ser especialmente graves para los bebés y los niños muy pequeños.

**P: ¿Por qué la vacunación comienza a una edad tan temprana?**

**R:** El calendario recomendado protege a los bebés y a los niños al proveerles inmunidad a una edad temprana, antes de que entren en contacto con enfermedades que pueden ser mortales. Los niños son vacunados desde muy pequeños porque son susceptibles a enfermedades a una edad temprana. Las consecuencias de estas enfermedades pueden ser muy graves, incluso mortales, para los bebés y los niños pequeños.

**P: ¿Qué opinan sobre retrasar algunas vacunas o seguir un calendario que no sea el estándar?**

**R:** No se conoce ningún beneficio para los niños cuando se siguen calendarios que demoran las vacunas. Los bebés y los niños pequeños que siguen calendarios en los que se retrasan las fechas de vacunación o se dejan algunas afuera, están en riesgo de contraer enfermedades durante el lapso en que demore la vacunación. Algunas enfermedades prevenibles con vacunas siguen siendo comunes en los Estados Unidos; los niños podrían estar expuestos a estas enfermedades durante el tiempo que no estén protegidos por las vacunas y correr el riesgo de tener un caso serio de enfermedad que cause la hospitalización o a la muerte.

**P: ¿No hemos eliminado la mayoría de estas enfermedades en este país?**

**R:** Alguna enfermedades prevenibles con vacunas, como la tosferina (pertussis) y la varicela, continúan siendo comunes en los Estados Unidos. En cambio, otras enfermedades que las vacunas previenen ya no son comunes en este país gracias a ellas. **Sin embargo, si dejamos de vacunar, los pocos casos que ocurren en los Estados Unidos podrían rápidamente pasar a ser decenas o centenares de miles de casos.** Si bien muchas enfermedades graves prevenibles con vacunas no son comunes en los Estados Unidos, algunas siguen siendo frecuentes en otras partes del mundo. Aunque su familia no viaje fuera del país, usted puede entrar en contacto con viajeros internacionales en cualquier lugar de su comunidad. Los niños que no son vacunados y están expuestos a una enfermedad pueden enfermarse de gravedad y propagarla en la comunidad.

**P: ¿Qué son las vacunas combinadas? ¿Por qué se usan?**

**R:** Las vacunas combinadas protegen a su hijo contra más de una enfermedad con una sola inyección; reducen la cantidad de inyecciones y visitas al consultorio médico que su hijo necesitaría, lo cual no solo le ahorra tiempo y dinero, sino que también es más fácil para el niño. Algunas vacunas combinadas comunes son Pediarix®, que combina las vacunas DTap, Hep B y IPV (poliomielitis), y ProQuad®, que combina las vacunas MMR y contra la varicela.
Preguntas frecuentes sobre la vacunación infantil

P: ¿Puedo esperar a que mi hijo empiece a ir a la escuela para ponerlo al día con las vacunas?

R: Antes de entrar a la escuela, los niños pequeños pueden estar expuestos a enfermedades prevenibles con vacunas, a través de sus padres u otros adultos, hermanos o hermanas, o en un avión, en la guardería, o aun en el supermercado. Los niños menores de 5 años son especialmente vulnerables a las enfermedades debido a que su sistema inmunológico no ha desarrollado las defensas necesarias para luchar contra las infecciones. No espere para proteger a su bebé y que corra el riesgo de contraer estas enfermedades cuando es ahora que necesita la protección.

P: ¿Por qué mi hijo necesita la vacuna contra la varicela? ¿No es esta una enfermedad leve?

R: Su hijo necesita la vacuna contra la varicela porque en realidad esta enfermedad puede ser grave. En muchos casos, los niños tienen un caso leve de varicela, pero en otros pueden presentar ampollas que se infectan. Otros pueden contraer neumonía. No hay manera de saber con anticipación la gravedad de los síntomas que su hijo tendrá. Antes de que la vacuna estuviera disponible, alrededor de 50 niños morían cada año a causa de la varicela, y cerca de 1 de cada 500 que la contraían tenía que ser hospitalizado.

P: Mi hijo está enfermo ahora. ¿Lo pueden vacunar igual?

R: Hable con el médico de su hijo, pero normalmente a los niños se los puede vacunar aunque estén levemente enfermos, como con un resfriado, dolor de oído, fiebre baja o diarrea. Si el médico dice que está bien, su hijo puede ser vacunado igual.

P: ¿Qué son los ingredientes de las vacunas y qué hacen?

R: Las vacunas contienen ingredientes que hacen que el cuerpo desarrolle inmunidad. Las vacunas también contienen muy pequeñas cantidades de otros ingredientes. Todos los ingredientes tienen una función necesaria, ya sea en la fabricación de la vacuna o para garantizar que el producto final sea seguro y eficaz.
P: ¿Tengo que vacunar a mi bebé según el calendario de vacunación si lo estoy amamantando?

R: Sí. Aun los niños que son amamantados necesitan ser protegidos con vacunas a las edades recomendadas. El sistema inmunitario no está totalmente desarrollado al nacer, lo cual hace que los recién nacidos tengan un mayor riesgo de contraer infecciones. La leche materna provee una protección importante contra algunas infecciones a medida que el sistema inmunitario del bebé se está desarrollando. Por ejemplo, los bebés que son amamantados tienen un menor riesgo de contraer infecciones de oído, infecciones de las vías respiratorias y de tener diarrea. Sin embargo, la leche materna no protege a los niños contra todas las enfermedades. Incluso para los bebés amamantados, las vacunas son la manera más eficaz de prevenir muchas enfermedades. Su bebé necesita la protección a largo plazo que únicamente se logra al asegurarse de que reciba todas las vacunas de acuerdo con el calendario recomendado por los CDC.

P: Recibí la vacuna contra la tosferina y la vacuna contra la influenza durante el embarazo. ¿Por qué mi bebé también necesita estas vacunas?

R: La protección (anticuerpos) que usted le pasó a su bebé antes de nacer lo protegerá algo contra la tosferina y la influenza en un principio. Sin embargo, la protección de estos anticuerpos solo durará por un corto plazo. Es muy importante que su bebé reciba las vacunas a tiempo para que pueda comenzar a producir su propia protección contra estas graves enfermedades.

P: ¿Qué tiene de malo retrasar algunas de las vacunas de mi bebé si planeo ponérselas todas en algún momento?

R: Los niños pequeños tienen el mayor riesgo de presentar un caso grave de enfermedad que podría requerir su hospitalización o causarle la muerte. Demorarse o espaciar las fechas de vacunación deja a su hijo desprotegido cuando más necesita la protección de las vacunas. Por ejemplo, enfermedades como la Hib o la enfermedad neumocócica casi siempre ocurren en los primeros 2 años de vida. Y algunas enfermedades, como la hepatitis B y la tosferina (pertussis) son más graves cuando las contraen los bebés a una edad más temprana. Vacunar a su hijo según el calendario de vacunación recomendado por los CDC significa que puede ayudar a protegerlo a una edad temprana.

P: Recibí la vacuna contra la tosferina y la vacuna contra la influenza durante el embarazo. ¿Por qué mi bebé también necesita estas vacunas?

R: La protección (anticuerpos) que usted le pasó a su bebé antes de nacer lo protegerá algo contra la tosferina y la influenza en un principio. Sin embargo, la protección de estos anticuerpos solo durará por un corto plazo. Es muy importante que su bebé reciba las vacunas a tiempo para que pueda comenzar a producir su propia protección contra estas graves enfermedades.
Screening Checklist

**First Trimester**

- **First Trimester Ultrasound**
  - WEEK: 5 - 8
  - Assesses: Viable pregnancy, heartbeat, gestational age, molar or ectopic pregnancies, abnormal gestation

- **Prenatal Blood Work**
  - WEEK: 8
  - Determines: Blood type, Rh factor, glucose, iron and hemoglobin levels, rubella immunity, STDs, hepatitis, toxoplasmosis infection

- **First Trimester Screening**
  - WEEK: 11 - 14
  - Assesses: Chance of Down Syndrome and Trisomy 18

**Second Trimester**

- **Second Trimester Screening**
  - WEEK: 15 - 20
  - Assesses: Chance of Down Syndrome, Trisomy 18, and neural tube defects

- **Second Trimester Ultrasound**
  - WEEK: 18 - 20
  - Determines: Structural abnormalities, amniotic fluid levels, well-being

- **Glucose Screening**
  - WEEK: 24 - 28
  - Determines: Mother’s risk of gestational diabetes

**Third Trimester**

- **Strep B Test**
  - WEEK: 35 - 37
  - Determines: Presence of group B strep infection

**Newborn Screenings**

- **Blood Test**
  - Results: 24-48 hours

- **Hearing Screens**
  - Results: 24-48 hours

- **Pulse Oximetry Test**
  - Results: 24-48 hours

My Contacts

- **OB/GYN**
  - Phone: ( )

- **Pediatrician**
  - Phone: ( )

Appointment Notes:

For more information about newborn screening, please visit www.babysfirsttest.org
About Prenatal & Newborn Screening

Prenatal Screenings ensure you and your baby are on track for a healthy pregnancy. They also prepare parents for potential health conditions and treatments before birth.

Newborn Screening is a state public health program that tests for serious and treatable conditions. Babies who test positive for treatable conditions are able to start treatment before harmful effects occur.

Blood Test
A small blood sample is taken from the baby’s heel, placed on a newborn screening card, and sent to the state laboratory for analysis.

Hearing Screens
Determines if the ear and auditory brain stem respond to sound. No response can indicate hearing loss.

Pulse Oximetry Test
A sensor measures oxygen in the blood and can detect Critical Congenital Heart Disease (CCHD).

Why is screening so important?
Babies who appear healthy and come from healthy families can still have serious medical conditions. Newborn screening helps health professionals identify and treat conditions before they make a baby sick. Most babies identified at birth are treated early and grow up healthy.

Nearly 4 million babies are born every year in the United States.

More than 1 in 300 newborns have a condition detectable through newborn screening.

About 1 in 125 newborns have a Congenital Heart Defect.

24-48 HOURS

All newborns should be screened between 24-48 hours after birth.

According to the Centers for Disease Control and Prevention, Newborn Screening is one of the greatest public health achievements of the 20th century.

One Mother’s Perspective

“Newborn screening saved my son’s life. Although he appeared perfectly healthy and our family has no history of any disorders, his screening came back positive for a metabolic condition called MCADD. Thanks to the information we gained through his newborn screening, he is a perfectly healthy little boy and we know how to care for him to keep him that way.

I urge all new parents to learn about the life-saving potential of newborn screening and to thank the hospital staff who perform this very important test to ensure the health and safety of your newborn.”

- A Grateful Mother in Colorado

This project is funded through cooperative agreement #5U58MC165509 from the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA).
Lista para las pruebas de detección

Primer trimestre
- Ultrasonido del primer trimestre 5 - 8
  - Determina: si el embarazo es viable, el latido de corazón, la edad gestacional, el embarazo molar o ectópico, gestación anormal
- Análisis de sangre prenatal 8
  - Determina: el grupo sanguíneo, el factor Rh, los niveles de hierro y hemoglobina, la inmunidad, a la rubéola, las ITS, hepatitis, infección de la toxoplasmosis
- Pruebas de detección prenatales 11 - 14
  - Evalúa: la prob. del síndrome Down, trisomía 18

Segundo trimestre
- Pruebas de detección del segundo trimestre 15 - 20
  - Evalúa: la probabilidad del síndrome Down, trisomía 18, los defectos en el tubo neural
- Ultrasonido del segundo trimestre 18 - 20
  - Determina: las anormalidades estructurales, los niveles de líquido amniótico, el bienestar
- Pruebas de detección de glucosa 24 - 28
  - Determina: el riesgo materno de la diabetes gestacional

Tercer trimestre
- Prueba del estreptococo del grupo B (EGB) 35 - 37
  - Determina: la presencia de la infección del estreptococo del grupo B

Pruebas de detección en recién nacidos
- Prueba de sangre 24-48 horas
  - Resultado:
- Evaluación auditiva 24-48 horas
  - Resultado:
- Pulsioximetría 24-48 horas
  - Resultado:

Mis contactos
- Ginecobstetra
  - Teléfono: ( )
- Pediatra
  - Teléfono: ( )

Apuntes de la cita:

Para obtener más información acerca de las pruebas de detección en recién nacidos, por favor visita Spanish.BabysFirstTest.org
Las pruebas de detección en recién nacidos son un programa de salud pública estatal que busca detectar condiciones graves y tratables. Los bebés cuyas pruebas de detección dan resultados positivos a condiciones tratables, podrán comenzar con un tratamiento antes de tener efectos dañinos.

¿Por qué son tan importantes las pruebas de detección?

Aun los bebés que tienen aspecto sano y provienen de familias sanas, pueden presentarse con condiciones médicas serias. Las pruebas de detección ayudan a que los profesionales médicos identifiquen y traten condiciones antes de que se enferme el bebé. La mayoría de los bebés identificados al nacer que reciben tratamiento temprano crecen saludables.

La mayoría de los estados realizan pruebas para detectar 29 de las 34 condiciones médicas recomendadas.

Cada año, 12,000 bebés con condiciones graves pero tratables crecen sanos gracias a las pruebas de detección.

A todo bebé que nace en los Estados Unidos le puede hacer las pruebas de detección.

La prueba de sangre
Se extraen unas gotas de sangre del talón del bebé y se colocan en un tarjetón especial que se usa en las pruebas de detección. Este tarjetón es enviado al laboratorio estatal para un análisis.

La evaluación auditiva
Determina si el oído y el tronco cerebral responden al sonido. Si no hay respuesta, puede señalar la pérdida auditiva.

La prueba de pulsioximetría
Un sensor mide el oxígeno en la sangre y puede detectar la cardiopatía congénita crítica (CCHD).

¿Por qué son tan importantes las pruebas de detección?
Aun los bebés que tienen aspecto sano y provienen de familias sanas, pueden presentarse con condiciones médicas serias. Las pruebas de detección ayudan a que los profesionales médicos identifiquen y traten condiciones antes de que se enferme el bebé. La mayoría de los bebés identificados al nacer que reciben tratamiento temprano crecen saludables.
Pruebas de embarazo

Si crees que puedes estar embarazada, hazte una prueba de embarazo tan pronto como notas que tienes un atraso en tu período menstrual puede ser útil para que accedas a la atención y el apoyo que necesitas. Con una prueba de embarazo casera puedes saber si estás embarazada con casi un 99% de precisión, según cómo la uses. Si descubres que estás embarazada mediante una prueba de embarazo, consulta a tu médico para que te haga otra prueba de confirmación y para conversar acerca de los próximos pasos.

P: ¿Cuánto tiempo debo esperar desde el atraso para hacerme una prueba de embarazo casera?
R: Algunas pruebas de embarazo caseras son más sensibles que otras y se pueden hacer incluso antes de que tengas un atraso. Pero los resultados son más precisos si esperas hasta después del primer día en que te saltas el período menstrual.

Esto se debe a que la cantidad de hormona del embarazo, que se llama gonadotropina coriónica humana, o hCG, en tu orina se duplica cada 48 horas. Cuanto antes te hagas la prueba, más difícil será que detecte la hCG.

P: Según mi prueba de embarazo casera, estoy embarazada. ¿Ahora qué debo hacer?
R: Si el resultado de una prueba de embarazo casera indica que estás embarazada, llama a tu médico inmediatamente. Tu médico puede indicarte un análisis de sangre para confirmar que estás embarazada. Consulta a tu médico en las primeras etapas de tu embarazo también significa que puedes empezar con el cuidado prenatal que tú y tu bebé necesitan para estar sanos.

P: Según mi prueba de embarazo casera, no estoy embarazada. ¿Existe posibilidad de que sí lo esté?
R: Sí, sigue existiendo posibilidad de que estés embarazada. Es posible estar embarazada y que la prueba de embarazo dé resultado negativo.

Si tu prueba indica que no estás embarazada, hazte otra prueba de embarazo en unos días. Si crees que estás embarazada pero las pruebas de embarazo te siguen dando resultados negativos, llama a tu médico.

P: ¿Cómo se usa una prueba de embarazo casera?
R: Todas las pruebas de embarazo caseras vienen con instrucciones escritas. Las instrucciones pueden variar según la marca que uses:

- Colocas una tira reactiva debajo de tu chorro de orina.
- Orinas en un frasco y luego sumerges la tira reactiva allí.
- Orinas en un frasco y luego usas un gotero para poner algunas gotas de orina en un recipiente especial.

Las diferentes marcas te indican que esperes diferentes períodos de tiempo, aunque la mayoría son de alrededor de 2 minutos. Según la marca de la prueba, puedes ver una línea, un signo más o las palabras “pregnant” (embarazada) o “not pregnant” (no embarazada). Una línea o signo más, no importa si se ven más o menos, significan que el resultado es positivo.

La mayoría de las pruebas también tienen un “indicador de control” en la ventana en la que aparece el resultado. Esta línea o signo de control te muestra si la prueba funciona bien o no. Si no aparece esta línea o signo, significa que la prueba no funciona bien.

P: ¿Cuál es la precisión de las pruebas de embarazo caseras?
R: La mayoría de las pruebas de embarazo caseras dicen tener una precisión de 99 por ciento. Pero la precisión depende de lo siguiente:

- Cómo las utilizas. Recuerda leer la fecha de vencimiento y seguir las instrucciones. Espera hasta 10 minutos después de hacerte la prueba para mirar la ventana de resultado.
• **Cuándo las utilizas.** La cantidad de hCG u hormona del embarazo en tu orina aumenta con el tiempo. Cuanto antes te hagas la prueba, más difícil será que detecte la hCG. La mayoría de las pruebas de embarazo caseras pueden detectar un embarazo con precisión después de un atraso. Además, hacerte la prueba con la primera orina de la mañana mejora la precisión.

• **Quién las utiliza.** Todas las mujeres ovulan en momentos diferentes de su ciclo menstrual. Además, el huevo fertilizado puede implantarse en el útero de una mujer en diferentes momentos. Tu cuerpo empieza a producir hCG después de que se produce la implantación. En hasta un 10 por ciento de las mujeres, la implantación no se produce hasta después del primer día en el que se saltean un período menstrual. Esto significa que las pruebas de embarazo caseras pueden funcionar con precisión tan solo 1 día después del atraso para algunas mujeres, pero no para otras.

• **La marca de la prueba.** Algunas pruebas de embarazo caseras son más sensibles que otras. Por ese motivo, algunas pruebas resultan mejores para detectar hCG antes. Consulta a tu farmacéutico para saber cuál es la mejor marca para ti.

**P:** ¿Hay algún factor que pueda afectar los resultados de mi prueba de embarazo casera?

**R:** Sí. Si tomas algún medicamento que contiene la hormona del embarazo hCG como ingrediente activo, puede darte un resultado falso positivo. Un falso positivo es cuando la prueba dice que estás embarazada, pero no lo estás. Algunos ejemplos de medicamentos con hCG incluyen algunos medicamentos para la infertilidad. Si estás tomando algún medicamento para quedar embarazada, te sugerimos que consultes a tu médico para que te haga una prueba de embarazo.

La mayoría de los medicamentos no afectan los resultados de una prueba de embarazo casera. Esto incluye medicamentos de venta libre y con receta como píldoras anticonceptivas y antibióticos. El alcohol y las drogas ilegales tampoco afectan los resultados de una prueba de embarazo.
Talking with Parents about Vaccines for Infants

Doctors, nurses, physician assistants, and office staff all play a key role in establishing and maintaining a practice-wide commitment to communicating effectively about vaccines and maintaining high vaccination rates. You can all answer parents’ questions, provide educational materials, and ensure that families make and keep vaccine appointments.

Parents consider their child’s health care professionals to be their most trusted source of information when it comes to vaccines. This is true even for parents who are vaccine-hesitant or who have considered delaying one or more vaccines. Therefore, you have a critical role in helping parents choose vaccines for their child.

With all you do, you may feel that long vaccine conversations are stressful when you also need to check physical and cognitive milestones and have a full schedule of patients. Because of this, we designed this resource to guide you with conversational techniques and resources for discussing vaccines with parents.

Assume parents will vaccinate

*State which vaccines the child needs to receive.*

When discussing vaccines for children, it is best to remember most parents are planning to accept vaccines and to introduce the topic with that in mind. State the child will receive vaccines as though you presume that parents are ready to accept recommended vaccines for their child during that visit. For example:

Instead of saying “What do you want to do about shots?,” say “Your child needs three shots today.”

Instead of saying “Have you thought about the shots your child needs today?,” say “Your child needs DTaP, Hib, and Hepatitis B shots today.”

A research study looking at health care professionals’ (HCPs) and parents’ interactions during vaccine visits showed that parents were more likely to express concerns when providers used language that asked parents about their vaccination plans. In this study, the presumptive approach resulted in significantly more parents accepting vaccines for their child, especially at first-time visits¹. However, if parents still hesitate or express concerns, move to the next step and give your strong recommendation.

1. **Assume parents will vaccinate**

   - **Parents consent with no further questions?**
   - **Administer recommended vaccine doses**

2. **Give your strong recommendation**

   - **Parents accept your recommendation?**
   - **Parents accept your recommendation?**

3. **Listen to and respond to parent’s questions**

   - **Parents respond positively to your answers?**
Give your strong recommendation

*If parents express concerns, then share your strong vaccine recommendation.*

Although parents frequently consult family members, friends, and webpages for information on vaccines, parents consistently rank their child’s doctor as their most trusted source for vaccine information. With this unique position, your strong recommendation is critical for vaccine acceptance.

Clearly state your strong recommendation. If appropriate, you can add a brief supporting statement that uses a mix of science and anecdote, depending on what you think will be most effective with that parent. Share the importance of vaccines to protect children from potentially life threatening diseases, or talk about your personal experiences with vaccination. For example:

“I strongly recommend your child get these vaccines today…”
“...These shots are very important to protect him from serious diseases.”
“...I believe in vaccines so strongly that I vaccinated my own children on schedule.”
“...This office has given thousands of doses of vaccines and we have never seen a serious reaction.”

Listen to and respond to parents’ questions

*Seek to understand parents’ concerns and provide requested information.*

Although research shows most parents in the U.S. support vaccines, you will encounter parents with questions. If a parent has concerns, resists following the recommended vaccine schedule, or questions your strong recommendation, this doesn’t necessarily mean they won’t accept vaccines. Sometimes parents simply want your answers to their questions. Your willingness to listen to their concerns will play a major role in building trust in you and your recommendation.

When listening, seek to understand the concerns behind parents’ questions before responding with information the parent may not be asking about. If you encounter questions you do not know the answer to, or information from sources you are unfamiliar with, it is best to acknowledge the parent’s concerns and share what you do know. Offer to review the information they have found and, if necessary, schedule another appointment to discuss it further.

What if parents refuse to vaccinate?

If parents decline immunizations after your strong recommendation and conversation, use the following strategies:

- Continue the conversation about vaccines during the next visit and restate your strong recommendation.
- Inform parents about clinical presentations of vaccine-preventable diseases, including early symptoms.
- Remind parents to call before bringing their child into the office, clinic, or emergency department when the child is ill so health care professionals can take precautions to protect others. Explain that when scheduling an office visit for an ill child who has not received vaccines, you will need take all possible precautions to prevent contact with other patients, especially those too young to be fully vaccinated and those who have weakened immune systems.
- Share *If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities* with parents. This fact sheet explains the risks involved with their decision, including risks to other members of their community, and additional precautionary responsibilities for parents.
- You may wish to have parents sign AAP’s *Refusal to Vaccinate* form each time a vaccine is refused so that you have a record of their refusal in their child’s medical file.

Wrapping up the conversation

Remember that success comes in many forms. It may mean that parents accept all vaccines when you recommend them, or that they schedule some vaccines for another day. For very vaccine-hesitant parents, success may simply mean agreeing to leave the door open for future conversations.

Work with parents to agree on at least one action, such as:
- Scheduling another appointment or
- Encouraging the parent to read additional information you provide them.

If a parent declines vaccines once, it does not guarantee they always will. Continue to remind parents about the importance of keeping their child up to date on vaccines during future visits and work with them to get their child caught up if they fall behind.

Find resources for specific parent questions:

*Preparing For Vaccine Questions Parents May Ask*

For information on vaccines, vaccine safety, and vaccine preventable diseases:

www.cdc.gov/vaccines/conversations

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Adolescent Well-Care Visits
Well-care visits provide an opportunity for Providers to influence health and development. Assessing physical, emotional and social development is important at every stage of life, particularly with adolescents. Behaviors established during adolescence, such as eating habits and physical activity, often extend into adulthood. They are a critical opportunity for screening and counseling.

Counseling and treatment can help adolescents avoid or recover from numerous problems including addictive behaviors like alcohol, smoking and drug use; sexually transmitted diseases and pregnancy; eating disorders and mental disorders. Leading causes of adolescent death – accidents, homicide and suicide – are avoidable and well-care services are one way for teens to get the help they need.

**Measure Description:** The percentage of Members 12-21 years of age who had a comprehensive well-care visit with a PCP or an OB/GYN during the measurement year.

**Epidemiology**

- The proportion of children receiving well-child visits declines with age. In 2012, 89.1 percent of children ages 4 and younger had received a preventive visit in the past year, compared to 79.2 percent of children 5–11 years of age and 72 percent of those 12–17 years of age.
- Medi-Cal managed care for adolescent access to primary care practitioners has seen a decrease in 2017 rates.
- In San Bernardino County, 72 percent of adults 18 years and older are overweight or obese compared to 62.5 percent of adults across the state.
- In 2016, San Bernardino and Riverside counties hospitalizations for mental health issues were above the California mean of 2.5, 3.2 and 2.7 percent respectively.
- In 2016, San Bernardino County ranked 2nd among all counties for gonorrhea rates, with Riverside County ranking 5th among all counties for elevated rates.
- 1,583 adolescent births occurred in Riverside County in 2016, representing 7.4 percent of adolescent births in the state that year.
- 1,803 adolescent births occurred in San Bernardino County in 2016, representing 8.4 percent of adolescent births in the state that year.
- In 2016, 59.7 percent of adolescent births in San Bernardino County occurred in areas of concentrated poverty above the state average of 55.2 percent.
### Clinical Practice Guidelines

The U.S. Preventive Services Task Force (USPSTF) recommends the following:

<table>
<thead>
<tr>
<th>Population</th>
<th>Screening recommendation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually Active Adolescents</td>
<td>Intensive behavioral counseling for all sexually active adolescents who are at increased risk for sexually transmitted infections (STIs).</td>
<td>B</td>
</tr>
<tr>
<td>Sexually Active Adolescent Women</td>
<td>Screening for chlamydia in sexually active women ages 24 and younger who are at increased risk for infection.</td>
<td>B</td>
</tr>
<tr>
<td>Sexually Active Adolescent Women</td>
<td>Screening for gonorrhea in sexually active women ages 24 and younger who are at increased risk for infection.</td>
<td>B</td>
</tr>
<tr>
<td>Women aged 21</td>
<td>Screening for cervical cancer every three years with cervical cytology alone in women aged 21 years.</td>
<td>A</td>
</tr>
<tr>
<td>Adolescents ages 12 to 18</td>
<td>Screening for major depressive disorder (MDD) in adolescents ages 12 to 18. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.</td>
<td>B</td>
</tr>
<tr>
<td>Adolescents</td>
<td>Recommends that clinicians screen for HIV infection in adolescents who are at increased risk should also be screened.</td>
<td>A</td>
</tr>
<tr>
<td>Adolescents</td>
<td>Recommends that clinicians screen for obesity in adolescents and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.</td>
<td>B</td>
</tr>
<tr>
<td>Young adults and adolescents</td>
<td>Recommends counseling young adults and adolescents about minimizing exposure to ultraviolet (UV) radiation with fair skin types to reduce their risk of skin cancer.</td>
<td>B</td>
</tr>
<tr>
<td>Asymptomatic, nonpregnant adolescents who are at increased risk for syphilis infection</td>
<td>Recommends screening for syphilis infection in persons who are at increased risk for infection.</td>
<td>A</td>
</tr>
<tr>
<td>Adolescents</td>
<td>Recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among adolescents.</td>
<td>B</td>
</tr>
<tr>
<td>Adults 18 years and older, including pregnant women</td>
<td>Recommends screening for unhealthy alcohol use in primary care settings in adults 18 years and older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.</td>
<td>B</td>
</tr>
</tbody>
</table>
## Member Education, Resources and Self-Management

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available at</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Location Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Visit:</strong> IEHP Community Resource Centers</td>
<td>Find upcoming class schedules/programs related to overall health. Topics include healthy eating, sexually transmitted infections (STI), resilience and other subjects that relate to teens.</td>
<td>For the schedule of free health and fitness classes offered by IEHP’s Community Resource Centers (San Bernardino, Riverside, Victorville), visit <a href="http://www.iehp.org/crc">www.iehp.org/crc</a> or call <strong>1-866-228-4347</strong> to register for classes.</td>
</tr>
<tr>
<td><strong>Printed/Electronic Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reference:</strong> “The Well-Child Visit: Why Go and What to Expect” (Bright Futures)</td>
<td>Handout for parents providing tips to prepare for well-child visits including the importance of continuing visits for teens.</td>
<td>Refer to the handouts provided in Member resources.</td>
</tr>
<tr>
<td><strong>Reference:</strong> U.S. Department of Health and Human Services-Office of Adolescent Health</td>
<td>Website providing information on adolescent development, health and well-being.</td>
<td><a href="https://www.hhs.gov/ash/oah/">https://www.hhs.gov/ash/oah/</a></td>
</tr>
<tr>
<td><strong>Physicians Reference:</strong> Bright Futures Handbook: Physical Examination</td>
<td>Electronic handbook providing physicians an overview of an adolescent physical examination.</td>
<td><a href="https://brightfutures.aap.org/Bright%20Futures%20Documents/Physical%20Examination.pdf">https://brightfutures.aap.org/Bright%20Futures%20Documents/Physical%20Examination.pdf</a></td>
</tr>
<tr>
<td><strong>Physicians Reference:</strong> Bright Futures Handbook: Screenings</td>
<td>Electronic handbook providing physicians an overview of an adolescent screenings.</td>
<td><a href="https://brightfutures.aap.org/Bright%20Futures%20Documents/Screening.pdf">https://brightfutures.aap.org/Bright%20Futures%20Documents/Screening.pdf</a></td>
</tr>
</tbody>
</table>
Talking Points

- For an effective relationship to begin, be comfortable interacting with adolescents, respect them as individuals, and be willing to relate to them in a non-judgmental manner without being nondirective.
- When addressing physical development, discuss the Member’s growth in stature, acne, genital or reproductive changes, or active physical involvement.
- When addressing mental development, discuss all relationships, tobacco use, mental health concerns, plans for the future or school performance. Refer to the Patient Health Questionnaire (PHQ-A and PHQ-9) included in the Provider resources for a copy of this assessment.
- Use understandable adult language and not the latest teen jargon.
- Properly prepare the adolescent Member for the examination and communicate your findings and an interpretation. Privacy and autonomy are important issues. Refer to the parent handout “Health Services and One-On-One Time with A Healthcare Provider - An Infobrief for Parents” provided in the Member resources section.
- Talking with the adolescent during the examination also tends to increase comfort; however, the conversation should be appropriate to the area being examined.

How to Maximize Your Global Quality P4P Incentive

- Use IEHP Adolescent Well-Care roster list to identify Members in need of well-care visits (available on the IEHP Secure Provider Portal).
- Eligible for IEHP Global Quality P4P Incentive program when at least one comprehensive well-care visit with a Primary Care Provider or an OB/GYN Provider is completed during the measurement year.
- Well-Care visits must contain documented evidence of all five (5) of the following components:
  - **Health history** - Health history is an assessment of the beneficiary’s history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization), and family health history.
  - **Physical developmental history** - Physical developmental history includes developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult (e.g. arrival/delay of puberty, growth spurts, tanner stage/scale, start of/problems with menses, acne).
  - **Mental developmental history** - Mental developmental history includes developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult (e.g. relationship with family/friends, bullying, eating disorders, sexually active, depression screening PHQ-A or PHQ-9, etc.).
  - **Health education/anticipatory guidance** - Health education/anticipatory guidance is given by the health care provider to the beneficiary and/or parents or guardians in anticipation of emerging issues that a beneficiary and family may face.

- Preventive services may be rendered on visits other than well-child visits. Services count toward the measure, regardless of the primary intent of visit (example: sick visits) but documentation specific of acute or chronic conditions may not count (example: sick visit, only checking symptoms during visit).
• Words such as “Developing Appropriately” and “Normal Development” are valid for physical and mental development.
• A discussed, dated and physician-signed Staying Healthy Assessment (SHA) is a mandated DHCS tool that is valid for anticipatory guidance. Refer to Provider Resources for Staying Healthy Assessment for Members 12-17 years of age and for adults.
• For wellness visits that cannot be submitted through the routine encounter/claims process, please submit the medical record and complete the Historical Supplemental Data Form included in the General Resources section of this guide.

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

References
• Boston: Butterworths; 1990.
The **Well-Child Visit:**
Why Go and What to Expect

Regular checkups are an important way to keep track of your child's health and physical, emotional, and social development. These visits are important for ALL children, including children and youth with special health care needs who may also be under the care of specialists. Your conversations can range from sharing your successes and milestones, to overall concerns about child development, to challenges in daily routines. Think of these visits as your chance to learn as much as you can about the best ways to help your child grow. By focusing on your child's growth and learning, both you and your health care professional make sure your child is developing as expected. Your family and health care professional form a partnership based on respect, trust, honest communication, and understanding your family's culture and traditions.

### How to prepare for the well-child visit

To get the most out of your time with the health care team during the visit, take a few simple steps to prepare. For example:

1. Make notes about what you’ve noticed about your child’s health and development. Include any changes in behavior or family routines.

2. Write a list of questions. You will have time to ask them during your visit. If you have many questions, ask the most important ones first and plan for another time for a longer discussion. The Well-Visit Planner (see link below) is an online tool that can help you identify questions and concerns to raise with your health care professional. Encourage your teen to ask questions about his/her own health.

3. Gather information that might be helpful for your health care professional. Share information from school (such as your child’s Individualized Education Program) or child care to help your health care professional learn more about your child.

### What to expect during your visit

A well-child visit is a chance to get regular updates about your child’s health and development. Your health care team will take measurements, conduct a head-to-toe examination, update immunizations, and offer you a chance to talk with your health care professional. Your well-child visit includes 4 specific activities:

1. Determining whether your child has any health concerns
2. Offering ways to keep your child from developing health concerns
3. Providing support for your child’s overall health and well-being
4. Talking through health information and offering advice

By focusing on each activity, your health care professional offers you tools and information that you can use to support your child's development.

### What will you talk about?

- Your child’s growth and development
- Your proud moments
- Your family’s health
- Your everyday life
- Your challenges
- Your health care professional’s advice
The Well-Child Visit: Why Go and What to Expect

What happens after the visit is over

Depending on your child’s age, you may have well-child visits every few weeks, months, or yearly (see the AAP Schedule of Well-Child Care Visits link below). To help you create a plan for when you get home, write a “to do” list during the visit. List tasks that you can easily fit into your life like “keep healthy snacks in the house” or “turn off the TV or computer an hour before bedtime.” Also include tasks to follow up on such as “make an appointment with the specialist” or “talk with teachers about special education services.” Clarify with your health care team each task on your “to do” list so that you know exactly what to do and when to do it.

Your well-child visit isn’t the only time you can talk with your health care team. If questions arise after your visit is over, call the office and ask the team for answers. Or if you follow up on a task you discussed during your well-child visit, call the office to update the team. Keeping your health care team up to date helps make the most out of your next well-child visit.

A special note for parents of teenagers

The well-child visit has a special meaning for teenagers. It is a chance for teens to build responsibility for their own health and wellness. By ensuring teens follow the same steps and regularly attend these yearly visits, you set the stage for their independence. Typically, teens can expect to have one-on-one time with their health care professional. Teens need to prepare for visits so that they can engage in conversations with their health care team and then follow up on tasks to promote their overall well-being. As teens practice these skills, they learn how to promote their own lifelong health. You also continue to support them by encouraging healthful habits at home such as eating nutritious foods, getting a good night’s sleep, and paying attention to their emotional well-being.
The Well-Child Visit: Why Go and What to Expect

Resources
From HealthyChildren.org

- AAP Schedule of Well-Child Care Visits: https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx
- Recommended Immunization Schedules: https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Recommended-Immunization-Schedules.aspx
- Milestones Matter: 10 to Watch for by Age 5: https://www.healthychildren.org/English/family-life/health-management/Pages/Milestones-Matter.aspx
- Next Stop Adulthood: Tips for Parents: https://www.healthychildren.org/English/ages-stages/teen/Pages/Next-Stop-Adulthood-Tips-For-Parents.aspx

Well-Visit Planner: https://www.wellvisitplanner.org/

Contact us by email or telephone at:
brightfutures@aap.org | 630/626-6783

Content for this Tip Sheet has been adapted from
Last updated: April 2019

Downloaded from: http://brightfutures.aap.org

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Teen Health Services and One-On-One Time with A Healthcare Provider
— An Infobrief for Parents —

The teen years are an important time of growth and development. Teens need regular medical care to ensure they receive recommended health services that help keep them safe and healthy. Having a healthcare provider (e.g., a doctor or nurse practitioner) they trust and can talk to is important, particularly when it comes to topics such as mental and sexual health, substance use, and safety from bullying. Parents can help create that trusting relationship by allowing their teen one-on-one time with their healthcare provider.

Why is one-on-one time with a healthcare provider important?

As adolescents develop and take greater responsibility for their lives, it makes sense for them to be more engaged in their own health care. Current guidelines from the American Academy of Pediatrics (AAP) recommend that providers begin having one-on-one time, commonly referred to as “time alone”, with young people as early as age 11.1 Providers who spend one-on-one time with teens early on help establish this practice as a routine part of care, and provide teens with regular opportunities to raise any concerns in an open manner.2 Ensuring teens have a chance to discuss sensitive issues, such as relationship concerns or depression, can increase their satisfaction with medical care and receipt of preventive health services.3,4 A recent report from AAP encourages providers to have one-on-one time with teens in order to provide accurate and comprehensive sex education, including personalized information on risks and prevention strategies.5

Do teens get one-on-one time with healthcare providers?

Research suggests that not enough teens get one-on-one with their providers. One study found that only 38% of teens 15-17 years old had one-on-one time with a provider during a clinic visit in the prior year.6 Another study found that out of 144 medical visits attended by a parent, just 68% involved time alone between the provider and teen.3
What parents can do:

Prepare yourself
Talk with the healthcare provider about when to begin giving your teen more autonomy with their health care, and when you can expect the provider to ask for time to discuss your teen’s health privately. Initially, the provider may ask you to step out of the room for a short period of time, with the time lengthening as your teen gets older and more comfortable with taking responsibility.

Prepare your teen
Check in with your teen prior to beginning this process. Ask if he or she will be comfortable talking to the provider alone. As they get older, give your teen a heads up that you will be stepping out of the room and encourage them to think about what they would like to discuss with their provider during that time. As your teen gets older, you may want to ask them whether they want you to come into the exam room at all.

Work with your teen’s provider
Working together as a team, you and the provider can ensure that your teen has the opportunity to discuss openly with both of you issues that may be concerning.

Talk with your teen
Have regular conversations with your teen about health-related topics, including healthy relationships, mental health, and the prevention of HIV, other sexually transmitted diseases, and pregnancy. These discussions will help to reinforce and build your teen’s confidence to talk openly with a provider whether or not you are in the room.

Be supportive
When your teen’s provider asks you to step out of the room, you can signal that you appreciate them taking the time to speak with your teen alone. Being supportive can reassure your teen and empower them to take more responsibility for his or her own health care. It also makes it easier for the provider to continue to seek out time alone with your teen at future visits.

Take action
If your teen’s provider does not ask you to step out of the room, you can suggest that you do so. Let the provider know you think it is important that your teen and the provider have time alone to talk about their health and well-being.

Look for opportunities
There is usually more time at annual check-ups to allow your teen and providers to have time alone. However, you can look for opportunities to offer to step out of the room during urgent care visits, as well.

Seek out resources
Some resources include CDC’s factsheet “Talking to Your Teen about Sex: Going Beyond the Talk” and the Society for Adolescent Health and Medicine’s app THRIVE, which can help you begin a dialogue with your teen on important health topics.

References
**Severity Measure for Depression—Child Age 11–17***

*PHQ-9 modified for Adolescents (PHQ-A)—Adapted

| Name: ___________________________ | Age: _______ | Sex: Male ☐ Female ☐ | Date: __________________ |

**Instructions:** How often have you been bothered by each of the following symptoms during the past 7 days? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(0) Not at all</th>
<th>(1) Several days</th>
<th>(2) More than half the days</th>
<th>(3) Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling down, depressed, irritable, or hopeless?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Little interest or pleasure in doing things?</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Poor appetite, weight loss, or overeating?</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>5. Feeling tired, or having little energy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or feeling that you are a failure, or that you have let yourself or your family down?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Trouble concentrating on things like school work, reading, or watching TV?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or the opposite—being so fidgety or restless that you were moving around a lot more than usual?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total/Partial Raw Score:**

**Prorated Total Raw Score:** (if 1-2 items left unanswered)

*Modified from the PHQ-A (J. Johnson, 2002) for research and evaluation purposes*
Instructions to Clinicians

The Severity Measure for Depression—Child Age 11–17 (adapted from PHQ-9 modified for Adolescents [PHQ-A]) is a 9-item measure that assesses the severity of depressive disorders and episodes (or clinically significant symptoms of depressive disorders and episodes) in children ages 11–17. The measure is completed by the child prior to a visit with the clinician. Each item asks the child to rate the severity of his or her depression symptoms during the past 7 days.

Scoring and Interpretation

Each item on the measure is rated on a 4-point scale (0=Not at all; 1=Several days; 2=More than half the days; and 3=Nearly every day). The total score can range from 0 to 27, with higher scores indicating greater severity of depression. The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score in the section provided for “Clinician Use.” The raw scores on the 9 items should be summed to obtain a total raw score and should be interpreted using the table below:

<table>
<thead>
<tr>
<th>Total Raw Score</th>
<th>Severity of depressive disorder or episode</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>None</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately severe</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe</td>
</tr>
</tbody>
</table>

Note: If 3 or more items are left unanswered, the total raw score on the measure should not be used. Therefore, the child should be encouraged to complete all of the items on the measure. If 1 or 2 items are left unanswered, you are asked to calculate a prorated score. The prorated score is calculated by summing the scores of items that were answered to get a partial raw score. Multiply the partial raw score by the total number of items on the PHQ-9 modified for Adolescents (PHQ-A)—Modified (i.e., 9) and divide the value by the number of items that were actually answered (i.e., 7 or 8). The formula to prorate the partial raw score to Total Raw Score is:

\[
\frac{(\text{Raw sum} \times 9)}{\text{Number of items that were actually answered}}
\]

If the result is a fraction, round to the nearest whole number.

Frequency of Use

To track changes in the severity of the child’s depression over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the child’s symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the child that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.
# PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

**NAME:** __________________________________________________________________________ 

DATE: ________________________________________________________________________________

Over the last 2 weeks, how often have you been bothered by any of the following problems?

*(use "✓" to indicate your answer)*

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(add columns + + TOTAL: __________________________________________________________________________

*(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).*

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__________</td>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>
PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓'s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

**Consider Major Depressive Disorder**
- if there are at least 5 ✓'s in the shaded section (one of which corresponds to Question #1 or #2)

**Consider Other Depressive Disorder**
- if there are 2-4 ✓'s in the shaded section (one of which corresponds to Question #1 or #2)

**Note:** Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓’s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

**Scoring:** add up all checked boxes on PHQ-9

**For every ✓** Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

**Interpretation of Total Score**

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Depression Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>Minimal depression</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild depression</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate depression</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately severe depression</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe depression</td>
</tr>
</tbody>
</table>

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A2662B 10-04-2005
### Staying Healthy Assessment

**12 – 17 Years**

<table>
<thead>
<tr>
<th>Name (first &amp; last)</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Today's Date</th>
<th>Grade in School:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person Completing Form</th>
<th>Parent</th>
<th>Relative</th>
<th>Friend</th>
<th>Guardian</th>
<th>Other (Specify)</th>
<th>School Attendance</th>
<th>Regular?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

#### Clinic Use Only: Nutrition

1. Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?  | Yes | No | Skip |
2. Do you eat fruits and vegetables at least 2 times per day? | Yes | No | Skip |
3. Do you eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week? | No | Yes | Skip |
4. Do you drink more than 12 oz. (1 soda can) per day of juice drink, sports drink, energy drink, or sweetened coffee drink? | No | Yes | Skip |
5. Do you exercise or play sports most days of the week? | Yes | No | Skip |

#### Physical Activity

6. Are you concerned about your weight? | No | Yes | Skip |
7. Do you watch TV or play video games less than 2 hours per day? | Yes | No | Skip |

#### Safety

8. Does your home have a working smoke detector? | Yes | No | Skip |
9. Does your home have the phone number of the Poison Control Center (800-222-1222) posted by your phone? | Yes | No | Skip |
10. Do you always wear a seatbelt when riding in a car? | Yes | No | Skip |
11. Do you spend time in a home where a gun is kept? | No | Yes | Skip |
12. Do you spend time with anyone who carries a gun, knife, or other weapon? | No | Yes | Skip |
13. Do you always wear a helmet when riding a bike, skateboard, or scooter? | Yes | No | Skip |
14. Have you ever witnessed abuse or violence? | No | Yes | Skip |
15. Have you been hit, slapped, kicked, or physically hurt by someone (or have you hurt someone) in the past year? | No | Yes | Skip |
16. Have you ever been bullied or felt unsafe at school or in your neighborhood (or been cyber-bullied)? | No | Yes | Skip |
17. Do you brush and floss your teeth daily? | Yes | No | Skip |
18. Do you often feel sad, down, or hopeless? | No | Yes | Skip |
19. Do you spend time with anyone who smokes? | No | Yes | Skip |
20. Do you smoke cigarettes or chew tobacco? | No | Yes | Skip |
21. Do you use or sniff any substance to get high, such as marijuana, cocaine, crack, Methamphetamine (meth), ecstasy, etc.? | No | Yes | Skip |
<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Do you use medicines not prescribed for you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Do you drink alcohol once a week or more?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 If you drink alcohol, do you drink enough to get drunk or pass out?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Do you have friends or family members who have a problem with drugs or alcohol?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Do you drive a car after drinking, or ride in a car driven by someone who has been drinking or using drugs?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sexual Issues**

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Have you ever been forced or pressured to have sex?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Have you ever had sex (oral, vaginal, or anal)? <em>If no, skip to question 35.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Do you think you or your partner could have a sexually transmitted infection (STI), such as Chlamydia, Gonorrhea, genital warts, etc.?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Have you or your partner(s) had sex with other people in the past year?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Have you or your partner(s) had sex without using birth control in the past year?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 The last time you had sex, did you use birth control?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Have you or your partner(s) had sex without a condom in the past year?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Did you or your partner use a condom the last time you had sex?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 Do you have any questions about your sexual orientation (who you are attracted to) or gender identity (how you feel as a boy, girl, or other gender)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Do you have any other questions or concerns about your health?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If yes, please describe:*

### Clinic Use Only

<table>
<thead>
<tr>
<th>Topic</th>
<th>Counseled</th>
<th>Referred</th>
<th>Anticipatory Guidance</th>
<th>Follow-up Ordered</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dental Health</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol, Tobacco, Drug Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient Declined the SHA**

**SHA ANNUAL REVIEW**

PCP’s Signature: [Signature]
Print Name: [Name]
Date: [Date]

PCP’s Signature: [Signature]
Print Name: [Name]
Date: [Date]

PCP’s Signature: [Signature]
Print Name: [Name]
Date: [Date]

PCP’s Signature: [Signature]
Print Name: [Name]
Date: [Date]
# Staying Healthy Assessment

**Adult**

<table>
<thead>
<tr>
<th>Patient’s Name (first &amp; last)</th>
<th>Date of Birth</th>
<th></th>
<th>Today’s Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Completing Form (if patient needs help)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family Member</td>
<td>Friend</td>
<td>Other (Specify)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>2</td>
<td>Do you eat fruits and vegetables every day?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>3</td>
<td>Do you limit the amount of fried food or fast food that you eat?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>4</td>
<td>Are you easily able to get enough healthy food?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>5</td>
<td>Do you drink a soda, juice drink, sports or energy drink most days of the week?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>6</td>
<td>Do you often eat too much or too little food?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>7</td>
<td>Are you concerned about your weight?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>8</td>
<td>Do you exercise or spend time doing activities, such as walking, gardening, swimming for ½ hour a day?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>9</td>
<td>Do you feel safe where you live?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>10</td>
<td>Have you had any car accidents lately?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>11</td>
<td>Have you been hit, slapped, kicked, or physically hurt by someone in the last year?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>12</td>
<td>Do you always wear a seat belt when driving or riding in a car?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>13</td>
<td>Do you keep a gun in your house or place where you live?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>14</td>
<td>Do you brush and floss your teeth daily?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>15</td>
<td>Do you often feel sad, hopeless, angry, or worried?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>16</td>
<td>Do you often have trouble sleeping?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>17</td>
<td>Do you smoke or chew tobacco?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>18</td>
<td>Do friends or family members smoke in your house or place where you live?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>
In the past year, have you had:

- **Men**: 5 or more alcohol drinks in one day?
- **Women**: 4 or more alcohol drinks in one day?

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you use any drugs or medicines to help you sleep, relax,</td>
<td></td>
<td></td>
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<tr>
<td>calm down, feel better, or lose weight?</td>
<td></td>
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<tr>
<td>Do you think you or your partner could be pregnant?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Do you think you or your partner could have a sexually transmitted</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>infection (STI), such as Chlamydia, Gonorrhea, genital warts, etc.?</td>
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<tr>
<td>Have you or your partner(s) had sex without using birth control in the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>past year?</td>
<td></td>
<td></td>
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<tr>
<td>Have you or your partner(s) had sex with other people in the past year?</td>
<td></td>
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<tr>
<td>Have you or your partner(s) had sex without a condom in the past year?</td>
<td></td>
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<tr>
<td>Have you ever been forced or pressured to have sex?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have other questions or concerns about your health?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If yes, please describe:*

<table>
<thead>
<tr>
<th>Clinic Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
</tr>
<tr>
<td><strong>Physical activity</strong></td>
</tr>
<tr>
<td><strong>Safety</strong></td>
</tr>
<tr>
<td><strong>Dental Health</strong></td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
</tr>
<tr>
<td><strong>Alcohol, Tobacco, Drug Use</strong></td>
</tr>
<tr>
<td><strong>Sexual Issues</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
</table>

- **Patient Declined the SHA**

SHA ANNUAL REVIEW

PCP's Signature: 

Print Name: 

Date: 

PCP's Signature: 

Print Name: 

Date: 

PCP's Signature: 

Print Name: 

Date: 

PCP's Signature: 

Print Name: 

Date: 

PCP's Signature: 

Print Name: 

Date: 

DHCS 7098 H (Rev 12/13) SHA (Adult) Page 2 of 2
Childhood Immunizations - Combo 10
Childhood vaccines prevent 10.5 million diseases among all children born in the United States each year and are a cost-effective preventive measure. Diseases that used to be common in this country and around the world, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, rotavirus, and Haemophilus influenzae type b (Hib) can now be prevented by vaccination.

**Measure Description:** The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); three haemophilus influenzae type B (HiB); three hepatitis B (HepB); four pneumococcal conjugate (PCV); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The percentage of children 2 years of age who had one measles, mumps and rubella (MMR); one chicken pox (VZV); and one hepatitis A (HepA) vaccines on or between the child’s first and second birthdays. Combo 10 includes the timely completion of the following antigens: DTaP; IPV; MMR; HiB; HepB; VZV; PCV; HepA; Rotavirus; Flu.

**Epidemiology**
- Childhood vaccines protect children from many serious and potentially life-threatening diseases.
- Approximately 300 children in the United States die each year from vaccine-preventable diseases.
- Immunizations are essential for disease prevention and are a critical aspect of preventive care for children.
- Ongoing measles outbreaks in 22 states has led to the highest number of cases reported nationwide since the disease was declared eliminated in this country in 2000. As of April 2019, CDC reported 971 cases of measles, this is the greatest number of cases reported in the United States since 1992, when 963 cases were reported for the entire year.

**Best Practice Guidelines**
- Refer to Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices (CDC/ACIP) guidelines attached.
- Refer to Vaccines for Children (VFC).
- Refer to your Facility Site Review (FSR) Educational binder.

**Member Education, Resources and Self-Management**

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available at</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Visit:</strong> Riverside or San Bernardino County clinics (in their area)</td>
<td>IEHP Members have access to their county public health clinic for immunizations</td>
<td>Please call for clinic locations in your county: 1. Riverside County: (800) 720-9553 2. San Bernardino County: (800) 722-4777</td>
</tr>
</tbody>
</table>
### Printed/Electronic Resources

| Reference: Immunizations (IEHP) | Brochure on importance of immunizations | Refer to the handout included in Member Resources. Call your Provider Services Representative for copies. |
| Reference: Black Infant Health (BIH) Program | Program aimed to improve infant and maternal health as well as decrease health and social inequalities for women and infants | https://www.cdph.ca.gov/Programs/CFH/DMCAH/BIH/Pages/default.aspx. Please contact your county location for more information: 1. Riverside County: (877) 410-8827 2. San Bernardino County: (877) 410-8829 |
| Reference: Immunization Tool Kit (IEHP) | Provider material about immunizations, codes, and reporting. | Refer to handout materials in Provider Handout section of Guide. |
| Reference: Recommend and Catch-Up Childhood Immunization Schedule (IEHP) | Provider tool for determining catch-up schedules for children who miss timely vaccination. | Please refer to the handout provided in Provider resources. |
| Reference: Immunization Timing 2018 (IEHP) | Handout for Members outlining all of the antigens and timing of recommended vaccines. | Please refer to the handout provided in Member resources. |
| Reference: The Flu A Guide for Parents (CDC) | Handout for parents outlining the importance of obtaining the flu shot. | Please refer to the handout provided in Member resources. |
| Reference: If You Choose Not to Vaccinate Your Child (CDC) | Handout for parents informing of risks of not vaccinating their child. | Please refer to the handout provided in Member resources. |

### Visit: IEHP Community Resource Centers

Find upcoming class schedules/programs related to overall health and prenatal education such as the “Healthy Me, Healthy Baby Class.” For the schedule of free health and fitness classes offered by IEHP’s Community Resource Centers (San Bernardino, Riverside, Victorville), visit www.iehp.org/crc or call 1-866-228-4347 to register for classes.

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Talking Points

- Children can be eligible for VFC, even if they are low-income and regardless of their immigration status.
- Engage in conversations with parents or guardians who have concerns about immunizations.
- Distribute educational materials to parents and guardians highlighting the importance of vaccines and staying on top of the immunization schedule for children ages 0-24 months.
- Provide guidance and information regarding various myths or dispel any false reports regarding immunizations (social media, peers, rumors, etc.).
- Take advantage of the Member’s presence during sick visits or well-child exams to provide immunizations.
- Provide parent teaching about ways immunizations are administered.
- Provide education and handouts on Influenza vaccine addressing Member’s concerns.
- Spend additional time discussing the benefits of the flu shot for the child, family and community. Use Member materials provided as a guide for discussion.

How to Maximize Your Global Quality P4P Incentive

- Enter data into the California Immunization Registry (CAIR2): https://cair.cdph.ca.gov.
- Ask the parent if his or her child had any immunization elsewhere (e.g., flu vaccine at health fair, drug store) AND document, in medical record and on yellow card on Provider web portal form.
- Use IEHP immunization roster lists to identify Members in need of vaccines.
- Revised MMR, VZV and HepA administration specifications indicate that vaccinations administered on or between the child’s first and second birthdays meet criteria.
- Submit any historical immunizations into CAIR2 along with immunizations you administer in your office.

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.
References

- 2019 HEDIS Technical Specifications/ Childhood Immunization Status
Why Immunize?

Immunizations (vaccines) protect adults and children against outbreaks of polio, mumps, and other diseases that can make them very sick or even cause death. Thanks to vaccines, diseases like polio and mumps rarely occur in the United States. However, the germs that cause these and many other diseases still exist. For this reason, people should be immunized.

Why so Many Vaccines?

Vaccines are needed in all stages of life. Many are given to infants and young children who need them the most to Grow Well. Vaccines protect against diseases such as:

- Diphtheria
- Hepatitis A, B
- HPV
- Influenza (flu)
- Measles, mumps, rubella
- Meningitis
- Pneumococcal
- Polio
- Rotavirus
- Shingles
- Tetanus
- Varicella (chicken pox)
- Pertussis (whooping cough)

If you are pregnant, getting the flu shot and Tdap vaccines might be recommended. Adults and children may need a booster shot to maintain the effectiveness of a vaccine. Ask your Doctor what he or she recommends for you and your child.

What Are Some Side Effects?

Like medicine, vaccines can also cause minor side effects such as:

- Soreness at site of injection
- Feeling tired and weak
- Low-grade fever
- Rash

If you have concerns, be sure to talk to your Doctor.

Get Vaccinated At No Cost To You

With IEHP, you can get vaccinated at no cost. You can also find schedules for your shots and checkups in your IEHP Member Handbook. Ask your Doctor for an Immunization Record Card, and bring it with you to each checkup.

Immunizations... Saving One Life At A Time

The IEHP 24-Hour Nurse Advice Line: 1-888-244-4347/1-866-577-8355 TTY

IEHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-440-4347 (TTY: 1-800-718-4347). IEHP cumple con las leyes Federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o género. ATENCIÓN: Si habla español u otro idioma diferente al inglés, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llame al 1-800-440-4347 o al 1-800-718-4347 (TTY). IEHP podria no ser comprendido por personas con limitaciones de audicion, entendiendolo, escribiendo, recibiendo una traduccion oral o las emociones de las personas de la cultura de usted. Nota: Si habla algun idioma en la lista, le ofrecemos los servicios gratuitos de un intérprete de idiomas. Llame al 1-800-440-4347 o al 1-800-718-4347 (TTY).
Las inmunizaciones (vacunas) protegen a los adultos y a los niños de los brotes de polio, paperas y de otras enfermedades que pueden causarle múltiples problemas de salud o incluso la muerte. Gracias a las vacunas, las enfermedades como la polio y las paperas no son frecuentes en los EE. UU. Pero aún existen los gérmenes que causan estas enfermedades y muchas otras. Por esta razón, las personas deben vacunarse.

Los adultos y los niños pueden estar expuestos a gérmenes que el sistema inmunológico no sabe cómo enfrentar. Las vacunas capacitan al cuerpo para combatir los gérmenes que causan enfermedades. Así es que cuando esté expuesto a la enfermedad, el cuerpo sabrá combatir y matar a los gérmenes antes de que le causen problemas de salud. Esto se conoce como inmunidad contra la enfermedad.

Con IEHP, usted puede vacunarse sin costo. Además, puede encontrar el calendario de fechas para recibir las vacunas y hacerse los exámenes médicos en su Manual para Miembros de IEHP. Solicite a su Doctor una Tarjeta de Registro de Vacunas y llévela a cada examen médico.

¿POR QUÉ VACUNARSE?
Las vacunas son necesarias en todas las etapas de la vida, y muchas vacunas se aplican a los bebés y niños pequeños porque se quienes más las necesitan, así nos aseguramos de que cada uno de ellos Cuéce Saludable. Las vacunas protegen contra enfermedades como:
- Difteria
- Hepatitis A y B
- VPH
- Influenza (gripe)
- Sarampión, paperas y rubéola
- Meningitis
- Neumocócica
- Polio
- Rotavirus
- Culebrilla
- Tétanos
- Varicela (peste cristal)
- Tosferina (tos convulsiva)
Si usted está embarazada, es posible que le recomienden aplicarla la vacuna contra la gripe y la T-dpa. Los adultos y los niños pueden necesitar dosis adicionales para mantener la efectividad de una vacuna. Pregúntele a su Doctor qué sería lo más recomendable para usted y para su hijo.

¿POR QUÉ TANTAS VACUNAS?
Al igual que los medicamentos, las vacunas también pueden causar efectos secundarios menores como:
- Dolor en el área de la inyección
- Sensación de cansancio y debilidad
- Fiebre leve
- Sarpullido
Si tiene dudas, asegúrese de consultar con su Doctor.

¿CUÁL ES LA VIDA ES VALIOSA, DEBEMOS PROTEGERLA.
¿CUÁLES SON ALGUNOS DE LOS EFECTOS SECUNDARIOS?
Por esta razón, las personas deben vacunarse.

¿POR QUÉ ACTÚAN LAS VACUNAS?
Las vacunas protegen contra enfermedades que pueden causarle múltiples problemas de salud o incluso la muerte. Gracias a las vacunas, las enfermedades como la polio y las paperas no son frecuentes en los EE. UU. Pero aún existen los gérmenes que causan estas enfermedades y muchas otras. Por esta razón, las personas deben vacunarse.

¿CÓMO ACTÚAN LAS VACUNAS?
Las inmunizaciones (vacunas) protegen a los adultos y a los niños de los brotes de polio, paperas y de otras enfermedades que pueden causarle múltiples problemas de salud o incluso la muerte. Gracias a las vacunas, las enfermedades como la polio y las paperas no son frecuentes en los EE. UU. Pero aún existen los gérmenes que causan estas enfermedades y muchas otras. Por esta razón, las personas deben vacunarse.

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The Flu:
A Guide for Parents

Influenza (also known as flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat and lungs. Flu is different from a cold, and usually comes on suddenly. Each year flu viruses cause millions of illnesses, hundreds of thousands of hospital stays and thousands or tens of thousands of deaths in the United States.

Flu can be very dangerous for children. CDC estimates that between 6,000 and 26,000 children younger than 5 years have been hospitalized each year in the United States because of influenza. The flu vaccine is safe and helps protect children from flu.

For more information, visit www.cdc.gov/flu or call 800-CDC-INFO
How serious is flu?
While flu illness can vary from mild to severe, children often need medical care because of flu. Children younger than 5 years and children of any age with certain long-term health problems are at high risk of flu complications like pneumonia, bronchitis, sinus and ear infections. Some health problems that are known to make children more vulnerable to flu include asthma, diabetes and disorders of the brain or nervous system.

How does flu spread?
Flu viruses are thought to spread mainly by droplets made when someone with flu coughs, sneezes or talks. These droplets can land in the mouths or noses of people nearby. A person also can get flu by touching something that has flu virus on it and then touching their mouth, eyes, or nose.

What are flu symptoms?
Flu symptoms can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, feeling tired and sometimes vomiting and diarrhea (more common in children than adults). Some people with the flu will not have a fever.

Protect your child
How can I protect my child from flu?
The first and best way to protect against flu is to get a yearly flu vaccine for yourself and your child.
- Flu vaccination is recommended for everyone 6 months and older every year. Flu shots and nasal spray flu vaccines are both options for vaccination.
- It’s especially important that young children and children with certain long-term health problems get vaccinated.
- Caregivers of children at high risk of flu complications should get a flu vaccine. (Babies younger than 6 months are at high risk for serious flu complications, but too young to get a flu vaccine.)
- Pregnant women should get a flu vaccine to protect themselves and their baby from flu. Research shows that flu vaccination protects the baby from flu for several months after birth.

Flu viruses are constantly changing and so flu vaccines are updated often to protect against the flu viruses that research indicates are most likely to cause illness during the upcoming flu season.

Is flu vaccine safe?
Flu vaccines are made using strict safety and production measures. Millions of people have safely received flu vaccines for decades. Flu shots and nasal spray flu vaccines are both options for vaccination. Different types of flu vaccines are licensed for different ages. Each person should get one that is appropriate for their age. CDC and the American Academy of Pediatrics recommend an annual flu vaccine for all children 6 months and older.

What are the benefits of getting a flu vaccine?
- A flu vaccine can keep you and your child from getting sick. When vaccine viruses and circulating viruses are matched, flu vaccination has been shown to reduce the risk of getting sick with flu by about half.
- Flu vaccines can keep your child from being hospitalized from flu. A recent study showed that flu vaccine reduced children’s risk of flu-related pediatric intensive care unit admission by 74%.
- Flu vaccine can prevent your child from dying from flu. A study using data from recent flu seasons found that flu vaccine reduced the risk of flu-associated death by half among children with high risk medical conditions and by nearly two-thirds among healthy children.
- Flu vaccination also may make your illness milder if you do get sick.
- Getting yourself and your child vaccinated also can protect others who may be more vulnerable to serious flu illness, like babies and young children, older people, and people with certain long-term health problems.

Is there a medicine to treat flu?
Yes. Antiviral drugs are prescription medicines that can be used to treat flu illness. They can shorten your illness and make it milder, and they can prevent serious complications that could result in a hospital stay. Antivirals work best when started during the first 2 days of illness. Antiviral drugs are recommended to treat flu in people who are very sick (for example, people who are in the hospital) or people who are at high risk of serious flu complications. Antivirals can be given to children and pregnant women.

What are some other ways I can protect my child against flu?
- In addition to getting a flu vaccine, you and your child should take everyday actions to help prevent the spread of germs.
- Stay away from people who are sick; cover your cough and sneezes; wash your hands often with soap and water; do not touch your eyes, nose, and mouth; and clean and disinfect surfaces and objects that may be contaminated with flu viruses.

These everyday actions are a good way to reduce your chances of getting sick and prevent the spread of germs to others if you do get sick. However, a yearly flu vaccine is the best protection against flu illness.
¿Qué es la influenza?
La influenza (también conocida como gripe) es una enfermedad respiratoria contagiosa causada por los virus de la influenza, que infectan la nariz, la garganta y los pulmones. La influenza es diferente a un resfriado y generalmente se presenta de manera repentina. Cada año, los virus de la influenza hacen que millones de personas se enfermen y cientos de miles sean hospitalizadas, y causan miles —o decenas de miles— de muertes en los Estados Unidos.

La influenza puede ser muy peligrosa para los niños. Los CDC estiman que se ha hospitalizado a entre 6000 y 26 000 niños menores de 5 años por la influenza cada año en los Estados Unidos. La vacuna contra la influenza es segura y ayuda a proteger a los niños contra la enfermedad.

¿Qué deben saber los padres

¿Qué tan grave es la influenza?
Aunque la enfermedad de la influenza puede variar entre leve y grave, es frecuente que los niños necesiten atención médica. Los niños menores de 5 años y los de cualquier edad con ciertos problemas de salud de largo plazo tienen alto riesgo de presentar complicaciones por la influenza como neumonía, bronquitis e infecciones de oído o infecciones sinusales. Algunos de los problemas de salud que se sabe que hacen que los niños sean más vulnerables a la influenza incluyen el asma, la diabetes y los trastornos del cerebro o del sistema nervioso.

¿Cómo se propaga la influenza?
Se cree que los virus de la influenza se propagan principalmente a través de las gotitas que se forman cuando una persona con la enfermedad tose, estornuda o habla. Estas gotitas pueden llegar a la boca o la nariz de las personas que estén cerca. Una persona también puede contraer la influenza al tocar algo que tenga el virus y luego tocarse los ojos, la nariz o la boca.

¿Cuáles son los síntomas de la influenza?
Los síntomas de la influenza pueden incluir fiebre, tos, dolor de garganta, moqueo o congestión nasal, dolores en el cuerpo, dolor de cabeza, escalofríos, cansancio y, en algunos casos, vómitos y diarrea (más frecuentes en los niños que en los adultos). Algunas personas con influenza no presentan fiebre.

Proteja a su hijo

¿Cómo puedo proteger a mi hijo de la influenza?
La primera y mejor manera de protegerse contra la influenza es ponerse la vacuna anual contra la influenza y ponérsela a su hijo.

- La vacunación contra la influenza es segura y ayuda a proteger a los niños contra la enfermedad.
- Es particularmente importante que se vacunen los niños pequeños y los que tengan ciertos problemas de salud de largo plazo.
- También se deben vacunar las personas que cuidan a niños que estén en alto riesgo de presentar complicaciones por esta enfermedad. (Los bebés con menos de 6 meses de edad tienen un alto riesgo de presentar complicaciones graves, pero son demasiado pequeños para ser vacunados contra la influenza).
- Las mujeres embarazadas también deben vacunarse para protegerse y proteger al bebé. Las investigaciones han mostrado que la vacunación contra la influenza protege al bebé durante varios meses después de que nace.
- Los virus de la influenza cambian constantemente, por lo tanto, las vacunas son actualizadas para que protejan contra los virus que, según indiquen las investigaciones, tengan mayores probabilidades de causar la enfermedad durante la siguiente temporada de influenza.

¿Son seguras las vacunas contra la influenza?
Las vacunas contra la influenza se hacen usando estrictas medidas de seguridad y producción. Millones de personas las han recibido de forma segura durante décadas. Tanto la vacuna inyectable como la vacuna en atomizador nasal existen como opción para la vacunación. Diferentes tipos de vacunas contra la influenza están autorizadas para diferentes edades. Cada persona debe ponerse la vacuna que sea adecuada para su edad. Los CDC y la Academia Estadounidense de Pediatria recomiendan que todos los niños de 6 meses de edad en adelante reciban una vacuna anual contra la influenza.

¿Cuáles son los beneficios de recibir una vacuna contra la influenza?

- La vacunación contra la influenza puede prevenir que usted y su hijo se enfermen. Cuando los virus de la vacuna coinciden con los que están circulando, la vacunación ha mostrado reducir en aproximadamente la mitad el riesgo de enfermarse.
- Las vacunas contra la influenza pueden prevenir que su hijo sea hospitalizado por esta enfermedad. Un estudio reciente mostró que la vacunación redujo en un 74 % el riesgo de hospitalizaciones de niños en la unidad de cuidados intensivos pediátricos relacionadas con la influenza.
- La vacunación contra la influenza puede prevenir que su hijo muera por esta enfermedad. En un estudio en el que se usaron los datos de temporadas de influenza recientes se halló que en los niños con afeciones de alto riesgo la vacuna redujo en la mitad el riesgo de muerte asociada a la influenza y que en aquellos sin afeciones lo redujo en casi dos tercios.
- En caso de contraer la influenza, la vacunación también puede hacer que la enfermedad sea más leve.
Si usted y su hijo se vacunan, también pueden proteger a otras personas que quizás sean más vulnerables a enfermarse gravemente, como los bebés y niños pequeños, las personas mayores y las personas que tengan ciertos problemas de salud de largo plazo.

¿De qué otras maneras puedo proteger a mi hijo contra la influenza?
Además de ponerse una vacuna contra la influenza, usted y su hijo deben tomar medidas cotidianas para ayudar a prevenir la propagación de los microbios.

Dentro de lo posible, manténganse alejados de las personas que estén enfermas para evitar enfermarse. Si usted o su hijo están enfermos, eviten estar con otras personas lo más posible para no contagiarlas. Además, recuerden cubrirse la nariz y la boca cuando tosan o estornuden, lavarse las manos frecuentemente, limpiar las superficies que puedan estar contaminadas con virus de la influenza y evitar tocarse los ojos, la nariz y la boca. Estas medidas cotidianas pueden ayudar a reducir sus probabilidades de enfermarse y prevenir la propagación de microbios a otras personas. Sin embargo, la vacunación anual contra la influenza es la mejor forma de prevenir esta enfermedad.

Si su hijo está enfermo
¿Qué puedo hacer si mi hijo se enferma?
Hable con el médico pronto si le preocupa la enfermedad de su hijo.

Asegúrese de que descanse mucho y tome suficientes líquidos. Si su hijo tiene 5 años o más y no tiene problemas de salud de largo plazo, pero presenta síntomas de influenza (como fiebre o tos) consulte con su médico según sea necesario.

Los niños menores de 5 —especialmente los que tienen menos de 2 años— y los que tienen ciertos problemas de salud de largo plazo (como asma, diabetes, o trastornos del cerebro o del sistema nervioso) están en alto riesgo de presentar complicaciones graves relacionadas con la influenza. Llame o lleve a su hijo al médico de inmediato si el niño tiene síntomas de influenza.

¿Qué debo hacer si mi hijo parece estar muy enfermo?
Incluso los niños sanos pueden enfermarse gravemente por la influenza. Si su hijo tiene alguna de las siguientes señales de advertencia que indiquen que se trata de una emergencia debe llevarlo a la sala de emergencias:

- Respiración rápida o dificultad para respirar
- Coloración azulada o grisácea de la piel
- No tomar suficientes líquidos (no ir al baño o no orinar en cantidades normales)
- Vómitos intensos o persistentes
- No despertar o no interactuar
- Estar tan molesto que no quiere que lo tengan en brazos
- Síntomas de influenza que mejoraron, pero que luego regresaron con fiebre y una tos peor
- Fiebre con sarpullido

¿Hay algún medicamento para tratar la influenza?
Sí. Los antivirales son medicamentos recetados que se pueden usar para tratar la influenza. Pueden reducir la duración de la enfermedad y hacerla más leve. También pueden prevenir las complicaciones graves que podrían llevar a una hospitalización. Los medicamentos antivirales son más eficaces si se comienzan a tomarlos en los primeros 2 días de la enfermedad. Los medicamentos antivirales se recomiendan para tratar la influenza en las personas muy enfermas (por ejemplo, las personas que están en el hospital) o que tengan alto riesgo de presentar complicaciones graves. Los medicamentos antivirales pueden darse a los niños y a las mujeres embarazadas.

¿Por cuánto tiempo puede una persona enferma transmitir la influenza a otras personas?
Las personas que tengan influenza pueden infectar a los demás desde 1 día antes de enfermarse hasta 5 a 7 días después. Las personas que estén muy enfermas y los niños pequeños podrían transmitirla durante más tiempo, especialmente si todavía tienen síntomas.

¿Mi hijo puede ir a la escuela, la guardería o el campamento si está enfermo?
No. Su hijo debe quedarse en casa para descansar y evitar contagiarles la influenza a los otros niños y a las personas que lo cuiden.

¿Cuándo puede regresar mi hijo a la escuela después de haber tenido la influenza?
Mantenga a su hijo en casa y espere al menos 24 horas después de que ya no tenga fiebre para llevarlo a la escuela, la guardería o el campamento. (La fiebre debe haber desaparecido sola, sin el uso de medicamentos que reduzcan la fiebre). La fiebre se define como una temperatura de 100 °F (37.8 °C) o mayor.

Para obtener más información, visite espanol.cdc.gov/enes/flu o llame al 800-CDC-INFO

Universidad de los Estados Unidos
Centros para el Control y la Prevención de la Enfermedad
If you choose to delay some vaccines or reject some vaccines entirely, there can be risks. Please follow these steps to protect your child, your family, and others.

With the decision to delay or reject vaccines comes an important responsibility that could save your child’s life, or the life of someone else.

Any time that your child is ill and you:
• call 911;
• ride in an ambulance;
• visit a hospital emergency room; or
• visit your child’s doctor or any clinic
you must tell the medical staff that your child has not received all the vaccines recommended for his or her age.

Keep a vaccination record easily accessible so that you can report exactly which vaccines your child has received, even when you are under stress.

Telling health care professionals your child’s vaccination status is essential for two reasons:
• When your child is being evaluated, the doctor will need to consider the possibility that your child has a vaccine-preventable disease. Many of these diseases are now uncommon, but they still occur.
• The people who help your child can take precautions, such as isolating your child, so that the disease does not spread to others. One group at high risk for contracting disease is infants who are too young to be fully vaccinated. For example, the measles vaccine is not usually recommended for babies younger than 12 months. Very young babies who get measles are likely to be seriously ill, often requiring hospitalization. Other people at high risk for contracting disease are those with weaker immune systems, such as some people with cancer and transplant recipients.

Before an outbreak of a vaccine-preventable disease occurs in your community:
• Talk to your child’s doctor or nurse to be sure your child’s medical record is up to date regarding vaccination status. Ask for a copy of the updated record.
• Inform your child’s school, childcare facility, and other caregivers about your child’s vaccination status.
• Be aware that your child can catch diseases from people who don’t have any symptoms. For example, Hib meningitis can be spread from people who have the bacteria in their body but are not ill. You can’t tell who is contagious.
When there is vaccine-preventable disease in your community:

• It may not be too late to get protection by getting vaccinated. Ask your child’s doctor.

• If there are cases (or, in some circumstances, a single case) of a vaccine-preventable disease in your community, you may be asked to take your child out of school, childcare, or organized activities (for example, playgroups or sports).

• Your school, childcare facility, or other institution will tell you when it is safe for an unvaccinated child to return. Be prepared to keep your child home for several days up to several weeks.

• Learn about the disease and how it is spread. It may not be possible to avoid exposure. For example, measles is so contagious that hours after an infected person has left the room, an unvaccinated person can get measles just by entering that room.

• Each disease is different, and the time between when your child might have been exposed to a disease and when he or she may get sick will vary. Talk with your child’s doctor or the health department to get their guidelines for determining when your child is no longer at risk of coming down with the disease.

Be aware.

❖ Any vaccine-preventable disease can strike at any time in the U.S. because all of these diseases still circulate either in the U.S. or elsewhere in the world.

❖ Sometimes vaccine-preventable diseases cause outbreaks, that is, clusters of cases in a given area.

❖ Some of the vaccine-preventable diseases that still circulate in the U.S. include whooping cough, chickenpox, Hib (a cause of meningitis), and influenza. These diseases, as well as the other vaccine-preventable diseases, can range from mild to severe and life-threatening. In most cases, there is no way to know beforehand if a child will get a mild or serious case.

❖ For some diseases, one case is enough to cause concern in a community. An example is measles, which is one of the most contagious diseases known. This disease spreads quickly among people who are not immune.

If you know your child is exposed to a vaccine-preventable disease for which he or she has not been vaccinated:

• Learn the early signs and symptoms of the disease.

• Seek immediate medical help if your child or any family members develop early signs or symptoms of the disease.

   IMPORTANT: Notify the doctor’s office, urgent care facility, ambulance personnel, or emergency room staff that your child has not been fully vaccinated before medical staff have contact with your child or your family members. They need to know that your child may have a vaccine-preventable disease so that they can treat your child correctly as quickly as possible. Medical staff also can take simple precautions to prevent diseases from spreading to others if they know ahead of time that their patient may have a contagious disease.

• Follow recommendations to isolate your child from others, including family members, and especially infants and people with weakened immune systems. Most vaccine-preventable diseases can be very dangerous to infants who are too young to be fully vaccinated, or children who are not vaccinated due to certain medical conditions.

• Be aware that for some vaccine-preventable diseases, there are medicines to treat infected people and medicines to keep people they come in contact with from getting the disease.

• Ask your health care professional about other ways to protect your family members and anyone else who may come into contact with your child.

• Your family may be contacted by the state or local health department who track infectious disease outbreaks in the community.

If you travel with your child:

• Review the CDC travelers’ information website (http://www.cdc.gov/travel) before traveling to learn about possible disease risks and vaccines that will protect your family. Diseases that vaccines prevent remain common throughout the world, including Europe.

• Don’t spread disease to others. If an unimmunized person develops a vaccine-preventable disease while traveling, to prevent transmission to others, he or she should not travel by a plane, train, or bus until a doctor determines the person is no longer contagious.

For more information on vaccines, ask your child’s health care professional, visit www.cdc.gov/vaccines or call 800-CDC-INFO (800-232-4636)
IMMUNIZATION TIMING 2019

Every Fall

Everyone 6 months and older should get one.

IMMUNIZATION TIMING 2019

Please ask your Doctor how far apart to have the vaccines. For more information, visit: www.cdc.gov/vaccines
PROGRAMA DE VACUNACIÓN 2019

Pregunte a su Doctor cuánto tiempo debe pasar entre cada vacuna. Para obtener más información, visite www.cdc.gov/vaccines

Vacuna contra la gripe cada otoño
Todas las personas de 6 meses de edad en adelante deben recibirla.

NIÑOS DE CALIFORNIA Ámelo. Vacúnelos.
It's natural you have questions about your child's vaccines. Read answers to common questions to learn more about vaccine safety, the recommended schedule, how vaccines protect your child from 14 diseases by age two, and more. CDC regularly updates this document to ensure frequently asked questions from parents are answered with the most current information.

Q: Are vaccines safe?
A: Yes. Vaccines are very safe. The United States’ long-standing vaccine safety system ensures that vaccines are as safe as possible. Currently, the United States has the safest vaccine supply in its history. Millions of children safely receive vaccines each year. The most common side effects are typically very mild, such as pain or swelling at the injection site.

Q: What are the side effects of the vaccines? How do I treat them?
A: Vaccines, like any medication, may cause some side effects. Most of these side effects are very minor, like soreness where the shot was given, fussiness, or a low-grade fever. These side effects typically only last a couple of days and are treatable. For example, you can apply a cool, wet washcloth on the sore area to ease discomfort.

Q: What is the risk for getting seriously ill and suffering pain, disability, and even death from diseases like measles and whooping cough? The main risks associated with getting vaccines are side effects, which are almost always mild (redness and swelling at the injection site) and go away within a few days. Serious side effects after vaccination, such as a severe allergic reaction, are very rare and doctors and clinic staff are trained to deal with them. The possible side effects of getting vaccines are much greater than the possible side effects for almost all children. For almost all children, the only exceptions to this are cases in which a child has a serious chronic medical condition like cancer or a disease that weakens the immune system, or has had a severe allergic reaction to a previous vaccine dose.

Q: What are the risks and benefits of vaccines?
A: Vaccines can prevent infectious diseases that once killed or harmed many infants, children, and adults. Without vaccines, your child is at risk for getting seriously ill and suffering pain, disability, and even death from diseases like measles and whooping cough. The main risks associated with getting vaccines are side effects, which are almost always mild (redness and swelling at the injection site) and go away within a few days. Serious side effects after vaccination, such as a severe allergic reaction, are very rare and doctors and clinic staff are trained to deal with them. The possible side effects of getting vaccines are much greater than the possible side effects for almost all children. For almost all children, the only exceptions to this are cases in which a child has a serious chronic medical condition like cancer or a disease that weakens the immune system, or has had a severe allergic reaction to a previous vaccine dose.

Q: Is there a link between vaccines and autism?
A: No. Scientific studies and reviews continue to show no relationship between vaccines and autism. Some people have suggested that thimerosal (a compound that contains mercury) in vaccines given to infants and young children might be a cause of autism. Others have suggested that the MMR (measles-mumps-rubella) vaccine may be linked to autism. However, numerous scientists and researchers have studied and continue to study the MMR vaccine and thimerosal, and they reach the same conclusion: there is no link between MMR vaccine or thimerosal and autism.

Q: Can vaccines overload my baby’s immune system?
A: Vaccines do not overload the immune system. Every day, a healthy baby’s immune system successfully fights off thousands of germs. Antigens are parts of germs that cause the body’s immune system to go to work to build antibodies, which fight off diseases.

The antigens in vaccines come from the germs themselves, but the germs are weakened or killed so they cannot cause serious illness. Even if babies receive several vaccinations in one day, vaccines contain only a tiny fraction of the antigens they encounter every day in their environment. Vaccines give your child the antibodies they need to fight off serious vaccine-preventable diseases.

Q: Why are so many doses needed for each vaccine?
A: Getting every recommended dose of each vaccine provides your child with the best protection possible. Depending on the vaccine, your child will need more than one dose to build high enough immunity to prevent disease or to boost immunity that fades over time. Your child may also receive more than one dose to make sure they are protected if they did not get immunity from a first dose, or to protect them against germs that change over time, like flu. Every dose is important because each protects against infectious diseases that can be especially serious for infants and young children.

Q: Why do vaccines start so early?
A: The recommended schedule protects infants and children by providing immunity early in life, before they come into contact with life-threatening diseases. Children receive vaccination early because they are susceptible to diseases at a young age. The consequences of these diseases can be very serious, even life-threatening, for infants and young children.

Q: What do you think of delaying some vaccines or following a non-standard schedule?
A: Children do not receive any known benefits from following schedules that delay vaccines. Infants and young children who follow immunization schedules that spread out or leave out shots are at risk of developing diseases during the time you delay their shots. Some vaccine-preventable diseases remain common in the United States and children may be exposed to these diseases during the time they are not protected by vaccines, placing them at risk for a serious case of the disease that might cause hospitalization or death.
Q: Haven’t we gotten rid of most of these diseases in this country?
A: Some vaccine-preventable diseases, like pertussis (whooping cough) and chickenpox, remain common in the United States. On the other hand, other diseases vaccines prevent are no longer common in this country because of vaccines. However, if we stopped vaccinating, the few cases we have in the United States could very quickly become tens or hundreds of thousands of cases. Even though many serious vaccine-preventable diseases are uncommon in the United States, some are common in other parts of the world. Even if your family does not travel internationally, you could come into contact with international travelers anywhere in your community. Children who don’t receive all vaccinations and are exposed to a disease can become seriously sick and spread it throughout the community.

Q: What are combination vaccines? Why are they used?
A: Combination vaccines protect your child against more than one disease with a single shot. They reduce the number of shots and office visits your child would need, which not only saves you time and money, but also is easier on your child.

Some common combination vaccines are Pediarix®, which combines DTap, Hep B, and IPV (polio), and ProQuad®, which combines MMR and varicella (chickenpox).

Q: Can’t I just wait until my child goes to school to catch up on immunizations?
A: Before entering school, young children can be exposed to vaccine-preventable diseases from parents and other adults, brothers and sisters, on a plane, at child care, or even at the grocery store. Children under age 5 are especially susceptible to diseases because their immune systems have not built up the necessary defenses to fight infection. Don’t wait to protect your baby and risk getting these diseases when he or she needs protection now.

Q: Why does my child need a chickenpox shot? Isn’t it a mild disease?
A: Your child needs a chickenpox vaccine because chickenpox can actually be a serious disease. In many cases, children experience a mild case of chickenpox, but other children may have blisters that become infected. Others may develop pneumonia. There is no way to tell in advance how severe your child’s symptoms will be.

Before vaccine was available, about 50 children died every year from chickenpox. In many cases, children experience a mild case of chickenpox, but other children may have blisters that become infected. Others may develop pneumonia. There is no way to tell in advance how severe your child’s symptoms will be.

Q: My child is sick right now. Is it okay for her to still get shots?
A: Talk with your child’s doctor, but children can usually get vaccinated even if they have a mild illness like a cold, earache, mild fever, or diarrhea. If the doctor says it is okay, your child can still get vaccinated.

Q: What are the ingredients in vaccines and what do they do?
A: Vaccines contain ingredients that cause the body to develop immunity. Vaccines also contain very small amounts of other ingredients. All ingredients play necessary roles either in making the vaccine, or in ensuring that the final product is safe and effective.

Q: Don’t infants have natural immunity? Isn’t natural immunity better than the kind from vaccines?
A: Babies may get some temporary immunity (protection) from mom during the last few weeks of pregnancy, but only for diseases to which mom is immune. Breastfeeding may also protect your baby temporarily from minor infections, like colds. These antibodies do not last long, leaving your baby vulnerable to disease.

Natural immunity occurs when your child is exposed to a disease and becomes infected. It is true that natural immunity usually results in better immunity than vaccination, but the risks are much greater. A natural chickenpox infection may result in pneumonia, whereas the vaccine might only cause a sore arm for a couple of days.

Q: Can’t I just wait to vaccinate my baby, since he isn’t in child care, where he could be exposed to diseases?
A: No, even young children who are cared for at home can be exposed to vaccine-preventable diseases, so it’s important for them to get all their vaccines at the recommended ages. Children can catch these illnesses from any number of people or places, including from parents, brothers or sisters, visitors to their home, on playgrounds or even at the grocery store. Regardless of whether or not your baby is cared for outside the home, she comes in contact with people throughout the day, some of whom may be sick but not know it yet.

If someone has a vaccine preventable disease, they may not have symptoms or the symptoms may be mild, and they can end up spreading disease to babies or young children. Remember, many of these diseases can be especially dangerous to young children so it is safest to vaccinate your child at the recommended ages to protect her, whether or not she is in child care.

Q: Do I have to vaccinate my baby on schedule if I’m breastfeeding him?
A: Yes, even breastfed babies need to be protected with vaccines at the recommended ages. The immune system is not fully developed at birth, which puts newborns at greater risk for infections.

Breast milk provides important protection from some infections as your baby’s immune system is developing. For example, babies who are breastfed have a lower risk of ear infections, respiratory tract infections, and diarrhea. However, breast milk does not protect children against all diseases. Even in breastfed infants, vaccines are the most effective way to prevent many diseases. Your baby needs the long-term protection that can only come from making sure he receives all his vaccines according to the CDC’s recommended schedule.

Q: What’s wrong with delaying some of my baby’s vaccines if I’m planning to get them all eventually?
A: Young children have the highest risk of having a serious case of disease that could cause hospitalization or death. Delaying or spreading out vaccine doses leaves your child unprotected during the time when they need vaccine protection the most. For example, diseases such as Hib or pneumococcus almost always occur in the first 2 years of a baby’s life. And some diseases, like Hepatitis B and whooping cough (pertussis), are more serious when babies get them at a younger age. Vaccinating your child according to the CDC’s recommended immunization schedule means you can help protect him at a young age.

Q: I got the whooping cough and flu vaccines during my pregnancy. Why does my baby need these vaccines too?
A: The protection (antibodies) you passed to your baby before birth will give him some early protection against whooping cough and flu. However, these antibodies will only give him short-term protection. It is very important for your baby to get vaccines on time so he can start building his own protection against these serious diseases.
Preguntas frecuentes sobre la vacunación infantil

Es normal que tenga preguntas sobre las vacunas de sus hijos. Lea las respuestas a preguntas comunes para saber más sobre la seguridad de las vacunas, el calendario de vacunación recomendado, cómo las vacunas protegen a sus hijos de 14 enfermedades antes de cumplir los dos años, y más. Los CDC actualizan este documento con regularidad para garantizar que las preguntas frecuentes que hagan los padres sean respondidas con la información más reciente.

P: ¿Son seguras las vacunas?
R: Sí. Las vacunas son seguras. El sistema de seguridad de vacunas de los Estados Unidos, que tiene una larga trayectoria, garantiza que las vacunas sean lo más seguras posible. En la actualidad, los Estados Unidos cuentan con el suministro de vacunas más seguras de su historia. Cada año se vacuna de forma segura a millones de niños. Los efectos secundarios más comunes son normalmente muy leves, como dolor o hinchazón en el lugar de la inyección.

P: ¿Cuáles son los efectos secundarios de las vacunas? ¿Cómo se tratan?
R: Las vacunas, al igual que cualquier otro medicamento, pueden causar algunos efectos secundarios. La mayoría de estos efectos son muy leves, como dolor en el lugar de la inyección, irritabilidad o fiebre baja. Suelen durar solo un par de días y se pueden tratar. Por ejemplo, puede colocar una toallita húmeda y fresca sobre el área adolorida para aliviar las molestias.

Las reacciones graves son muy raras. Sin embargo, si su hijo tiene alguna reacción que lo preocupa, llame al consultorio médico.

P: ¿Cuáles son los riesgos y los beneficios de las vacunas?
R: Las vacunas pueden prevenir enfermedades infecciosas que antes causaban la muerte o hacían daño a muchos bebés, niños y adultos. Sin las vacunas, su hijo queda expuesto al riesgo de enfermarse gravemente y sufrir dolor, discapacidad e incluso la muerte por enfermedades como el sarampión y la tosferina. Los riesgos principales asociados a las vacunas son los efectos secundarios, los cuales casi siempre son leves (enrojecimiento e hinchazón en el lugar de la inyección) y desaparecen a los pocos días. Los efectos secundarios graves después de la vacunación, como una reacción alérgica grave, son muy raros y tanto los médicos como el personal de los centros de atención de la salud están capacitados para tratarlos.

Los beneficios de prevención de enfermedades de las vacunas superan los posibles efectos secundarios para casi todos los niños. La única excepción a esto son los casos de niños con afecciones crónicas graves, como el cáncer o enfermedades que debiliten el sistema inmunitorio, o que hayan tenido una reacción alérgica grave a una dosis previa de la vacuna.

P: ¿Existe algún vínculo entre las vacunas y el autismo?
R: No. Los estudios científicos y las revisiones continúan mostrando que no hay una relación entre las vacunas y el autismo. Algunas personas han sugerido que el tiomersal (un componente que contiene mercurio) en las vacunas de los bebés y los niños pequeños podría ser una causa del autismo. Otras sugieren que la vacuna MMR (sarampión, paperas y rubéola) podría estar vinculada al autismo. Sin embargo, muchos científicos e investigadores han estudiado y continúan estudiando la vacuna MMR y el tiomersal, y llegan a la misma conclusión: no hay un vínculo entre el autismo y la vacuna MMR o el tiomersal.
Preguntas frecuentes sobre la vacunación infantil

P: ¿Pueden las vacunas sobrecargar el sistema inmunitario de mi bebé?

R: Las vacunas no sobrecargan el sistema inmunitario. Cada día, el sistema inmunitario de los bebés sanos combate con éxito miles de microbios. Los antígenos son partes de los microbios que activan al sistema inmunitario para que cree anticuerpos, los cuales luchan contra las enfermedades. Los antígenos en las vacunas provienen de los microbios mismos; sin embargo, están debilitados o muertos, por lo cual no pueden hacer que se enfermen gravemente. **Incluso si los bebés reciben varias vacunas en un día, las vacunas contienen solo una muy pequeña fracción de la cantidad de antígenos que se encuentran en su ambiente diario.** Las vacunas le proveen a su hijo los anticuerpos que necesita para combatir enfermedades graves, prevenibles a través de ellas.

P: ¿Por qué se necesitan tantas dosis de cada vacuna?

R: **Recibir todas las dosis recomendadas de cada vacuna le proporciona a su hijo la mejor protección posible.** Dependiendo de la vacuna, su hijo necesitará más de una dosis para que su cuerpo desarrolle una inmunidad lo suficientemente fuerte como para prevenir enfermedades, o para reforzar la inmunidad que va desapareciendo con el tiempo. Puede que su hijo también reciba más de una dosis para garantizar que esté protegido si no obtuvo la suficiente inmunidad de la primera dosis, o para protegerlo contra microbios que cambian a lo largo del tiempo, como los de la influenza (gripe). Cada dosis es importante pues protege contra enfermedades infecciosas que pueden ser especialmente graves para los bebés y los niños pequeños.

P: ¿Por qué la vacunación comienza a una edad tan temprana?

R: **El calendario recomendado protege a los bebés y a los niños al proveerles inmunidad a una edad temprana, antes de que entren en contacto con enfermedades que pueden ser mortales.** Los niños son vacunados desde muy pequeños porque son susceptibles a enfermedades a una edad temprana. Las consecuencias de estas enfermedades pueden ser muy graves, incluso mortales, para los bebés y los niños pequeños.

P: ¿Qué opinan sobre retrasar algunas vacunas o seguir un calendario que no sea el estándar?

R: **No se conoce ningún beneficio para los niños cuando se siguen calendarios que demoran las vacunas.** Los bebés y los niños pequeños que siguen calendarios en los que se retrasan las fechas de vacunación o se dejan algunas afuera, están en riesgo de contraer enfermedades durante el lapso en que demore la vacunación. Algunas enfermedades prevenibles con vacunas siguen siendo comunes en los Estados Unidos; los niños podrían estar expuestos a estas enfermedades durante el tiempo que no estén protegidos por las vacunas y correr el riesgo de tener un caso serio de enfermedad que cause la hospitalización o a la muerte.

P: ¿No hemos eliminado la mayoría de estas enfermedades en este país?

R: Algunas enfermedades prevenibles con vacunas, como la tosferina (pertussis) y la varicela, continúan siendo comunes en los Estados Unidos. En cambio, otras enfermedades que las vacunas previenen ya no son comunes en este país gracias a ellas. **Sin embargo, si dejamos de vacunar, los pocos casos que ocurren en los Estados Unidos podrían rápidamente pasar a ser decenas o centenares de miles de casos.** Si bien muchas enfermedades graves prevenibles con vacunas no son comunes en los Estados Unidos, algunas siguen siendo frecuentes en otras partes del mundo. Aunque su familia no viaje fuera del país, usted puede entrar en contacto con viajeros internacionales en cualquier lugar de su comunidad. Los niños que no son vacunados y están expuestos a una enfermedad pueden enfermarse de gravedad y propagarla en la comunidad.

P: ¿Qué son las vacunas combinadas? ¿Por qué se usan?

R: **Las vacunas combinadas protegen a su hijo contra más de una enfermedad con una sola inyección; reducen la cantidad de inyecciones y visitas al consultorio médico que su hijo necesitaría, lo cual no solo le ahorra tiempo y dinero, sino que también es más fácil para el niño.** Algunas vacunas combinadas comunes son Pediarix®, que combina las vacunas DTap, Hep B y IPV (poliomielitis), y ProQuad®, que combina las vacunas MMR y contra la varicela.
## Preguntas frecuentes sobre la vacunación infantil

**P: ¿Puedo esperar a que mi hijo empiece a ir a la escuela para ponerlo al día con las vacunas?**

**R:** Antes de entrar a la escuela, los niños pequeños pueden estar expuestos a enfermedades prevenibles con vacunas, a través de sus padres u otros adultos, hermanos o hermanas, o en un avión, en la guardería, o aun en el supermercado. Los niños menores de 5 años son especialmente vulnerables a las enfermedades debido a que su sistema inmunitario no ha desarrollado las defensas necesarias para luchar contra las infecciones. No espere para proteger a su bebé y que corra el riesgo de contraer estas enfermedades cuando es ahora que necesita la protección.

**P: ¿Por qué mi hijo necesita la vacuna contra la varicela? ¿No es esta una enfermedad leve?**

**R:** Su hijo necesita la vacuna contra la varicela porque en realidad esta enfermedad puede ser grave. En muchos casos, los niños tienen un caso leve de varicela, pero en otros pueden presentar ampollas que se infectan. Otros pueden contraer neumonía. No hay manera de saber con anticipación la gravedad de los síntomas que su hijo tendrá. Antes de que la vacuna estuviera disponible, alrededor de 50 niños morían cada año a causa de la varicela, y cerca de 1 de cada 500 que la contraían tenía que ser hospitalizado.

**P: Mi hijo está enfermo ahora. ¿Lo pueden vacunar igual?**

**R:** Hable con el médico de su hijo, pero normalmente a los niños se los puede vacunar aunque estén levemente enfermos, como con un resfriado, dolor de oído, fiebre baja o diarrea. Si el médico dice que está bien, su hijo puede ser vacunado igual.

**P: ¿Cuáles son los ingredientes de las vacunas y qué hacen?**

**R:** Las vacunas contienen ingredientes que hacen que el cuerpo desarrolle inmunidad. Las vacunas también contienen muy pequeñas cantidades de otros ingredientes. Todos los ingredientes tienen una función necesaria, ya sea en la fabricación de la vacuna o para garantizar que el producto final sea seguro y eficaz.

**P: ¿No tienen inmunidad natural los bebés? ¿No es mejor la inmunidad natural que la que ofrecen las vacunas?**

**R:** Los bebés pueden recibir algún tipo de inmunidad (protección) temporal de la mamá durante las últimas semanas del embarazo, pero solamente contra las enfermedades a las que ella es inmune. Amamantar también puede proteger temporalmente a su bebé contra infecciones menores, como resfriados. **Estos anticuerpos no duran mucho tiempo y dejan al bebé vulnerable a las enfermedades.** La inmunidad natural tiene lugar cuando un niño es expuesto a una enfermedad y se infecta. Es verdad que la inmunidad natural generalmente da como resultado una mejor inmunidad que la provista por la vacunación, pero los riesgos son mucho mayores. Una infección natural de varicela puede ocasionar neumonía, mientras que la vacuna podría causar solamente un brazo adolorido por un par de días.

**P: ¿Puedo esperar para vacunar a mi bebé ya que no está en una guardería donde podría estar expuesto a enfermedades?**

**R:** No, aun los niños pequeños que son cuidados en casa pueden estar expuestos a enfermedades prevenibles con vacunas; por eso es importante que reciban todas las vacunas a las edades recomendadas. Los niños pueden contraer estas enfermedades de muchas personas o lugares, incluso sus padres, hermanos, visitas que vengan a su casa, en áreas de juegos infantiles o aun en el supermercado. Más allá de que su bebé sea cuidado o no fuera de su casa, él o ella estará en contacto con personas a lo largo del día, algunas de las cuales podrían estar enfermas y aún no saberlo. Si alguien tiene una enfermedad de las que son prevenibles con vacunas, es posible que no tenga síntomas o que éstos sean leves, y que pueda terminar transmitiéndosela a bebés y niños pequeños. Recuerde, muchas de estas enfermedades pueden ser especialmente peligrosas para los niños pequeños; por lo tanto, lo más seguro es vacunarlos a las edades recomendadas para protegerlos, más allá de que vayan o no a una guardería.
Preguntas frecuentes sobre la vacunación infantil

**P: ¿Tengo que vacunar a mi bebé según el calendario de vacunación si lo estoy amamantando?**

**R:** Sí. Aun los niños que son amamantados necesitan ser protegidos con vacunas a las edades recomendadas. El sistema inmunitario no está totalmente desarrollado al nacer, lo cual hace que los recién nacidos tengan un mayor riesgo de contraer infecciones. La leche materna provee una protección importante contra algunas infecciones a medida que el sistema inmunitario del bebé se está desarrollando. Por ejemplo, los bebés que son amamantados tienen un menor riesgo de contraer infecciones de oído, infecciones de las vías respiratorias y de tener diarrea. Sin embargo, la leche materna no protege a los niños contra todas las enfermedades. Incluso para los bebés amamantados, las vacunas son la manera más eficaz de prevenir muchas enfermedades. Su bebé necesita la protección a largo plazo que únicamente se logra al asegurarse de que reciba todas las vacunas de acuerdo con el calendario recomendado por los CDC.

**P: ¿Qué tiene de malo retrasar algunas de las vacunas de mi bebé si planeo ponérselas todas en algún momento?**

**R:** Los niños pequeños tienen el mayor riesgo de presentar un caso grave de enfermedad que podría requerir su hospitalización o causarle la muerte. Demorarse o espaciar las fechas de vacunación deja a su hijo desprotegido cuando más necesita la protección de las vacunas. Por ejemplo, enfermedades como la Hib o la enfermedad neumocócica casi siempre ocurren en los primeros 2 años de vida. Y algunas enfermedades, como la hepatitis B y la tosferina (pertussis) son más graves cuando las contraen los bebés a una edad más temprana. Vacunar a su hijo según el calendario de vacunación recomendado por los CDC significa que puede ayudar a protegerlo a una edad temprana.

**P: Recibí la vacuna contra la tosferina y la vacuna contra la influenza durante el embarazo. ¿Por qué mi bebé también necesita estas vacunas?**

**R:** La protección (anticuerpos) que usted le pasó a su bebé antes de nacer lo protegerá algo contra la tosferina y la influenza en un principio. Sin embargo, la protección de estos anticuerpos solo durará por un corto plazo. Es muy importante que su bebé reciba las vacunas a tiempo para que pueda comenzar a producir su propia protección contra estas graves enfermedades.

**P: Recibí la vacuna contra la tosferina y la vacuna contra la influenza durante el embarazo. ¿Por qué mi bebé también necesita estas vacunas?**

**R:** La protección (anticuerpos) que usted le pasó a su bebé antes de nacer lo protegerá algo contra la tosferina y la influenza en un principio. Sin embargo, la protección de estos anticuerpos solo durará por un corto plazo. Es muy importante que su bebé reciba las vacunas a tiempo para que pueda comenzar a producir su propia protección contra estas graves enfermedades.
Preparing for Questions Parents May Ask about Vaccines

Many parents won’t have questions about vaccines when you give your strong recommendation and use language that assumes parents will accept vaccines for their child.

If a parent questions your recommendation, this does not necessarily mean they will not accept vaccines. They consider you their most trusted source of information when it comes to vaccines and sometimes parents simply want your answers to their questions. This sheet outlines some of the topics most parents ask about and tips for how to answer their questions.

Questions about the vaccine schedule and number of vaccines

Some parents may be concerned that there are too many vaccines or that their child will receive too many at one time. But, they may not understand that following the recommended vaccine schedule provides the best protection at the earliest possible time against serious diseases that may affect infants early in life.

PARENTS MAY ASK: Can it harm my child to get several vaccines at one time? Does my child need all of the vaccines recommended?

To respond, you can:
- Share that no evidence suggests that receiving several vaccines at one time will damage or overwhelm a healthy child’s immune system.
- Explain what antigens are (parts of germs) and emphasize the small amount of antigens in vaccines compared to the antigens babies encounter every day in their environment.
- Remind parents that they must start each vaccine series on time to protect their child as soon as possible and their child must complete each multi-dose series for the best protection. There are no data to support that spacing out vaccines offers safe or effective protection from these diseases.

“‘There’s no proven danger in getting all recommended vaccines today. Any time you delay a vaccine, you leave your baby vulnerable to disease. It’s really best to stay on schedule.’”

Questions about whether vaccines are more dangerous for infants than the diseases they prevent

Because vaccines are very effective, many parents have not seen a case of a vaccine-preventable disease firsthand. Therefore, they may wonder if vaccines are necessary and if the risks of vaccinating infants outweigh the benefits of protection from vaccine preventable diseases.

PARENTS MAY ASK: Are these diseases that dangerous? Is it likely that my baby will catch this disease? Will ingredients in vaccines hurt my baby more than possibly getting the disease could?

To respond, you can:
- Share your experience of how these serious diseases still exist and explain that outbreaks still occur in the U.S. For example:
  - From year to year, measles cases in the U.S. can range from roughly less than 100 to a couple hundred. However, in 2014, health departments reported cases in 667 people from 27 states.
  - Between 1970-2000, health officials reported fewer than 8,000 cases of whooping cough each year in the U.S. But since 2010, health officials have reported between 15,000 and 50,000 cases of whooping cough each year to CDC.
- Teach parents that diseases eliminated in the U.S. can infect unvaccinated babies if travelers bring the diseases from other countries. If you need up-to-date information on specific diseases, share Disease Fact Sheets with parents.
- Remind parents that many vaccine preventable diseases can be especially dangerous for young children and there’s no way to tell in advance if their child will get a severe or mild case. Without vaccines, their child is at risk for getting seriously ill and suffering pain, disability, and even death from diseases like measles and whooping cough.

“I know you didn’t get all these vaccines when you were a baby. Neither did I. However, we were both at risk of serious diseases like Hib and pneumococcal meningitis that can lead to deafness or brain damage. Today, we’re able to protect your baby from 14 serious diseases before his second birthday with vaccines.”

Questions about known side effects

It is reasonable for parents to be concerned about possible reactions or side effects listed on Vaccine Information Statements. Vaccines, like any medication, can cause some side effects. Many of these effects are minor, treatable, and last only a few days.

PARENTS MAY ASK: Will my child be okay if she has a side effect? I know someone whose baby had a serious reaction—will my baby too?

To respond, you can:
- Remind parents that most side effects are mild and go away within a few days.
- Reassure parents that you and your staff are prepared to deal with serious vaccine reactions.
- Encourage parents to watch for possible side effects (fussiness, low-grade fever, soreness where the shot was given) and provide information on how they should treat them and how to contact you if they observe something they are concerned about.
- Share your own experience, or lack thereof, of seeing a serious side effect from a vaccine. Explain that serious side effects are very rare.

Reassure parents that the disease-prevention benefits of getting vaccines are much greater than the risks of possible side effects.
Questions about unknown serious long-term side effects

Parents who look for information about vaccine safety will likely encounter information that says vaccines can lead to serious long-term side effects from vaccines. It is understandable that parents may find this alarming.

**Parents may ask:** Do vaccines cause long-term side effects? Will getting a vaccine permanently hurt my child’s health?

To respond, you can share that:
- Vaccines are not linked to increases in health problems such as autism, asthma, or auto-immune diseases.
- There is no evidence to suggest that vaccines threaten a long, healthy life. Conversely, we know lack of vaccination threatens a long and healthy life.

“We have years of experience with vaccines and no reason to believe that vaccines cause long-term harm. I understand your concern, but I truly believe that the risk of diseases is greater than any risks posed by vaccines. Vaccines will get your baby off to a great start for a long, healthy life.”

Questions about vaccine ingredients

Parents may ask about the ingredients contained in vaccines. Let them know that vaccines contain very small amounts of the ingredients listed below and that all ingredients play necessary roles either in making the vaccine or in ensuring that the final product is safe and effective.

**Parents may ask:** Are the ingredients in vaccines safe? Aren’t aluminum and mercury dangerous?

- Preservatives prevent contamination of the vaccine. Thimerosal, a compound containing mercury, is a preservative only found in multi-dose vials of flu vaccine.
- Adjuvants or enhancers, such as aluminum salts, are used to help the body develop immunity and a better immune response.
- Stabilizers, such as sugars and gelatin, are used to keep the vaccine potent during transportation and storage.
- Residual cell culture materials, such as egg protein, are used to grow enough of the virus or bacteria to make the vaccine.
- Residual inactivating ingredients, such as formaldehyde, are used during the production process to kill viruses or inactivate toxins during the manufacturing process.
- Residual antibiotics, such as neomycin, are used during the vaccine manufacturing process to prevent contamination by bacteria.

“Each vaccine ingredient plays an important role in either making the vaccine or ensuring that it is safe and effective so it will protect your child.”

Questions about whether vaccines cause autism

Although many parents are aware that numerous studies show vaccines do not cause autism, some parents have lingering questions and concerns.

**Parents may ask:** I’ve heard some parents say their child’s behavior changed after vaccines; how do you know vaccines don’t cause autism? Many rigorous studies show that there is no link between MMR vaccine or thimerosal and autism. If parents raise other possible hypotheses linking vaccines to autism, three items are key:

- Give patient and empathetic reassurance that you understand their infant’s health is their top priority, and it also is your top priority, so putting children at risk of vaccine-preventable diseases without scientific evidence of a link between vaccines and autism is a risk you are not willing to take.
- Share that the onset of autism symptoms often coincides with the timing of vaccines but is not caused by vaccines.
- Give your personal and professional opinion that vaccines are very safe.

“Autism is a challenge for many families and people want answers—including me. But well designed and conducted studies that I can share with you show that MMR vaccine is not a cause of autism.”

Resources for questions about vaccines and autism:

- Understanding Thimerosal, Mercury, and Vaccine Safety
- Understanding MMR Vaccine Safety

Additional questions parents may ask

- Isn’t natural immunity better than the kind from vaccines?
- Do I have to vaccinate my baby on schedule if I’m breastfeeding him?
- Why are so many doses needed for each vaccine?

If you have additional questions from parents, reference Infant Immunization FAQs for regularly updated answers to common questions.

For information on vaccines, vaccine safety, and vaccine preventable diseases, visit: www.cdc.gov/vaccines/conversations
### Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2017.

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16 yrs</th>
<th>17-18 yrs</th>
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<tbody>
<tr>
<td>Hepatitis B† (HepB)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>See footnote 2</td>
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<td>Rotavirus² (RV) RV1 (2-dose series); RV5 (3-dose series)</td>
<td>1st dose</td>
<td>2nd dose</td>
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<td>Diphtheria, tetanus, &amp; acellular pertussis² (DTaP; &lt;7 yrs)</td>
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<td>3rd dose</td>
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<td>2nd dose</td>
<td>See footnote 4</td>
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<td>Pneumococcal conjugate² (PCV13)</td>
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<td>Inactivated poliovirus³ (IPV; &lt;18 yrs)</td>
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<td>Influenza⁷ (IIV)</td>
<td>Annual vaccination (IIV) 1 or 2 doses</td>
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<tr>
<td>Measles, mumps, rubella⁴ (MMR)</td>
<td>See footnote 8</td>
<td>1st dose</td>
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<td>Varicella⁴ (VAR)</td>
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<td>1st dose</td>
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<td>Hepatitis A⁵ (HepA)</td>
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<td>Meningococcal¹¹ (Hib-MenCY ≥6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)</td>
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<td>Tetanus, diphtheria, &amp; acellular pertussis¹² (Tdap; ≥7 yrs)</td>
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<td>Human papillomavirus¹³ (HPV)</td>
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<td>Meningococcal B¹³</td>
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<td>Pneumococcal polysaccharide¹</td>
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**Range of recommended ages for all children**

**Range of recommended ages for catch-up immunization**

**Range of recommended ages for certain high-risk groups**

**Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making**

**No recommendation**

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**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

**REFERENCE:** CDC ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP); HTTPS://WWW.CDC.GOV/VACCINES/ACIP/, ACCESSED ON 04/11/2017.
### Children age 4 months through 6 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Minimum Interval Between Doses</th>
<th>Dose 1 to Dose 2</th>
<th>Dose 2 to Dose 3</th>
<th>Dose 3 to Dose 4</th>
<th>Dose 4 to Dose 5</th>
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</thead>
<tbody>
<tr>
<td>Hepatitis B&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Birth</td>
<td>4 weeks</td>
<td>8 weeks</td>
<td>at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.</td>
<td>6 months</td>
<td>6 months</td>
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<tr>
<td>Rotavirus&lt;sup&gt;2&lt;/sup&gt;</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
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<tr>
<td>Diphtheria, tetanus, and acellular pertussis&lt;sup&gt;3&lt;/sup&gt;</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
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<tr>
<td><strong>Haemophilus influenzae</strong> type b&lt;sup&gt;4&lt;/sup&gt;</td>
<td>6 weeks</td>
<td>4 weeks if first dose was administered before the 1st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.</td>
<td>4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberox) or unknown. 8 weeks and age 12 through 59 months (as final dose)&lt;sup&gt;4&lt;/sup&gt; • if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR • if current age is 12 through 59 months and first dose was administered before the 1st birthday, and second dose administered at younger than 15 months; OR • if both doses were PRP-OMP (PedvaxHIB; Comvax) and were administered before the 1st birthday. No further doses needed if previous dose was administered at age 15 months or older.</td>
<td>8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.</td>
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<tr>
<td>Pneumococcal&lt;sup&gt;5&lt;/sup&gt;</td>
<td>6 weeks</td>
<td>4 weeks if first dose administered before the 1st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1st birthday or after. No further doses needed for healthy children if first dose was administered at age 24 months or older.</td>
<td>4 weeks if current age is younger than 12 months and previous dose given at &lt;7 months old. 8 weeks (as final dose for healthy children) if previous dose given between 7-11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.</td>
<td>8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.</td>
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<tr>
<td>Inactivated poliovirus&lt;sup&gt;6&lt;/sup&gt;</td>
<td>6 weeks</td>
<td>4 weeks&lt;sup&gt;6&lt;/sup&gt;</td>
<td>4 weeks&lt;sup&gt;6&lt;/sup&gt;</td>
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<tr>
<td>Measles, mumps, rubella&lt;sup&gt;4&lt;/sup&gt;</td>
<td>12 months</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Varicella&lt;sup&gt;7&lt;/sup&gt;</td>
<td>12 months</td>
<td>3 months</td>
<td></td>
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<td></td>
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<tr>
<td>Hepatitis A&lt;sup&gt;19&lt;/sup&gt;</td>
<td>12 months</td>
<td>6 months</td>
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<tr>
<td><strong>Meningococcal</strong>&lt;sup&gt;17&lt;/sup&gt; (MenB-MenCY ≥ 6 mos; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)</td>
<td>6 weeks</td>
<td>8 weeks&lt;sup&gt;17&lt;/sup&gt;</td>
<td>See footnote 11</td>
<td>See footnote 11</td>
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</table>

### Children and adolescents age 7 through 18 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Minimum Interval Between Doses</th>
<th>Dose 1 to Dose 2</th>
<th>Dose 2 to Dose 3</th>
<th>Dose 3 to Dose 4</th>
<th>Dose 4 to Dose 5</th>
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</thead>
<tbody>
<tr>
<td>Meningococcal&lt;sup&gt;17&lt;/sup&gt; (MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)</td>
<td>Not Applicable (N/A)</td>
<td>8 weeks&lt;sup&gt;17&lt;/sup&gt;</td>
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<tr>
<td>Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis&lt;sup&gt;12&lt;/sup&gt;</td>
<td>7 years&lt;sup&gt;12&lt;/sup&gt;</td>
<td>4 weeks</td>
<td>4 weeks</td>
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<tr>
<td>Human papillomavirus&lt;sup&gt;12&lt;/sup&gt;</td>
<td>9 years</td>
<td>Routine dosing intervals are recommended&lt;sup&gt;17&lt;/sup&gt;</td>
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<tr>
<td>Hepatitis A&lt;sup&gt;19&lt;/sup&gt;</td>
<td>N/A</td>
<td>6 months</td>
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<tr>
<td>Hepatitis B&lt;sup&gt;1&lt;/sup&gt;</td>
<td>N/A</td>
<td>4 weeks</td>
<td>8 weeks and at least 16 weeks after first dose.</td>
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<tr>
<td>Inactivated poliovirus&lt;sup&gt;4&lt;/sup&gt;</td>
<td>N/A</td>
<td>4 weeks</td>
<td>4 weeks&lt;sup&gt;4&lt;/sup&gt;</td>
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<tr>
<td>Measles, mumps, rubella&lt;sup&gt;4&lt;/sup&gt;</td>
<td>N/A</td>
<td>4 weeks</td>
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<tr>
<td>Varicella&lt;sup&gt;7&lt;/sup&gt;</td>
<td>N/A</td>
<td>3 months if younger than age 13 years. 4 weeks if age 13 years or older.</td>
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**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

REFERENCE: CDC ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP), HTTPS://WWW.CDC.GOV/VACCINES/ACIP/, ACCESSED ON 04/11/2017.
Figure 3. Vaccines that might be indicated for children and adolescents aged 18 years or younger based on medical indications

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>INDICATION</th>
<th>Pregnancy</th>
<th>Immunocompromised status (excluding HIV infection)</th>
<th>HIV infection CD4+ count (cells/μL)</th>
<th>Kidney failure, end-stage renal disease, on hemodialysis</th>
<th>Heart disease, chronic lung disease</th>
<th>CSF leaks/cochlear implants</th>
<th>Asplenia and persistent complement component deficiencies</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
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<tbody>
<tr>
<td>Hepatitis B¹</td>
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<td>Rotavirus²</td>
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<tr>
<td>Diphtheria, tetanus, &amp; acellular pertussis³ (DTaP)</td>
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<tr>
<td><em>Haemophilus influenzae type b⁴</em></td>
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<td>Pneumococcal conjugate²</td>
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<td>Inactivated poliovirus⁶</td>
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<td>Influenza²</td>
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<td>Measles, mumps, rubella⁸</td>
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<td>Varicella⁹</td>
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<tr>
<td>Hepatitis A¹⁰</td>
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<tr>
<td>Meningococcal ACWY¹¹</td>
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<tr>
<td>Tetanus, diphtheria, &amp; acellular pertussis¹² (Tdap)</td>
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<tr>
<td>Human papillomavirus¹³</td>
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<td>Meningococcal B¹¹</td>
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<td>Pneumococcal polysaccharide²</td>
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*Severe Combined Immunodeficiency

Recommended for persons with an additional risk factor for which the vaccine would be indicated

Vaccination is recommended, and additional doses may be necessary based on medical condition. See footnotes.

No recommendation

Contraindicated

Precaution for vaccination

NOTE: The above recommendations must be read along with the footnotes of this schedule.

REFERENCE: CDC ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP); HTTPS://WWW.CDC.GOV/VACCINES/ACIP/; ACCESSED ON 04/11/2017.
Footnotes — Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2017

For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

For vaccine recommendations for persons 19 years of age and older, see the Adult Immunization Schedule.

Additional information

• For information on contraindications and precautions for the use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the ACIP General Recommendations on Immunization and the relevant ACIP statement, available online at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
• For purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
• Vaccine doses administered ≤4 days before the minimum interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 1, Recommended and minimum ages and intervals between vaccine doses, in MMWR, General Recommendations on Immunization and Reports / Vol. 60 / No. 2, available online at www.cdc.gov/mmwr/pdf/rr/rr6002.pdf.
• Information on travel vaccine requirements and recommendations is available at www.wnc.cdc.gov/travel/.
• The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury petitions. Created by the National Childhood Vaccine Injury Act of 1986, it provides compensation to people found to be injured by certain vaccines. All vaccines within the recommended childhood immunization schedule are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information; see www.hrsa.gov/vaccinecompensation/index.html.

1. Hepatitis B (HepB) vaccine. (Minimum age: birth)

   Routine vaccination:
   • At birth:
     • Administer monovalent HepB vaccine to all newborns within 24 hours of birth.
     • For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9 through 12 months (preferably at the next well-child visit) or 1 to 2 months after completion of the HepB series if the series was delayed.
     • If mother’s HBsAg status is unknown, within 12 hours of birth, administer HepB vaccine regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB vaccine within 12 hours of birth. Determine mother’s HBsAg status as soon as possible and, if mother is HBsAg-positive, also administer HBIG to infants weighing 2,000 grams or more as soon as possible, but no later than age 7 days.

   Doses following the birth dose:
   • The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
   • Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months, starting as soon as feasible (see figure 2).
   • Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks); administer the third dose at least 8 weeks after the second dose AND at least 16 weeks after the first dose. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks.
   • Administration of a total of 4 doses of HepB vaccine is permitted when a combination vaccine containing HepB is administered after the birth dose.

   Catch-up vaccination:
   • Unvaccinated persons should complete a 3-dose series.
   • A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
   • For other catch-up guidance, see Figure 2.

2. Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV1 [Rotarix] and RV5 [RotaTeq])

   Routine vaccination:
   Administer a series of RV vaccine to all infants as follows:
   1. If Rotarix is used, administer a 2-dose series at ages 2 and 4 months.
   2. If RotaTeq is used, administer a 3-dose series at ages 2, 4, and 6 months.
   3. If any dose in the series was RotaTeq or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.

   Catch-up vaccination:
   • The maximum age for the first dose in the series is 14 weeks; 6 days; vaccination should not be initiated for infants aged 15 weeks, 0 days, or older.
   • The maximum age for the final dose in the series is 8 months, 0 days.
   • For other catch-up guidance, see Figure 2.

3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks. Exception: DTaP-IPV [Kinrix, Quadracel]; 4 years)

   Routine vaccination:
   • Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
   • Inadvertent administration of fourth DTaP dose early: If the fourth dose of DTaP was administered at least 4 months after the third dose of DTaP and the child was 12 months of age or older, it does not need to be repeated.

3.3.catch-up vaccination:
   • The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
   • For other catch-up guidance, see Figure 2.

4. Haemophilus influenzae type b (Hib) conjugate vaccine.

   (Minimum age: 6 weeks for PRP-T [ActHIB, DTaP-IPV/Hib (Pentacel), Hibercix, and Hib-MenCY (MenHibrix)], PRP-OMP [PvedaxHIB])

   Routine vaccination:
   • Administer a 2- or 3-dose Hib vaccine primary series and a booster dose (dose 3 or 4, depending on vaccine used in primary series) at age 12 through 15 months to complete a full Hib vaccine series.
   • The primary series with ActHIB, MenHibrix, Hibercix, or Pentacel consists of 3 doses and should be administered at ages 2, 4, and 6 months. The primary series with PvedaxHIB consists of 2 doses and should be administered at ages 2 and 4 months; a dose at age 6 months is not indicated.
   • One booster dose (dose 3 or 4, depending on vaccine used in primary series) of any Hib vaccine should be administered at age 12 through 15 months.
   • For recommendations on the use of MenHibrix in patients at increased risk for meningococcal disease, refer to the meningococcal vaccine footnotes and also to MMWR February 28, 2014 / 63(RR01):1-13, available at www.cdc.gov/mmwr/PDF/rr/rr6301.pdf.
**Catch-up vaccination:**

- If dose 1 was administered at ages 12 through 14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.
- If both doses were PRP-OMP (PedvaxHIB or COMVAX) and were administered before the first birthday, the third (and final) dose should be administered at age 12 through 59 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a third (and final) dose at age 12 through 15 months or 8 weeks after second dose, whichever is later.
- If first dose is administered before the first birthday and second dose administered at younger than 15 months, a third (and final) dose should be administered 8 weeks later.
- For unvaccinated children aged 15–59 months, administer only 1 dose.
- For other catch-up guidance, see Figure 2. For catch-up guidance related to MenHibrix, see the meningococcal vaccine footnotes and also *MMWR* February 28, 2014 / 63(RR01):1-13, available at www.cdc.gov/mmwr/PDF/rt/rr6301.pdf.

**Vaccination of persons with high-risk conditions:**

Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early complement component deficiency, who have received either no doses or only 1 dose of Hib vaccine before age 12 months, should receive 2 additional doses of Hib vaccine, 8 weeks apart; children who received 2 or more doses of Hib vaccine before age 12 months should receive 1 additional dose.

- For patients younger than age 5 years undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.
- Recipients of hematopoietic stem cell transplant (HSCT) should be revaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.
- A single dose of any Hib-containing vaccine should be administered to unimmunized* children and adolescents 15 months of age and older undergoing an elective splenectomy; if possible, vaccine should be administered at least 14 days before procedure.
- Hib vaccine is not routinely recommended for patients 5 years or older. However, 1 dose of Hib vaccine should be administered to unimmunized* persons aged 5 years or older who have anatomic or functional asplenia (including sickle cell disease) and unimmunized* persons 5 through 18 years of age with HIV infection.
- *Patients who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after 14 months of age are considered unimmunized.

**Pneumococcal vaccines. (Minimum age: 6 weeks for PCV13, 2 years for PPSV23)**

**Routine vaccination with PCV13:**

- Administer a 4-dose series of PCV13 at ages 2, 4, and 6 months and at age 12 through 15 months.

**Catch-up vaccination with PCV13:**

- Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- For other catch-up guidance, see Figure 2.

**Vaccination of persons with high-risk conditions with PCV13 and PPSV23:**

All recommended PCV13 doses should be administered prior to PPSV23 vaccination if possible.

- For children aged 2 through 5 years with any of the following conditions: chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy); diabetes mellitus; cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma.

**Routine vaccination:**

- Administer a 4-dose series of IPV at ages 2, 4, and 6 through 18 months, and 4 through 6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.

**Catch-up vaccination:**

- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk of imminent exposure to circulating poliovirus (i.e., travel to a polio-endeemic region or during an outbreak).
- If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
- If both oral polio vaccine (OPV) and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child’s current age. If only OPV was administered, and all doses were given prior to age 4 years, 1 dose of IPV should be given at 4 years or older, at least 4 weeks after the last OPV dose.
- IPV is not routinely recommended for U.S. residents aged 18 years or older.
- For other catch-up guidance, see Figure 2.

For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.
For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

7. Influenza vaccines. (Minimum age: 6 months for inactivated influenza vaccine [IIV], 18 years for recombinant influenza vaccine [RIV])

**Routine vaccination:**
- Administer influenza vaccine annually to all children beginning at age 6 months. For the 2016–17 season, use of live attenuated influenza vaccine (LAIV) is not recommended.

For children aged 6 months through 8 years:
- For the 2016–17 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time or who have not previously received ≥2 doses of trivalent or quadrivalent influenza vaccine before July 1, 2016. For additional guidance, follow dosing guidelines in the 2016–17 ACIP influenza vaccine recommendations (see MMWR August 26, 2016;65(5):1-54, available at www.cdc.gov/mmwr/volumes/65/rr/pdf/rr6505.pdf).
- For the 2017–18 season, follow dosing guidelines in the 2017–18 ACIP influenza vaccine recommendations.

For persons aged 9 years and older:
- Administer 1 dose.

8. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months for routine vaccination)

**Routine vaccination:**
- Administer a 2-dose series of MMR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
- Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. These children should be revaccinated with 2 doses of MMR vaccine; the first at age 12 through 15 months (12 months if the child remains in an area where disease risk is high), and the second dose at least 4 weeks later.
- Administer 2 doses of MMR vaccine to children aged 12 months and older before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.

**Catch-up vaccination:**
- Ensure that all school-aged children and adolescents have had ≥2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.

9. Varicella (VAR) vaccine. (Minimum age: 12 months)

**Routine vaccination:**
- Administer a 2-dose series of VAR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
- For children aged 2 months through 18 years with high-risk conditions, see “Meningococcal conjugate ACWY vaccination of persons with high-risk conditions and other persons at increased risk of disease” below.

**Catch-up vaccination:**
- Ensure that all persons aged 7 through 18 years without evidence of immunity (see MMWR 2007;56[No. RR-4], available at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2 doses of varicella vaccine. For children aged 7 through 12 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.

10. Hepatitis A (HepA) vaccine. (Minimum age: 12 months)

**Routine vaccination:**
- Initiate the 2-dose HepA vaccine series at ages 12 through 23 months; separate the 2 doses by 6 to 18 months.
- Children who have received 1 dose of HepA vaccine before age 24 months should receive a second dose 6 to 18 months after the first dose.
- For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.

**Catch-up vaccination:**
- The minimum interval between the 2 doses is 6 months.

**Special populations:**
- Administer 2 doses of HepA vaccine at least 6 months apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection. This includes persons traveling to or working in countries that have high or intermediate endemicity of infection; men having sex with men; users of injection and non-injection illicit drugs; persons who work with HAV-infected primates or with HAV in a research laboratory; persons with clotting-factor disorders; persons with chronic liver disease; and persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity. The first dose should be administered as soon as the adoption is planned, ideally, 2 or more weeks before the arrival of the adoptee.

11. Meningococcal vaccines. (Minimum age: 6 weeks for Hib-MenCY [MenHibrix], 2 months for MenACWY-CRM [Menveo], 9 months for MenACWY-D [Menactra], 10 years for serogroup B meningococcal [MenB] vaccines: MenB-4C [Bexsero] and MenB-FHbp [Trumenba])

**Routine vaccination:**
- Administer a single dose of Menactra or Menveo vaccine at age 11 through 12 years, with a booster dose at age 16 years.
- For children aged 2 months through 18 years with high-risk conditions, see “Meningococcal conjugate ACWY vaccination of persons with high-risk conditions and other persons at increased risk” and “Meningococcal B vaccination of persons with high-risk conditions and other persons at increased risk of disease” below.

**Catch-up vaccination:**
- Administer Menactra or Menveo vaccine at age 13 through 18 years if not previously vaccinated.
- If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years, with a minimum interval of at least 8 weeks between doses.
- If the first dose is administered at age 16 years or older, a booster dose is not needed.
- For other catch-up guidance, see Figure 2.

**Clinical discretion:**
- Young adults aged 16 through 23 years (preferred age range is 16 through 18 years) who are not at increased risk for meningococcal disease may be vaccinated with a 2-dose series of either Bexsero (0, ≥1 month) or Trumenba (0, 6 months) vaccine to provide short-term protection against most strains of serogroup B meningococcal disease. The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses.
- If the second dose of Trumenba is given at an interval of <6 months, a third dose should be given at least 6 months after the first dose; the minimum interval between the second and third doses is 4 weeks.

**Meningococcal conjugate ACWY vaccination of persons with high-risk conditions and other persons at increased risk:**
- Children with anatomic or functional asplenia (including sickle cell disease), children with HIV infection, or children with persistent complement component deficiency (includes persons with inherited or chronic deficiencies in C3, C5-9, properdin, factor D, factor H, or taking eculizumab [Soliris]):
  - Menveo
    - Children who initiate vaccination at 8 weeks. Administer doses at ages 2, 4, 6, and 12 months.
    - Unvaccinated children who initiate vaccination at 7 through 23 months. Administer 2 primary doses, with the second dose at least 12 weeks after the first dose AND after the first birthday.
    - Children 24 months and older who have not received a complete series. Administer 2 primary doses at least 8 weeks apart.
  - MenHibrix
    - Children who initiate vaccination at 6 weeks. Administer doses at ages 2, 4, 6, and 12 through 15 months.
    - If the first dose of MenHibrix is given at or after age 12 months, a total of 2 doses should be given at least 8 weeks apart to ensure protection against serogroups C and Y meningococcal disease.
For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

12. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for both Boostrix and Adacel)

Routine vaccination:
- Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
- Tdap may be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Administer 1 dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferably during the early part of gestational weeks 27 through 36), regardless of time since prior Td or Tdap vaccination.

Catch-up vaccination:
- Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 dose (preferably the first) in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years may be administered.
- Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose, followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
- Inadvertent doses of DTaP vaccine:
  - If administered inadvertently to a child aged 7 through 10 years, the dose may count as part of the catch-up series. This dose may count as the adolescent Tdap dose, or the child may receive a Tdap booster dose at age 11 through 12 years.
  - If administered inadvertently to an adolescent aged 11 through 18 years, the dose should be counted as the adolescent Tdap booster.
  - For other catch-up guidance, see Figure 2.

13. Human papillomavirus (HPV) vaccines. (Minimum age: 9 years for 4vHPV [Gardasil] and 9vHPV [Gardasil 9])

Routine and catch-up vaccination:
- Administer a 2-dose series of HPV vaccine on a schedule of 0, 6–12 months to all adolescents aged 11 or 12 years. The vaccination series can start at age 9 years.
- Administer HPV vaccine to all adolescents through age 18 years who were not previously adequately vaccinated. The number of recommended doses is based on age at administration of the first dose.
- For persons initiating vaccination before age 15, the recommended immunization schedule is 2 doses of HPV vaccine at 0, 6–12 months.
- For persons initiating vaccination at age 15 years or older, the recommended immunization schedule is 3 doses of HPV vaccine at 0, 1–2, 6 months.
- A vaccine dose administered at a shorter interval should be readministered at the recommended interval.
- In a 2-dose schedule of HPV vaccine, the minimum interval is 5 months between the first and second dose. If the second dose is administered at a shorter interval, a third dose should be administered a minimum of 12 weeks after the second dose and a minimum of 5 months after the first dose.
- In a 3-dose schedule of HPV vaccine, the minimum intervals are 4 weeks between the first and second dose, 12 weeks between the second and third dose, and 5 months between the first and third dose. If a vaccine dose is administered at a shorter interval, it should be readministered after another minimum interval has been met since the most recent dose.

Special populations:
- For children with history of sexual abuse or assault, administer HPV vaccine beginning at age 9 years.
- Immunocompromised persons*, including those with human immunodeficiency virus (HIV) infection, should receive a 3-dose series at 0, 1–2, and 6 months, regardless of age at vaccine initiation.
- Note: HPV vaccination is not recommended during pregnancy, although there is no evidence that the vaccine poses harm. If a woman is found to be pregnant after initiating the vaccination series, no intervention is needed; the remaining vaccine doses should be delayed until after the pregnancy. Pregnancy testing is not needed before HPV vaccination.

*See MMWR December 16, 2016;65(49):1405-1408, available at www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549a5.pdf.
Talking with Parents about Vaccines for Infants

Doctors, nurses, physician assistants, and office staff all play a key role in establishing and maintaining a practice-wide commitment to communicating effectively about vaccines and maintaining high vaccination rates. You can all answer parents’ questions, provide educational materials, and ensure that families make and keep vaccine appointments. Parents consider their child’s health care professionals to be their most trusted source of information when it comes to vaccines. This is true even for parents who are vaccine-hesitant or who have considered delaying one or more vaccines. Therefore, you have a critical role in helping parents choose vaccines for their child.

With all you do, you may feel that long vaccine conversations are stressful when you also need to check physical and cognitive milestones and have a full schedule of patients. Because of this, we designed this resource to guide you with conversational techniques and resources for discussing vaccines with parents.

**Assume parents will vaccinate**

*State which vaccines the child needs to receive.*

When discussing vaccines for children, it is best to remember most parents are planning to accept vaccines and to introduce the topic with that in mind. State the child will receive vaccines as though you presume that parents are ready to accept recommended vaccines for their child during that visit. For example:

- *Instead of saying “What do you want to do about shots?,” say “Your child needs three shots today.”*
- *Instead of saying “Have you thought about the shots your child needs today?,” say “Your child needs DTaP, Hib, and Hepatitis B shots today.”*

A research study looking at health care professionals’ (HCPs) and parents’ interactions during vaccine visits showed that parents were more likely to express concerns when providers used language that asked parents about their vaccination plans. In this study, the presumptive approach resulted in significantly more parents accepting vaccines for their child, especially at first-time visits¹. However, if parents still hesitate or express concerns, move to the next step and give your strong recommendation.
Give your strong recommendation

**If parents express concerns, then share your strong vaccine recommendation.**

Although parents frequently consult family members, friends, and webpages for information on vaccines, parents consistently rank their child’s doctor as their most trusted source for vaccine information. With this unique position, your strong recommendation is critical for vaccine acceptance.

Clearly state your strong recommendation. If appropriate, you can add a brief supporting statement that uses a mix of science and anecdote, depending on what you think will be most effective with that parent. Share the importance of vaccines to protect children from potentially life threatening diseases, or talk about your personal experiences with vaccination. For example:

“I strongly recommend your child get these vaccines today…”

“…These shots are very important to protect him from serious diseases.”

“…I believe in vaccines so strongly that I vaccinated my own children on schedule.”

“…This office has given thousands of doses of vaccines and we have never seen a serious reaction.”

Listen to and respond to parents’ questions

**Seek to understand parents’ concerns and provide requested information.**

Although research shows most parents in the U.S. support vaccines, you will encounter parents with questions. If a parent has concerns, resists following the recommended vaccine schedule, or questions your strong recommendation, this doesn't necessarily mean they won't accept vaccines. Sometimes parents simply want your answers to their questions. Your willingness to listen to their concerns will play a major role in building trust in you and your recommendation.

When listening, seek to understand the concerns behind parents’ questions before responding with information the parent may not be asking about. If you encounter questions you do not know the answer to, or information from sources you are unfamiliar with, it is best to acknowledge the parent’s concerns and share what you do know. Offer to review the information they have found and, if necessary, schedule another appointment to discuss it further.

What if parents refuse to vaccinate?

If parents decline immunizations after your strong recommendation and conversation, use the following strategies:

- Continue the conversation about vaccines during the next visit and restate your strong recommendation.
- Inform parents about clinical presentations of vaccine-preventable diseases, including early symptoms.
- Remind parents to call before bringing their child into the office, clinic, or emergency department when the child is ill so health care professionals can take precautions to protect others. Explain that when scheduling an office visit for an ill child who has not received vaccines, you will need take all possible precautions to prevent contact with other patients, especially those too young to be fully vaccinated and those who have weakened immune systems.
- Share **If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities** with parents. This fact sheet explains the risks involved with their decision, including risks to other members of their community, and additional precautionary responsibilities for parents.
- You may wish to have parents sign AAP’s **Refusal to Vaccinate form** each time a vaccine is refused so that you have a record of their refusal in their child’s medical file.

**Wrapping up the conversation**

Remember that success comes in many forms. It may mean that parents accept all vaccines when you recommend them, or that they schedule some vaccines for another day. For very vaccine-hesitant parents, success may simply mean agreeing to leave the door open for future conversations.

Work with parents to agree on at least one action, such as:

- Scheduling another appointment or
- Encouraging the parent to read additional information you provide them.

If a parent declines vaccines once, it does not guarantee they always will. Continue to remind parents about the importance of keeping their child up to date on vaccines during future visits and work with them to get their child caught up if they fall behind.

Find resources for specific parent questions:

- **Preparing For Vaccine Questions Parents May Ask**
- For information on vaccines, vaccine safety, and vaccine preventable diseases:
  - [www.cdc.gov/vaccines/conversations](http://www.cdc.gov/vaccines/conversations)

---

HOW TO DECIDE IF THE FLU SHOT IS RIGHT FOR YOU.

Should I get the flu shot?

YES

NO
The flu is a virus that strikes millions each year.

It causes mild to severe illness.

Most people get better in 7 – 10 days, but for some, the flu can worsen chronic health problems like heart disease, asthma, or diabetes.

All people 6 months old and older, plus pregnant women and people with chronic health problems, can get the flu shot early.

The flu shot is made of inactive flu virus. Some flu shots contain egg proteins.

The flu shot protects against the three or four flu viruses that will be most common during the season.

IEHP covers the flu shot. It’s **FREE** to Members who get it from a Provider in our network!
Babies as young as 6 months of age - there are certain vaccines approved for this age.

Babies, kids, teens & young adults - different flu shots are approved for people of different ages. Everyone should get a vaccine that is appropriate for their age.

Adults - some vaccines are only approved for adults. For example, a flu shot called the “the recombinant influenza vaccine” is for people aged 18 years and older, and the “adjuvanted and high-dose inactivated vaccines” are for people aged 65 years and older.

Pregnant women and people with chronic health conditions.

Children younger than 6 months of age – they are too young to get a flu shot.

People with severe, life-threatening allergies to the flu shot or any ingredient in it. This might include eggs, gelatin, antibiotics, or other ingredients.
You should take a flu shot if you OR someone you live with has a chronic condition that needs regular visits to a Doctor. *Check ✓ any that apply:*

- [ ] Chronic heart disease  
- [ ] Diabetes  
- [ ] Asthma  
- [ ] None of these fit me  
- [ ] Other _____________________

**POSSIBLE SIDE EFFECTS**

- The flu vaccine may slightly increase the risk of developing Guillain-Barré Syndrome (GBS). It is a rare nervous system disorder that can cause serious muscle weakness. GBS only affects one in a million people who get the flu shot.

- Some people wonder if the flu shot causes fever, fatigue, headache, or muscle pain. They are just as likely to get these symptoms if they are given a shot with a placebo.

- There is no clear evidence linking the flu vaccine to a higher risk of developing autism in adults or children.
See the table below for facts about getting the flu shot: (The charts show what happens to 100 people who chose other options during a flu season.)

Fewer people in the community **get the flu** during an outbreak if they take the flu shot.

![Diagram showing flu shot vs no flu shot outcomes.](image)

Fewer patients **die from the flu** if their care Provider has a flu shot.

![Diagram showing flu shot vs no flu shot outcomes.](image)

More people who have a flu shot report **having a sore arm** for 1 or 2 days.

![Diagram showing flu shot vs placebo outcomes.](image)
After reading about getting the flu shot (on pp. 1 - 4), check the box next to the reason that best shows your choice (i.e., not important or very important).

<table>
<thead>
<tr>
<th>Reasons</th>
<th>NOT Important</th>
<th>VERY Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keeping a person from getting sick with the flu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reducing the risk of going to the hospital to care for severe flu</td>
<td></td>
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<tr>
<td>Reducing the risk of getting admitted to an intensive care unit (ICU)</td>
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<td></td>
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<tr>
<td>Preparing serious medical events associated with chronic conditions</td>
<td></td>
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<tr>
<td>Protecting a person and those around who are more likely to get severe flu illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reducing the severity of illness in people who get the flu shot but still get sick</td>
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</tbody>
</table>

If most of your answers are “**VERY Important**,” then you should get the flu shot – unless you are among those listed on page 2 who should NOT get it.
Find out how well this brochure helped you learn the key facts. Check ☑ the best answer:

<table>
<thead>
<tr>
<th></th>
<th>Flu Shot</th>
<th>Refuse Flu Shot</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Which choice has the highest chance of you getting the flu?</td>
<td></td>
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<tr>
<td>2. Which choice has the lowest chance of patients dying from flu that was spread by their care Providers?</td>
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<tr>
<td>3. Which choice has the highest chance of a sore arm as a side effect?</td>
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</table>

**ANSWER KEY:** 1. Refuse flu shot 2. Flu shot 3. Flu shot

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**Knowledge:** Do you know enough about the benefits and side effects of each choice?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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<tbody>
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</table>

**Values:** Are you clear about which benefits and side effects matter most to you?

<table>
<thead>
<tr>
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<th>YES</th>
<th>NO</th>
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</table>

**Support:** Do you have enough support and advice from others to make a choice?

<table>
<thead>
<tr>
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<th>YES</th>
<th>NO</th>
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<tbody>
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</table>

**Doubt:** Do you feel sure about the best choice for you?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td></td>
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</table>
CHECK YOUR NEXT STEPS:

- **YES** I have chosen to take the flu shot before or during the flu season.
- **?** I need to talk about the choices with my Doctor and family.
- **NO** The flu shot is not for me

WHERE CAN YOU GET A FLU SHOT?

Flu shots are offered in many Doctor’s offices, clinics, health departments, and pharmacies. Contact your Doctor’s office to find out where you should get one.
This information is not intended to replace the advice of a health care Provider.

IEHP adapted this decision aid from the Ottawa Influenza Decision Aid (OIDA), which was developed by Canadian researchers who conducted an extensive review of the available scientific literature. Content Editors: A. McCarthy MD, S. Sullivan MSc, J. Sutherland MEd and the Ottawa Influenza Decision Aid Planning Group Funded in part by: CIHR, MOHLTC via SHRTN. All Authors have declared no conflict of interest. Format is based on the Ottawa Decision Guide.


To learn more, please contact the Occupational Health and Safety Department for the “Facts and Numbers Behind the Ottawa Influenza Decision Aid.”

IEHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-440-4347 (TTY: 1-800-718-4347). IEHP cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-440-4347 (TTY: 1-800-718-4347). IEHP遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-440-4347（TTY：1-800-718-4347）。

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HE-19-1328224
Immunizations for Adolescents - Combo 2
Receiving recommended vaccinations is the best defense against vaccine-preventable diseases, including meningococcal meningitis, tetanus, diphtheria, pertussis (whooping cough) and human papillomavirus. These are serious diseases that can cause breathing difficulties, heart problems, nerve damage, pneumonia, seizures, cancer—and even death (NCQA, 2018).

**Measure Description:** The percentage of adolescents who turn 13 years of age during the measurement who had one dose of meningococcal conjugate; one tetanus, diphtheria toxoids and acellular pertussis (Tdap); and two or three doses of the human papillomavirus (HPV) vaccine on or before their 13th birthday. The measure calculates a combination rate.

- At least one dose of meningococcal conjugate vaccine on or between the Member’s 11th and 13th birthdays.
- At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine on or between the Member’s 10th and 13th birthdays.
- At least two HPV vaccines, with different dates of service on or between the Member’s 9th and 13th birthdays with 146 days between the first and second dose OR at least three HPV vaccines, with different dates of service on or between the Member’s 9th and 13th birthdays.

**Epidemiology**

- Childhood and adolescent vaccines prevent 10.5 million diseases among all children born in the U.S. in a given year and are a cost-effective preventive measure.
- Vaccinating children protects the people around them (like grandparents, newborns, or anyone with long-term health problems) who are more vulnerable to infection.
- Before vaccines, each year the U.S. averaged approximately 500-600 cases of tetanus, 100,000-200,000 cases of diphtheria, and 175,000 cases of pertussis.
- Ongoing measles outbreaks in 22 states has led to the highest number of cases reported nationwide since the disease was declared eliminated in this country in 2000. As of April 2019, CDC reported 971 cases of measles, this is the greatest number of cases reported in the U.S. since 1992, when 963 cases were reported for the entire year.

**Best Practice Guidelines**

- Refer to Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices (CDC/ACIP) guidelines attached.
- Refer to your Facility Site Review (FSR) Educational binder.

**Member Education, Resources and Self-Management**

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th><strong>Description</strong></th>
<th><strong>Available at</strong></th>
</tr>
</thead>
</table>
| **Visit:** Riverside or San Bernardino County clinics (in their area) | IEHP Members have access to their county public health clinic for immunizations | Please call for clinic locations in your county:  
1. Riverside County: (800) 720-9553  
2. San Bernardino County: (800) 722-4777 |
Talking Points

- Engage in conversations with Members, parents, or guardians who have concerns about immunizations, with emphasis on HPV vaccinations, regardless of sexual activity.
- Distribute educational materials to parents and guardians highlighting the importance of vaccines, immunizations, and staying on top of the immunization schedule for adolescents.
- Curb various myths or dispel any false reports regarding immunizations (social media, peers, rumors, etc.).
- Take advantage of the Member’s presence during sick visits, sports physicals, or well-child exams to provide immunizations.

How to Maximize Your Global Quality P4P Incentive

- Enter data into the California Immunization Registry (CAIR2): https://cair.cdph.ca.gov.
- Ask parents if their child has had any immunization elsewhere (e.g., flu vaccine at a health fair or drugstore) AND document, in the medical record and on the yellow card on the IEHP Secure Provider Portal.
- Use IEHP immunization roster lists to identify Members in need of vaccines.

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

References

Vaccines for Preteens: What Parents Should Know

Why does my child need vaccines now?
Vaccines aren’t just for babies. Some of the vaccines that babies get can wear off as kids get older. And as kids grow up they may come in contact with different diseases than when they were babies. There are vaccines that can help protect your preteen or teen from these other illnesses.

What vaccines does my child need?

**Tdap Vaccine**
This vaccine helps protect against three serious diseases: tetanus, diphtheria, and pertussis (whooping cough). Preteens should get Tdap at age 11 or 12. If your teen didn’t get a Tdap shot as a preteen, ask their doctor or nurse about getting the shot now.

**Meningococcal Vaccine**
Meningococcal conjugate vaccine protects against some of the bacteria that can cause meningitis (swelling of the lining around the brain and spinal cord) and septicemia (an infection in the blood). Preteens need the first meningococcal shot when they are 11 or 12 years old. They need a second meningococcal shot at age 16.

**HPV Vaccine**
Human papillomavirus (HPV) vaccines help protect both girls and boys from HPV infection and cancer caused by HPV. All 11- and 12-year-olds should receive two shots of HPV vaccine 6-12 months apart. Preteens and teens who haven’t started or finished the HPV vaccine series should ask the doctor or nurse about getting them now.

**Flu Vaccine**
The annual flu vaccine is the best way to reduce the chances of getting seasonal flu and spreading it to others. Even healthy preteens and teens can get very sick from the flu and spread it to others. While all preteens and teens should get a flu vaccine, it’s especially important for those with chronic health conditions such as asthma, diabetes, and heart disease to get vaccinated. The best time to get the flu vaccine is as soon as it’s available in your community, ideally by October. While it’s best to be vaccinated before flu begins causing illness in your community, flu vaccination can be beneficial as long as flu viruses are circulating, even in January or later.

When should my child be vaccinated?
A good time to get these vaccines is during a yearly health checkup. Your preteen or teen can also get these vaccines at a physical exam required for sports, school, or camp. It’s a good idea to ask the doctor or nurse every year if there are any vaccines that your child may need.

What else should I know about these vaccines?
These vaccines have all been studied very carefully and are safe. They can cause mild side effects, like soreness or redness in the part of the arm where the shot was given. Some preteens and teens might faint after getting a shot. Sitting or lying down when getting a shot and then for about 15 minutes after the shot, can help prevent fainting. Serious side effects are rare. It is very important to tell the doctor or nurse if your child has any serious allergies, including allergies to yeast, latex, or chicken eggs, before they receive any shots.

How can I get help paying for these vaccines?
The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are uninsured, Medicaid-eligible, American Indian or Alaska Native. You can find out more about the VFC program by going online to [www.cdc.gov](http://www.cdc.gov) and typing VFC in the search box.

Where can I learn more?
Talk to your child’s doctor or nurse about what vaccines they may need. You can also find more information about these vaccines on CDC’s Vaccines for Preteens and Teens website at [www.cdc.gov/vaccines/teens](http://www.cdc.gov/vaccines/teens).
Las vacunas para preadolescentes y adolescentes: Qué es lo que deben saber los padres

¿Por qué necesita mi hijo vacunaciones ahora?
Las vacunas no son solo para los bebés. Algunas de las vacunas que los bebés reciben pueden empezar a perder su eficacia a medida que los niños crecen. Y a medida que los niños crecen, pueden entrar en contacto con distintas enfermedades. Hay vacunas que pueden ayudar a proteger a su preadolescente o adolescente de estas otras enfermedades.

¿Qué vacunas necesita mi hijo?

La vacuna Tdap
Esta vacuna ayuda a proteger contra tres enfermedades graves: el tétanos, la difteria y la tosferina (pertussis, también llamada tos convulsa). Los preadolescentes deben recibir la Tdap a los 11 o 12 años. Si su hijo adolescente no recibió la vacuna Tdap cuando era preadolescente, hable con su médico o enfermero para ponerle la vacuna ahora.

La vacuna antimeningocócica
La vacuna antimeningocócica conjunta protege contra algunas de las bacterias que pueden causar meningitis (inflamación del revestimiento que cubre el cerebro y la médula espinal) y septicemia (infección de la sangre). Los preadolescentes necesitan la primera vacuna antimeningocócica a los 11 o 12 años, y una segunda vacuna antimeningocócica a los 16 años. Los adolescentes que recibieron la vacuna antimeningocócica cuando tenían 13, 14 o 15 años, deben recibir de todas maneras una segunda vacuna a los 16 años. Los adolescentes mayores que no hayan recibido ninguna dosis de la vacuna antimeningocócica deben ponerse una tan pronto como sea posible.

La vacuna contra el VPH
Las vacunas contra el virus del papiloma humano (VPH) ayudan a proteger a las niñas y a los niños de la infección por el VPH y el cáncer causado por este virus. Hay dos vacunas contra el VPH que protegen a las niñas contra los tipos de este virus que causan la mayoría de los cánceres de cuello uterino. Una de las vacunas también ayuda a proteger tanto a las niñas como a los niños contra el cáncer de ano y las verrugas genitales. Las vacunas contra el VPH se administran a los preadolescentes en 3 inyecciones a lo largo de un periodo de 6 meses cuando tienen 11 o 12 años. Los preadolescentes y adolescentes que no hayan comenzado o terminado la serie de vacunas contra el VPH deben hablar con el médico o el personal de enfermería para ponérselas ahora.

La vacuna contra la influenza (gripe)
La vacuna anual contra la influenza es la mejor manera de reducir las probabilidades de contraer la influenza estacional y de transmitirselo a los demás. Incluso los preadolescentes y adolescentes sanos pueden enfermarse gravemente por la influenza y contagiársela a los demás. Aunque todos los preadolescentes y adolescentes deben recibir la vacuna contra la influenza, es especialmente importante que se vacunen los que tienen afecciones crónicas como asma, diabetes y enfermedades cardíacas. El mejor momento para ponerse la vacuna contra la influenza es poco después de que esté disponible en su comunidad, idealmente antes de octubre. Aun cuando lo mejor es vacunarse antes de que la influenza comience a causar enfermedades en su comunidad, la vacunación puede ser beneficiosa mientras los virus estén circulando, incluso en enero o más tarde.

¿Cuándo debe ser vacunado mi hijo?
Un buen momento para recibir estas vacunas es durante el chequeo médico anual. Su preadolescente o adolescente también puede recibir estas vacunas durante el examen físico que se exige para poder practicar deportes, para la escuela o los campamentos. Es una buena idea preguntarle al médico o al enfermero cada año si hay alguna vacuna que su hijo podría necesitar.

¿Qué más debe saber acerca de estas vacunas?
Estas vacunas han sido estudiadas muy cuidadosamente y son seguras. Pueden causar algunos efectos secundarios leves como dolor o enrojecimiento en la parte del brazo donde se ponga la inyección. Algunos preadolescentes y adolescentes pueden desmayarse después de recibir una vacuna. Sentarse o recostarse al ponerse una vacuna, y mantenerse en esa posición por unos 15 minutos después de recibir la inyección puede ayudar a evitar un desmayo. Los efectos secundarios graves son poco comunes. Es muy importante que le diga al médico o al personal de enfermería si su hijo tiene alergias graves —incluidas alergias a la levadura, al látex o a los huevos de gallina— antes de que le pongan alguna vacuna.

¿Cómo puedo obtener ayuda para pagar por estas vacunas?
El programa de Vacunas para Niños (VFC, por sus siglas en inglés) proporciona vacunas para niños de hasta 18 años que no tengan seguro médico, que cumplan con los requisitos para recibir Medicaid o que sean indioamericanos o nativos de Alaska. Puede averiguar más sobre el programa VFC en Internet en www.cdc.gov/spanish/especialesCDC/ProgramaVacunas.

¿Dónde puedo obtener más información?
Hable con el médico o el enfermero de su hijo acerca de las vacunas que podría necesitar. También puede encontrar más información sobre ellas en el sitio web de los CDC “Vacunas para preadolescentes y adolescentes” en www.cdc.gov/spanish/especialesCDC/VacunasPreadolescentes/
Recommend HPV vaccination in the **same way** and on the **same day** as all adolescent vaccines. You can say, “Now that your son is 11, he is due for vaccinations today to help protect him from meningitis, HPV cancers, and whooping cough. Do you have any questions?” Remind parents of the follow-up shots their child will need and ask them to make appointments before they leave.

### Why does my child need HPV vaccine?
HPV vaccine is important because it prevents infections that can cause cancer. That’s why we need to start the shot series today.

### What diseases are caused by HPV?
Some HPV infections can cause cancer—like cancer of the cervix or in the back of the throat—but we can protect your child from these cancers in the future by getting the first HPV shot today.

### Why do they need HPV vaccine at such a young age?
Like all vaccines, we want to give HPV vaccine earlier rather than later. Getting the vaccine now protects your child long before they are ever exposed. If you wait until your child is older, he/she may end up needing three shots instead of two.

### Is my child really at risk for HPV?
HPV is a very common infection in women and men that can cause cancer. Starting the vaccine series today will help protect your child from the cancers and diseases caused by HPV.

### Why do boys need the HPV vaccine?
HPV vaccination can help prevent future infections that can lead to cancers of the penis, anus, and back of the throat in men.

### I’m worried my child will think that getting this vaccine makes it OK to have sex.
Studies tell us that getting HPV vaccine doesn’t make kids more likely to start having sex. I made sure my child (or grandchild, etc.) got HPV vaccine, and I recommend we give your child her first HPV shot today.

### Why does my child need the HPV vaccine?
HPV vaccination can help prevent future infections that can lead to cancers of the penis, anus, and back of the throat in men.

### I’m worried about the safety of HPV vaccine. Do you think it’s safe?
Yes, HPV vaccination is very safe. Like any medication, vaccines can cause side effects, including pain, swelling, or redness where the shot was given. That’s normal for HPV vaccine too and should go away in a day or two. Sometimes kids faint after they get shots and they could be injured if they fall from fainting. We’ll have your child stay seated after the shot to help protect him/her.

### Are all of these vaccines actually required?
I strongly recommend each of these vaccines and so do experts at the CDC and major medical organizations. School entry requirements are developed for public health and safety, but don’t always reflect the most current medical recommendations for your child’s health.

### Can HPV vaccine cause infertility in my child?
There is no evidence available to suggest that getting HPV vaccine will have an effect on future fertility. However, women who develop an HPV precancer or cancer could require treatment that would limit their ability to have children.

### Would you get HPV vaccine for your kids?
Yes, I gave HPV vaccine to my child (or grandchild, etc.) when he was 11, because I wanted to help protect him from cancer in the future.
Well-Child Visits in the First 15 Months of Life
Well-child visits are important during the early months of a child’s life to assess growth and development. Assessing physical, emotional and social development is important at every stage of life, particularly with children. Wellness visits are a critical opportunity for early screening, detection of problems and counseling.

**Measure Description:** The percentage of Members who turned 15 months old during the measurement year and had six or more well-child visits.

**Epidemiology**

- Ongoing measles outbreaks in 22 states has led to the highest number of cases reported nationwide since the disease was declared eliminated in this country in 2000. As of April 2019, CDC reported 971 cases of measles, this is the greatest number of cases reported in the U.S. since 1992, when 963 cases were reported for the entire year.
- In 2012, 89.1 percent of children age 4 and younger had received a preventive visit in the past year.
- In 2011, 24,001 U.S. infants died before their first birthday, representing a rate of 6.07 deaths per 1,000 live births. Conditions related to prematurity accounted for more than a third of these infant deaths.
- In 2011–2012, 19.8 percent of U.S. children under 18 years of age had a special health care need as defined by having a chronic medical, behavioral or developmental condition lasting 12 months or longer and experiencing a service-related or functional consequence.
- Among children aged 6 months–5 years in 2011–2012, 73.2 percent were reported to usually or always exhibit the following age-specific behaviors associated with flourishing: curiosity, resilience, attachment to caregivers, and positive affect.
- Many children with developmental delays or behavior concerns such as autism, learning disorders, or attention-deficit/hyperactivity disorder are not identified as early as possible. As a result, many children with developmental disabilities are not identified until they are in school, by which time significant delays might have occurred and opportunities for treatment might have been missed.

**Clinical Practice Guidelines**

- The American Academy of Pediatrics recommends that Providers perform multiple well-child exams during the first 15 months of life. The Bright Futures guidelines provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. Refer to the “Recommendations for Preventive Pediatric Health Care” included in Provider Resources section for periodicity table.

**Screening Guidelines**

<table>
<thead>
<tr>
<th>Population</th>
<th>Screening recommendation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 months</td>
<td>Six visits within first 15 months of life.</td>
<td>Eligible for IEHP Global P4P Incentive program.</td>
</tr>
</tbody>
</table>
Member Education, Resources and Self-Management

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available at</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reference:</strong> “Your Baby at 2 Months, 4 Months, 6 Months, 9 Months and 1 Year” Handouts (CDC)</td>
<td>In-home assessment tools for parents for prevention and overall wellness.</td>
<td>Refer to the handouts provided in Member resources.</td>
</tr>
<tr>
<td><strong>Reference:</strong> “The Well-Child Visit: Why Go and What to Expect” (Bright Futures)</td>
<td>Handout for parents providing tips to prepare for well-child visits.</td>
<td>Refer to the handout provided in Member resources.</td>
</tr>
<tr>
<td><strong>Reference:</strong> Developmental Monitoring and Screening (CDC)</td>
<td>Handout for parents explaining importance of developmental monitoring and screening.</td>
<td>Refer to the handout provided in Member resources.</td>
</tr>
<tr>
<td><strong>Reference:</strong> Prevent Tooth Decay in Babies and Toddlers (CHDP)</td>
<td>Handout for parents to help prevent and identify tooth decay in babies and toddlers.</td>
<td>Refer to the handout provided in Member resources.</td>
</tr>
</tbody>
</table>

**Talking Points**

- Encourage parents to make a list of topics they want to discuss such as development, behavior, sleep, eating or getting along with other family members and to bring the top three to five questions or concerns to their next visit.
- Explain the importance of scheduling and keeping routine visits for assessment of their child’s overall growth and development.
- Actively pursue missed appointments with letters and reminder calls. Reminder calls made later in the day or early evening may result in more contacts being made to the Members.

**How to Maximize Your Global Quality P4P Incentive**

- Use IEHP Preventive Care Well-Care roster list to identify Members in need of well-child visits (available on the IEHP Secure Provider Portal).
- Eligible for IEHP Global Quality P4P Incentive program when Member receives six or more well-child visits on or before the child’s 15-month birthday.
- Well-Child visits must contain documented evidence of all five (5) of the following components:
  - Health history - Health history is an assessment of the beneficiary’s history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization), and family health history.
- **Physical developmental history** - Physical developmental history includes developmental milestones and assessment of whether the child is developing skills appropriately (e.g. intake, output, roll over, sit, stand, sleeping patterns).
- **Mental developmental history** - Mental developmental history includes developmental milestones and assessment of whether the child is developing skills appropriately (e.g. responds to caregiver, startles to bell/noise, able to coo/babble, lets caregiver know if pleased/displeased, smiles, etc.).
- Physical exam
- Health education/anticipatory guidance - Health education/anticipatory guidance is given by the health care Provider to the beneficiary and/or parents or guardians in anticipation of emerging issues that a beneficiary and family may face.
  - Preventive services may be rendered on visits other than well-child visits. Services count toward the measure, regardless of the primary intent of visit (example: sick visits) but documentation specific of acute or chronic conditions may not count (example: sick visit, only checking symptoms during visit)
  - Words such as “Developing Appropriately” and “Normal Development” are valid for physical and mental development.
  - A discussed, dated and physician signed Staying Healthy Assessment (SHA) is a mandated DHCS tool that is valid for anticipatory guidance. Refer to Provider Resources for Staying Healthy Assessment for Members 0-6 Months and 1-2 years old.
  - For wellness visits that cannot be submitted through the routine encounter/claims process, please submit the medical record and complete the Historical Supplemental Data Form included in the General Resources section of this guide.

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

**References**

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 2 months. Take this with you and talk with your child’s doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by this Age:

**Social/Emotional**
- Begins to smile at people
- Can briefly calm himself (may bring hands to mouth and suck on hand)
- Tries to look at parent

**Language/Communication**
- Coos, makes gurgling sounds
- Turns head toward sounds

**Cognitive (learning, thinking, problem-solving)**
- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act bored (cries, fussy) if activity doesn’t change

**Movement/Physical Development**
- Can hold head up and begins to push up when lying on tummy
- Makes smoother movements with arms and legs

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- Is missing milestones
- Doesn’t respond to loud sounds
- Doesn’t watch things as they move
- Doesn’t smile at people
- Doesn’t bring hands to mouth
- Can’t hold head up when pushing up when on tummy

Tell your child’s doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned:
1. Ask for a referral to a specialist and,
2. Call your state or territory’s early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON’T WAIT. Acting early can make a real difference!
You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 2-month-old baby today.

**What You Can Do for Your 2-Month-Old:**

- Cuddle, talk, and play with your baby during feeding, dressing, and bathing.
- Help your baby learn to calm herself. It's okay for her to suck on her fingers.
- Begin to help your baby get into a routine, such as sleeping at night more than in the day, and have regular schedules.
- Getting in tune with your baby's likes and dislikes can help you feel more comfortable and confident.
- Act excited and smile when your baby makes sounds.
- Copy your baby's sounds sometimes, but also use clear language.
- Pay attention to your baby's different cries so that you learn to know what he wants.
- Talk, read, and sing to your baby.
- Play peek-a-boo. Help your baby play peek-a-boo, too.
- Place a baby-safe mirror in your baby's crib so she can look at herself.
- Look at pictures with your baby and talk about them.
- Lay your baby on his tummy when he is awake and put toys near him.
- Encourage your baby to lift his head by holding toys at eye level in front of him.
- Hold a toy or rattle above your baby's head and encourage her to reach for it.
- Hold your baby upright with his feet on the floor. Sing or talk to your baby as he is upright.


This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)

Learn the Signs. Act Early.
Su bebé a los 2 meses

Nombre del niño | Edad del niño | Fecha de hoy

La manera en que su hijo juega, aprende, habla, actúa y se mueve nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que su hijo ha alcanzado justo antes de cumplir 3 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué hacen los bebés a esta edad?

En las áreas social y emocional
- Empieza a sonreírle a la gente
- Puede calmarse sin ayuda por breves momentos (se pone los dedos en la boca y se chupa la mano)
- Trata de mirar a sus padres

En las áreas del habla y la comunicación
- Hace sonidos como de arrullo o gorjeos
- Mueve la cabeza hacia los sonidos

En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)
- Presta atención a las caras
- Comienza a seguir las cosas con los ojos y reconoce a las personas a la distancia
- Comienza a demostrar aburrimiento si no hay un cambio de actividad (llora, se inquieta)

En las áreas motora y de desarrollo físico
- Puede mantener la cabeza alzada y trata de levantarse cuando está boca abajo
- Mueve las piernas y los brazos con mayor soltura

Reaccione pronto y hable con el doctor de su hijo si el niño:

- No responde ante ruidos fuertes
- No sigue con la vista las cosas que se mueven
- No le sonríe a la gente
- No se lleva las manos a la boca
- No puede sostener la cabeza en alto cuando empuja el cuerpo hacia arriba estando boca abajo

Digale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte www.cdc.gov/Preocupado o llame al 1-800-CDC-INFO (1-800-232-4636).

Ayude a su bebé a aprender y a desarrollarse

Usted puede ayudar a su bebé a aprender y a desarrollarse. Hablen, lean, canten y jueguen juntos todos los días. A continuación hay algunas actividades que puede disfrutar hoy con su bebé de 2 meses.

<table>
<thead>
<tr>
<th>Lo que usted puede hacer por su bebé de 2 meses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Abrácelo, háblele y juegue con su bebé a la hora de comer, cuando lo vista y cuando lo bañe.</td>
</tr>
<tr>
<td>☐ Ayude a su bebé a que aprenda a calmarse solo. Está bien que se chupe el dedo.</td>
</tr>
<tr>
<td>☐ Establezca una rutina con su bebé, por ejemplo que duerma más de noche que de día y que tenga regularidad en sus horarios.</td>
</tr>
<tr>
<td>☐ Estar en sintonía con las cosas que le gustan y las que no le gustan a su bebé la hará sentir más cómoda y confiada.</td>
</tr>
<tr>
<td>☐ Demuestre su entusiasmo y sonría cuando su bebé produce sonidos.</td>
</tr>
<tr>
<td>☐ De vez en cuando, copie los sonidos que hace el bebé, pero también utilice un lenguaje claro.</td>
</tr>
<tr>
<td>☐ Preste atención a los diferentes llantos de su bebé, para poder aprender a distinguir qué es lo que quiere.</td>
</tr>
<tr>
<td>☐ Háblele, léale y cántele a su bebé.</td>
</tr>
<tr>
<td>☐ Juegue a esconder la cara detrás de sus manos. Enseñe a su bebé a que juegue a esconder su carita también.</td>
</tr>
<tr>
<td>☐ Coloque un espejo para bebés en la cuna, para que pueda mirarse en él.</td>
</tr>
<tr>
<td>☐ Miren ilustraciones juntos y háblele al bebé sobre lo que ven en ellas.</td>
</tr>
<tr>
<td>☐ Acueste al bebé boca abajo cuando está despierto y coloque juguetes a su alrededor.</td>
</tr>
<tr>
<td>☐ Sostenga juguetes frente al bebé, para que los vea y así alentarlo a alzar la cabeza.</td>
</tr>
<tr>
<td>☐ Sostenga un juguete o un sonajero por encima de la cabeza del bebé, para alentarlo a alcanzarlo.</td>
</tr>
<tr>
<td>☐ Sostenga al bebé de pie, con los pies apoyados en el piso. Cántele o háblele a su bebé mientras está así, parado.</td>
</tr>
</tbody>
</table>

www.cdc.gov/Pronto | 1-800-CDC-INFO (1-800-232-4636)
Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 4 months. Take this with you and talk with your child’s doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by this Age:

**Social/Emotional**
- Smiles spontaneously, especially at people
- Likes to play with people and might cry when playing stops
- Copies some movements and facial expressions, like smiling or frowning

**Language/Communication**
- Begins to babble
- Babbles with expression and copies sounds he hears
- Cries in different ways to show hunger, pain, or being tired

**Cognitive (learning, thinking, problem-solving)**
- Lets you know if she is happy or sad
- Responds to affection
- Reaches for toy with one hand
- Uses hands and eyes together, such as seeing a toy and reaching for it
- Follows moving things with eyes from side to side
- Watches faces closely
- Recognizes familiar people and things at a distance

**Movement/Physical Development**
- Holds head steady, unsupported
- Pushes down on legs when feet are on a hard surface
- May be able to roll over from tummy to back
- Can hold a toy and shake it and swing at dangling toys
- Brings hands to mouth
- When lying on stomach, pushes up to elbows

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:
- Is missing milestones
- Doesn’t watch things as they move
- Doesn’t smile at people
- Can’t hold head steady
- Doesn’t coo or make sounds
- Doesn’t bring things to mouth
- Doesn’t push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions

Tell your child’s doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned
1. Ask for a referral to a specialist and,
2. Call your state or territory’s early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

DON’T WAIT.
Acting early can make a real difference!
You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 4-month-old baby today.

What You Can Do for Your 4-Month-Old:

- Hold and talk to your baby; smile and be cheerful while you do.
- Set steady routines for sleeping and feeding.
- Pay close attention to what your baby likes and doesn’t like; you will know how best to meet his needs and what you can do to make your baby happy.
- Copy your baby’s sounds.
- Act excited and smile when your baby makes sounds.
- Have quiet play times when you read or sing to your baby.
- Give age-appropriate toys to play with, such as rattles or colorful pictures.
- Play games such as peek-a-boo.
- Provide safe opportunities for your baby to reach for toys and explore his surroundings.
- Put toys near your baby so that she can reach for them or kick her feet.
- Put toys or rattles in your baby’s hand and help him to hold them.
- Hold your baby upright with feet on the floor, and sing or talk to your baby as she “stands” with support.


This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

[Links to CDC website]
¿Qué hacen los bebés a esta edad?

En las áreas social y emocional

- Sonríe espontáneamente, especialmente a las personas
- Le gusta jugar con la gente y puede que hasta llore cuando se terminan los juegos
- Copia algunos movimientos y gestos faciales, como sonreír o fruncir el ceño

En las áreas del habla y la comunicación

- Empieza a balbucear
- Balbucea expresivamente e imita los sonidos que escucha
- Llora de diferentes maneras para mostrar cuando tiene hambre, siente dolor o está cansado

En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)

- Le hace saber si está contento o triste
- Responde ante las demostraciones de afecto
- Trata de alcanzar los juguetes con una mano
- Usa las manos y los ojos al mismo tiempo, como cuando ve un juguete y trata de alcanzarlo
- Sigue con la vista las cosas que se mueven, moviendo los ojos de lado a lado
- Observa las caras con atención
- Reconoce objetos y personas conocidas desde lejos

En las áreas motora y de desarrollo físico

- Mantiene la cabeza fija, sin necesidad de soporte
- Se empuja con las piernas cuando tiene los pies sobre una superficie firme
- Cuando está boca abajo puede voltearse y quedar boca arriba

- Puede sostener un juguete y sacudirlo y golpear juguetes que estén colgando
- Se lleva las manos a la boca
- Cuando está boca abajo, levanta el cuerpo hasta apoyarse en los codos

Reaccione pronto y hable con el doctor de su hijo si el niño:

- No sigue con la vista las cosas que se mueven
- No le sonríe a la gente
- No puede sostener la cabeza con firmeza
- No gorjea ni hace sonidos con la boca
- No se lleva las cosas a la boca
- No empuja con las piernas al apoyar los pies sobre una superficie dura
- Tiene dificultad para mover uno o los dos ojos en todas las direcciones

Digale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte www.cdc.gov/Preocupado o llame al 1-800-CDC-INFO (1-800-232-4636).

Aprenda los signos. Reaccione pronto.
Usted puede ayudar a su bebé a aprender y a desarrollarse. Hablen, lean, canten y jueguen juntos todos los días. A continuación hay algunas actividades que puede disfrutar hoy con su bebé de 4 meses.

**Lo que usted puede hacer por su bebé de 4 meses:**

- Cargue a su bebé en sus brazos y háagle, hágalo con sonrisas y demostrando alegría.
- Establezca una rutina fija para las horas de dormir y de comer.
- Preste mucha atención a las cosas que le gustan a su bebé y las que no, así podrá saber cómo satisfacer sus necesidades de la mejor manera y qué puede hacer para hacerlo feliz.
- Copie los sonidos que hace su bebé.
- Demuestre su entusiasmo y sonría cuando su bebé produce sonidos.
- Dedique momentos de tranquilidad para leerle o cantarle a su bebé.
- Dele juguetes adecuados para la edad del bebé, como sonajeros o ilustraciones coloridas.
- Juegue, por ejemplo, a esconder su cara detrás de las manos.
- Con las medidas de seguridad adecuadas, provea oportunidades para que su bebé pueda alcanzar juguetes y explorar lo que lo rodea.
- Ponga juguetes cerca de su bebé para que trate de agarrarlos o patearlos.
- Ponga juguetes o sonajeros en la mano del bebé y ayúdelo a agarrarlos.
- Sostenga al bebé de pie, con los pies apoyados en el piso, y cántele o háagle mientras él está “parado” con apoyo.

www.cdc.gov/Pronto | 1-800-CDC-INFO (1-800-232-4636)
Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 6 months. Take this with you and talk with your child’s doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by this Age:

**Social/Emotional**
- Knows familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people’s emotions and often seems happy
- Likes to look at self in a mirror

**Language/Communication**
- Responds to sounds by making sounds
- Strings vowels together when babbling (“ah,” “eh,” “oh”) and likes taking turns with parent while making sounds
- Responds to own name
- Makes sounds to show joy and displeasure
- Begins to say consonant sounds (jabbering with “m,” “b”)

**Cognitive (learning, thinking, problem-solving)**
- Looks around at things nearby
- Brings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other

**Movement/Physical Development**
- Rolls over in both directions (front to back, back to front)
- Begins to sit without support
- When standing, supports weight on legs and might bounce
- Rocks back and forth, sometimes crawling backward before moving forward

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**You Know Your Child Best.**

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:
- Is missing milestones
- Doesn’t try to get things that are in reach
- Shows no affection for caregivers
- Doesn’t respond to sounds around him
- Has difficulty getting things to mouth
- Doesn’t make vowel sounds (“ah”, “eh”, “oh”)
- Doesn’t roll over in either direction
- Doesn’t laugh or make squealing sounds
- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll

Tell your child’s doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned
1. Ask for a referral to a specialist and,
2. Call your state or territory’s early intervention program to find out if your child can get services to help. Learn more and find the number at cdc.gov/FindEI.

For more information, go to cdc.gov/Concerned.

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DON’T WAIT.
Acting early can make a real difference!

www.cdc.gov/ActEarly
1-800-CDC-INFO (1-800-232-4636)
You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 6-month-old baby today.

**What You Can Do for Your 6-Month-Old:**

- Play on the floor with your baby every day.
- Learn to read your baby’s moods. If he’s happy, keep doing what you are doing. If he’s upset, take a break and comfort your baby.
- Show your baby how to comfort herself when she’s upset. She may suck on her fingers to self soothe.
- Use “reciprocal” play—when he smiles, you smile; when he makes sounds, you copy them.
- Repeat your child’s sounds and say simple words with those sounds. For example, if your child says “bah,” say “bottle” or “book.”
- Read books to your child every day. Praise her when she babbles and “reads” too.
- When your baby looks at something, point to it and talk about it.
- When he drops a toy on the floor, pick it up and give it back. This game helps him learn cause and effect.
- Read colorful picture books to your baby.
- Point out new things to your baby and name them.
- Show your baby bright pictures in a magazine and name them.
- Hold your baby up while she sits or support her with pillows. Let her look around and give her toys to look at while she balances.
- Put your baby on his tummy or back and put toys just out of reach. Encourage him to roll over to reach the toys.
- Read colorful picture books to your baby.


This milestone checklist is not a substitute for a standardized, validated developmental screening tool.
Nombre del niño ___________________________ Edad del niño ______ Fecha de hoy ______

La manera en que su hijo juega, aprende, habla, actúa y se mueve nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 7 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué hacen los bebés a esta edad?

En las áreas social y emocional

- Reconoce las caras familiares y comienza a darse cuenta si alguien es un desconocido
- Le gusta jugar con los demás, especialmente con sus padres
- Responde ante las emociones de otras personas y generalmente se muestra feliz
- Le gusta mirarse en el espejo

En las áreas del habla y la comunicación

- Responde a los sonidos produciendo sonidos
- Une varias vocales cuando balbucea (“a”, “e”, “o”) y le gusta hacer sonidos por turno con los padres
- Reacciona cuando se menciona su nombre
- Emite sonidos para demostrar alegría o descontento
- Comienza a emitir sonidos de consonantes (balbucea usando la “m” o la “b”)

En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)

- Observa a su alrededor las cosas que están cerca
- Se lleva las cosas a la boca
- Demuestra curiosidad sobre las cosas y trata de agarrar las cosas que están fuera de su alcance
- Comienza a pasar cosas de una mano a la otra

En las áreas motora y de desarrollo físico

- Se da vuelta para ambos lados (se pone boca arriba y boca abajo)
- Comienza a sentarse sin apoyo
- Cuando se para, se apoya en sus piernas y hasta puede ser que salte
- Se mece hacia adelante y hacia atrás, a veces gatea primero hacia atrás y luego hacia adelante

Reaccione pronto y hable con el doctor de su hijo si el niño:

- No trata de agarrar cosas que están a su alcance
- No demuestra afecto por quienes lo cuidan
- No reacciona ante sonidos
- Tiene dificultad para llevarse cosas a la boca
- No emite sonidos de vocales (“a”, “e”, “o”)
- No rueda en ninguna dirección para darse vuelta
- No se ríe ni hace sonidos de placer
- Se ve rígido y con los músculos tensos
- Se ve sin fuerza como un muñeco de trapo

Digale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte www.cdc.gov/Preocupado o llame al 1-800-CDC-INFO (1-800-232-4636).

www.cdc.gov/Pronto | 1-800-CDC-INFO (1-800-232-4636)
Ayude a su bebé a aprender y a desarrollarse

Usted puede ayudar a su bebé a aprender y a desarrollarse. Hablen, lean, canten y jueguen juntos todos los días. A continuación hay algunas actividades que puede disfrutar hoy con su bebé de 6 meses.

Lo que usted puede hacer por su bebé de 6 meses:

- Juegue con su bebé en el piso todos los días.
- Aprenda a conocer los estados de ánimo de su bebé. Si está contento, siga haciendo lo mismo. Si está molesto, deje lo que está haciendo y consuele al bebé.
- Muéstrelle a su bebé cómo consolarse a sí mismo cuando esté molesto. Se puede chupar el dedo para calmarse.
- Juegue a repetir lo que el bebé hace, es decir cuando él sonríe, usted sonríe, cuando él hace sonidos, usted los copia.
- Repita los sonidos que hace su hijo y diga palabras sencillas utilizándolos. Por ejemplo, si su hijo dice “ba”, diga “barco” o “balón”.
- Léale libros a su hijo todos los días. Felicítelo cuando balbucee y también cuando “lea”.
- Cuando su bebé mire hacia algo, señálelo y describalo.
- Cuando el bebé deje caer un juguete al suelo, levántelo y devuélvase. Este juego lo ayuda a aprender el fenómeno de causa y efecto.
- Léale libros con ilustraciones coloridas.
- Señale cosas nuevas y dígale cómo se llaman.
- Muéstrelle a su bebé las ilustraciones brillantes de las revistas y diga qué son.
- Sostenga al bebé mientras está sentado o póngale almohadas como sostén. Déjelo observar a su alrededor y dele juguetes para mirar mientras hace equilibrio.
- Ponga al bebé boca abajo o boca arriba y coloque juguetes cerca pero fuera de su alcance. Anímelo a que se dé vuelta para agarrar los juguetes.

www.cdc.gov/Pronto | 1-800-CDC-INFO (1-800-232-4636)

Aprenda los signos. Reaccione pronto.
Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 9 months. Take this with you and talk with your child’s doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Babies Do by this Age:

**Social/Emotional**
- May be afraid of strangers
- May be clingy with familiar adults
- Has favorite toys

**Language/Communication**
- Understands “no”
- Makes a lot of different sounds like “mamamama” and “bababababa”
- Copies sounds and gestures of others
- Uses fingers to point at things

**Cognitive (learning, thinking, problem-solving)**
- Watches the path of something as it falls
- Looks for things he sees you hide
- Plays peek-a-boo
- Puts things in her mouth
- Moves things smoothly from one hand to the other
- Picks up things like cereal o’s between thumb and index finger

**Movement/Physical Development**
- Stands, holding on
- Can get into sitting position
- Sits without support
- Pulls to stand
- Crawls

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**You Know Your Child Best.**

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:
- Is missing milestones
- Doesn’t bear weight on legs with support
- Doesn’t sit with help
- Doesn’t babble (“mama”, “baba”, “dada”)
- Doesn’t play any games involving back-and-forth play
- Doesn’t respond to own name
- Doesn’t seem to recognize familiar people
- Doesn’t look where you point
- Doesn’t transfer toys from one hand to the other

Tell your child’s doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned
1. Ask for a referral to a specialist and,
2. Call your state or territory’s early intervention program to find out if your child can get services to help. Learn more and find the number at [cdc.gov/FindEI](http://cdc.gov/FindEI).

For more information, go to [cdc.gov/Concerned](http://cdc.gov/Concerned).

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**DON’T WAIT. Acting early can make a real difference!**

★ It’s time for developmental screening! At 9 months, your child is due for general developmental screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your child’s developmental screening.

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[cdc.gov/ActEarly](http://cdc.gov/ActEarly)

1-800-CDC-INFO (1-800-232-4636)

[Download CDC’s Milestone Tracker App](http://www.cdc.gov/ActEarly)

Learn the Signs. Act Early.
**Help Your Baby Learn and Grow**

You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 9-month-old baby today.

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**What You Can Do for Your 9-Month-Old:**

- Pay attention to the way he reacts to new situations and people; try to continue to do things that make your baby happy and comfortable.
- As she moves around more, stay close so she knows that you are near.
- Continue with routines; they are especially important now.
- Play games with “my turn, your turn.”
- Say what you think your baby is feeling. For example, say, “You are so sad, let’s see if we can make you feel better.”
- Describe what your baby is looking at; for example, “red, round ball.”
- Talk about what your baby wants when he points at something.
- Copy your baby’s sounds and words.
- Ask for behaviors that you want. For example, instead of saying “don’t stand,” say “time to sit.”
- Teach cause-and-effect by rolling balls back and forth, pushing toy cars and trucks, and putting blocks in and out of a container.
- Play peek-a-boo and hide-and-seek.
- Read and talk to your baby.
- Provide lots of room for your baby to move and explore in a safe area.
- Put your baby close to things that she can pull up on safely.

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This milestone checklist is not a substitute for a standardized, validated developmental screening tool.
¿Qué hacen los bebés a esta edad?

En las áreas social y emocional
- Puede que les tenga miedo a los desconocidos
- Puede que se aferre a los adultos conocidos
- Tiene juguetes preferidos

En las áreas del habla y la comunicación
- Entiende cuando se le dice “no”
- Hace muchos sonidos diferentes como “mamamama” y “tatataata”
- Copia los sonidos y gestos que hacen otras personas
- Señala objetos con los dedos

En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)
- Observa el recorrido de una cosa cuando cae
- Va en busca de las cosas que ve que usted esconde
- Juega a ¿Dónde está el bebé? (cucú, “peek-a-boo”)
- Se pone las cosas en la boca
- Pasa objetos de una mano a la otra con facilidad
- Levanta cosas como cereales en forma de “o” entre el dedo índice y el pulgar

En las áreas motora y de desarrollo físico
- Se para sosteniéndose en algo
- Puede sentarse solo
- Se sienta sin apoyo
- Hala para ponerse de pie
- Gatea

Reaccione pronto y hable con el doctor de su hijo si el niño:

- No se sienta con ayuda
- No se sostiene en las piernas con apoyo
- No balbucea (“mama”, “tata”, “papa”)
- No juega a nada que sea por turnos como “me toca a mí, te toca a ti”
- No responde cuando lo llaman por su nombre
- No parece reconocer a las personas conocidas
- No mira hacia donde usted señala
- No pasa juguetes de una mano a la otra

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte www.cdc.gov/Preocupado o llame al 1-800-CDC-INFO (1-800-232-4636).

La Academia Americana de Pediatría recomienda que se evalúe el desarrollo general de los niños a los 9 meses. Pregúntele al médico de su hijo si el niño necesita ser evaluado.

La manera en que su hijo juega, aprende, habla, actúa y se mueve nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo justo antes de cumplir 10 meses. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

Nombre del niño

Edad del niño

Fecha de hoy

La Academia Americana de Pediatría recomienda que se evalúe el desarrollo general de los niños a los 9 meses. Pregúntele al médico de su hijo si el niño necesita ser evaluado.

www.cdc.gov/Pronto | 1-800-CDC-INFO (1-800-232-4636)
Usted puede ayudar a su bebé a aprender y a desarrollarse. Hablen, lean, canten y jueguen juntos todos los días. A continuación hay algunas actividades que puede disfrutar hoy con su bebé de 9 meses.

### Lo que usted puede hacer por su bebé de 9 meses:

- Preste atención a la manera en que su bebé reacciona ante situaciones o personas nuevas; trate de continuar haciendo las mismas cosas que lo hacen sentir cómodo y feliz.

- Cuando comience a moverse más a su alrededor no se aleje, para que sepa que usted está cerca.

- Continúe con las rutinas, ahora son especialmente importantes.

- Juegue a tomar turnos.

- Diga en voz alta lo que le parece que su bebé esté sintiendo. Por ejemplo, diga “Estás triste, vamos a ver qué podemos hacer para que te sientas mejor”.

- Describa lo que su bebé esté mirando; por ejemplo, “pelota redonda y roja”.

- Describa lo que su bebé quiere cuando señala algo.

- Copie los sonidos y las palabras que emite su bebé.

- Digale lo que desea que haga. Por ejemplo, en lugar de decir “no te pares”, diga “es hora de sentarse”.

- Enséñele causa y efecto haciendo rodar balones para atrás y para adelante, empujando autos y camioncitos, y metiendo y sacando bloquecitos de un recipiente.

- Juegue a esconder la cara detrás de las manos y a las escondidas.

- Léale y háblele a su bebé.

- Prepare muchos lugares donde su bebé pueda moverse y explorar en forma segura.

- Ponga al bebé cerca de cosas donde se pueda apoyar y pararse sin peligro.
Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 1. Take this with you and talk with your child’s doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

**Social/Emotional**
- Is shy or nervous with strangers
- Cries when mom or dad leaves
- Has favorite things and people
- Shows fear in some situations
- Hands you a book when he wants to hear a story
- Repeats sounds or actions to get attention
- Puts out arm or leg to help with dressing
- Plays games such as “peek-a-boo” and “pat-a-cake”

**Language/Communication**
- Responds to simple spoken requests
- Uses simple gestures, like shaking head “no” or waving “bye-bye”
- Makes sounds with changes in tone (sounds more like speech)
- Says “mama” and “dada” and exclamations like “uh-oh!”
- Tries to say words you say

**Cognitive (learning, thinking, problem-solving)**
- Explores things in different ways, like shaking, banging, throwing
- Finds hidden things easily
- Looks at the right picture or thing when it’s named
- Copies gestures
- Starts to use things correctly; for example, drinks from a cup, brushes hair
-Bangs two things together
- Puts things in a container, takes things out of a container
- Lets things go without help
- Pokes with index (pointer) finger
- Follows simple directions like “pick up the toy”

**Movement/Physical Development**
- Gets to a sitting position without help
- Pulls up to stand, walks holding on to furniture (“cruising”)
- May take a few steps without holding on
- May stand alone

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:
- Is missing milestones
- Doesn’t crawl
- Can’t stand when supported
- Doesn’t search for things that she sees you hide.
- Doesn’t say single words like “mama” or “dada”
- Doesn’t learn gestures like waving or shaking head
- Doesn’t point to things
- Loses skills he once had

Tell your child’s doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned
1. Ask for a referral to a specialist and,
2. Call your state or territory’s early intervention program to find out if your child can get services to help. Learn more and find the number at [cdc.gov/FindEI](http://cdc.gov/FindEI).

For more information, go to [cdc.gov/Concerned](http://cdc.gov/Concerned).

DON’T WAIT. Acting early can make a real difference!

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly)  
1-800-CDC-INFO (1-800-232-4636)
Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 1-year-old child today.

What You Can Do for Your 1-Year-Old:

- Give your child time to get to know a new caregiver. Bring a favorite toy, stuffed animal, or blanket to help comfort your child.
- In response to unwanted behaviors, say “no” firmly. Do not yell, spank, or give long explanations. A time out for 30 seconds to 1 minute might help redirect your child.
- Give your child lots of hugs, kisses, and praise for good behavior.
- Spend a lot more time encouraging wanted behaviors than punishing unwanted behaviors (4 times as much encouragement for wanted behaviors as redirection for unwanted behaviors).
- Talk to your child about what you’re doing. For example, “Mommy is washing your hands with a washcloth.”
- Read with your child every day. Have your child turn the pages. Take turns labeling pictures with your child.
- Build on what your child says or tries to say, or what he points to. If he points to a truck and says “t” or “truck,” say, “Yes, that’s a big, blue truck.”
- Give your child crayons and paper, and let your child draw freely. Show your child how to draw lines up and down and across the page. Praise your child when she tries to copy them.
- Play with blocks, shape sorters, and other toys that encourage your child to use his hands.
- Hide small toys and other things and have your child find them.
- Ask your child to label body parts or things you see while driving in the car.
- Sing songs with actions, like “The Itsy Bitsy Spider” and “Wheels on the Bus.” Help your child do the actions with you.
- Give your child pots and pans or a small musical instrument like a drum or cymbals. Encourage your child to make noise.
- Provide lots of safe places for your toddler to explore. (Toddler-proof your home. Lock away products for cleaning, laundry, lawn care, and car care. Use a safety gate and lock doors to the outside and the basement.)
- Give your child push toys like a wagon or “kiddie push car.”


This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)

Learn the Signs. Act Early.
<table>
<thead>
<tr>
<th>Nombre del niño</th>
<th>Edad del niño</th>
<th>Fecha de hoy</th>
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La manera en que su hijo juega, aprende, habla, actúa y se mueve nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumpla 1 año de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

### ¿Qué hacen los niños a esta edad?

**En las áreas social y emocional**
- Actúa con timidez o se pone nervioso en presencia de desconocidos
- Llora cuando la mamá o el papá se van
- Tiene cosas y personas preferidas
- Demuestra miedo en algunas situaciones
- Le alcanza un libro cuando quiere escuchar un cuento
- Repite sonidos o acciones para llamar la atención
- Levanta un brazo o una pierna para ayudar a vestirse
- Juega a ¿Dónde está el bebé? (cucú, “peek-a-boo”) y a dar palmaditas con las manos

**En las áreas del habla y la comunicación**
- Entiende cuando se le pide que haga algo sencillo
- Usa gestos simples, como mover la cabeza de lado a lado para decir “no” o mover la mano para decir “adiós”
- Hace sonidos con cambios de entonación (suena como si fuera lenguaje normal)
- Dice “mamá” y “papá” y emite exclamaciones como “oh-oh”
- Trata de imitar las palabras que escucha

**En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)**
- Explora los objetos de diferentes maneras: por ejemplo, los sacude, los golpea o los tira
- Encuentra fácilmente objetos escondidos
- Cuando se nombra algo mira hacia a ilustración o cosa que se nombró
- Copia gestos
- Comienza a usar las cosas correctamente (por ejemplo, bebe de una taza, se cepilla el pelo)
- Golpea un objeto contra otro
- Mete cosas dentro de un recipiente, las saca del recipiente
- Suelta las cosas sin ayuda
- Toca a las personas y las cosas con el dedo índice
- Sigue instrucciones sencillas como “recoge el juguete”

**En las áreas motora y de desarrollo físico**
- Se sienta sin ayuda
- Hala para ponerse de pie y camina apoyándose en los muebles
- Puede que dé unos pasos sin apoyarse
- Puede ser que se pare solo

### Reaccione pronto y hable con el doctor de su hijo si el niño:

- No gatea
- No puede permanecer de pie con ayuda
- No busca cosas que ha visto que usted ha escondido
- No dice palabras sencillas como “mamá” o “papá”
- No aprende a usar gestos como saludar con la mano o mover la cabeza
- No señala cosas
- Pierde habilidades que había adquirido

Dígame al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo el programa público de intervención temprana patrocinado por el estado. Para obtener más información, consulte [www.cdc.gov/Preocupado](http://www.cdc.gov/Preocupado) o llame al [1-800-CDC-INFO](tel:1-800-CDC-INFO) (1-800-232-4636).

Aprendiendo los signos. Reaccione pronto.
 Ayude a su bebé a aprender y a desarrollarse

Usted puede ayudar a su bebé a aprender y a desarrollarse. Hablen, lean, canten y jueguen juntos todos los días. A continuación hay algunas actividades que puede disfrutar hoy con su hijo de 1 año.

Lo que usted puede hacer por su hijo de 1 año:

- Dele tiempo a su hijo para que se acostumbre a la nueva persona que lo va a cuidar. Para que su hijo se sienta cómodo, tráigale el juguete, muñeco de peluche o mantita preferidos.

- Cuando haga algo que no debe, diga “no” con firmeza. No le grite o le pegue, ni tampoco le dé largas explicaciones. Castigar al niño sin dejar que realice ninguna actividad por 30 segundos a 1 minuto puede ayudarlo a distraerse y hacer otras cosas.

- Dele a su hijo muchos abrazos, besos y felicitaciones cuando se porte bien.

- Dedique más tiempo a alentar los comportamientos que usted desea ver, que a castigar los que no desea (anime los comportamientos deseados 4 veces más de lo que reoriente la atención ante comportamientos no deseados).

- Converse con su hijo sobre lo que usted está haciendo. Por ejemplo, “Mamá está lavándote las manos con una toallita”.

- Léale a su hijo todos los días. Deje que su hijo sea quien pase las páginas. Tome turnos con su hijo para identificar las ilustraciones.

- Agregue más detalles a lo que su hijo diga, trate de decir o señale. Si señala un camión y dice “c” o “camión” diga, “Sí, es un camión grande y es azul”.

- Dele a su hijo papel y crayones y déjelo dibujar libremente. Muéstrelle a su hijo cómo dibujar líneas de arriba a abajo y de lado a lado de la página. Felicite a su hijo cuando trate de copiarlas.

- Juegue con bloques, juguetes para clasificar según su forma y de otro tipo que animen a su hijo a usar las manos.

- Esconda juguetes pequeños y otras cosas y pídale a su hijo que las encuentre.

- Pídale a su hijo que nombre partes del cuerpo o cosas que vean cuando van en auto.

- Entone canciones que describan acciones, como “La araña pequeña” y “Las ruedas de los autobuses”. Ayúdelo a mover las manos a la par de la canción.

- Dele a su hijo ollas y sartenes o un instrumento musical pequeño como un tambor o platillos. Anime a su hijo a hacer ruido.

- Provea muchos lugares seguros para que su niño pequeño pueda explorar. (Tome precauciones en su hogar para proteger a su niño pequeño. Guarde bajo llave los productos de limpieza, lavandería, jardinería y cuidados del auto. Utilice cerrojos de seguridad y cierre las puertas de la calle y el sótano con llave).

- Dele a su hijo juguetes para empujar como un vagón o un “carrito para niños”.

www.cdc.gov/Pronto | 1-800-CDC-INFO (1-800-232-4636)

Aprenda los signos. Reaccione pronto.
The Well-Child Visit: Why Go and What to Expect

Regular checkups are an important way to keep track of your child's health and physical, emotional, and social development. These visits are important for ALL children, including children and youth with special health care needs who may also be under the care of specialists. Your conversations can range from sharing your successes and milestones, to overall concerns about child development, to challenges in daily routines. Think of these visits as your chance to learn as much as you can about the best ways to help your child grow. By focusing on your child's growth and learning, both you and your health care professional make sure your child is developing as expected. Your family and health care professional form a partnership based on respect, trust, honest communication, and understanding your family's culture and traditions.

How to prepare for the well-child visit

To get the most out of your time with the health care team during the visit, take a few simple steps to prepare. For example:

1. Make notes about what you’ve noticed about your child's health and development. Include any changes in behavior or family routines.
2. Write a list of questions. You will have time to ask them during your visit. If you have many questions, ask the most important ones first and plan for another time for a longer discussion. The Well-Visit Planner (see link below) is an online tool that can help you identify questions and concerns to raise with your health care professional. Encourage your teen to ask questions about his/her own health.
3. Gather information that might be helpful for your health care professional. Share information from school (such as your child's Individualized Education Program) or child care to help your health care professional learn more about your child.

What to expect during your visit

A well-child visit is a chance to get regular updates about your child's health and development. Your health care team will take measurements, conduct a head-to-toe examination, update immunizations, and offer you a chance to talk with your health care professional. Your well-child visit includes 4 specific activities:

1. Determining whether your child has any health concerns
2. Offering ways to keep your child from developing health concerns
3. Providing support for your child's overall health and well-being
4. Talking through health information and offering advice

By focusing on each activity, your health care professional offers you tools and information that you can use to support your child's development.

What will you talk about?

- Your child's growth and development
- Your proud moments
- Your family's health
- Your everyday life
- Your challenges
- Your health care professional's advice
The Well-Child Visit: Why Go and What to Expect

What happens after the visit is over

Depending on your child’s age, you may have well-child visits every few weeks, months, or yearly (see the AAP Schedule of Well-Child Care Visits link below). To help you create a plan for when you get home, write a “to do” list during the visit. List tasks that you can easily fit into your life like “keep healthy snacks in the house” or “turn off the TV or computer an hour before bedtime.” Also include tasks to follow up on such as “make an appointment with the specialist” or “talk with teachers about special education services.” Clarify with your health care team each task on your “to do” list so that you know exactly what to do and when to do it.

Your well-child visit isn’t the only time you can talk with your health care team. If questions arise after your visit is over, call the office and ask the team for answers. Or if you follow up on a task you discussed during your well-child visit, call the office to update the team. Keeping your health care team up to date helps make the most out of your next well-child visit.

A special note for parents of teenagers

The well-child visit has a special meaning for teenagers. It is a chance for teens to build responsibility for their own health and wellness. By ensuring teens follow the same steps and regularly attend these yearly visits, you set the stage for their independence. Typically, teens can expect to have one-on-one time with their health care professional. Teens need to prepare for visits so that they can engage in conversations with their health care team and then follow up on tasks to promote their overall well-being. As teens practice these skills, they learn how to promote their own lifelong health. You also continue to support them by encouraging healthful habits at home such as eating nutritious foods, getting a good night’s sleep, and paying attention to their emotional well-being.
The Well-Child Visit: Why Go and What to Expect

Resources
From HealthyChildren.org

- AAP Schedule of Well-Child Care Visits: https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx
- Recommended Immunization Schedules: https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Recommended-Immunization-Schedules.aspx
- Milestones Matter: 10 to Watch for by Age 5: https://www.healthychildren.org/English/family-life/health-management/Pages/Milestones-Matter.aspx
- Next Stop Adulthood: Tips for Parents: https://www.healthychildren.org/English/ages-stages/teen/Pages/Next-Stop-Adulthood-Tips-For-Parents.aspx

Well-Visit Planner: https://www.wellvisitplanner.org/

Contact us by email or telephone at: brightfutures@aap.org | 630/626-6783

Content for this Tip Sheet has been adapted from
Last updated: April 2019
Downloaded from: http://brightfutures.aap.org

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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Taking a first step, waving “bye-bye,” and pointing to something interesting are all developmental milestones, or things most children can do by a certain age. Children reach many milestones in how they play, learn, speak, act, and move. Developmental monitoring and screening are ways to look for your child's developmental milestones.

### Developmental Monitoring

<table>
<thead>
<tr>
<th>WHO:</th>
<th>You — parents, grandparents, other caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT:</td>
<td>Look for developmental milestones</td>
</tr>
<tr>
<td>WHEN:</td>
<td>From birth to 5 years</td>
</tr>
<tr>
<td>WHY:</td>
<td>To help you:</td>
</tr>
<tr>
<td></td>
<td>➤ celebrate your child's development</td>
</tr>
<tr>
<td></td>
<td>➤ talk about your child's progress with doctors and child care providers</td>
</tr>
<tr>
<td></td>
<td>➤ learn what to expect next</td>
</tr>
<tr>
<td></td>
<td>➤ identify any concerns early</td>
</tr>
<tr>
<td>HOW:</td>
<td>With easy, free checklists – get yours at <a href="http://www.cdc.gov/Milestones">www.cdc.gov/Milestones</a></td>
</tr>
</tbody>
</table>

### Developmental Screening

<table>
<thead>
<tr>
<th>WHO:</th>
<th>Healthcare provider, early childhood teacher, or other trained provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT:</td>
<td>Look for developmental milestones</td>
</tr>
<tr>
<td>WHEN:</td>
<td>At 9, 18, and 24 or 30 months, or whenever there is a concern</td>
</tr>
<tr>
<td>WHY:</td>
<td>To find out:</td>
</tr>
<tr>
<td></td>
<td>➤ if your child needs more help with development, because it is not always obvious to doctors, child care providers, or parents</td>
</tr>
<tr>
<td></td>
<td>➤ if a developmental evaluation is recommended</td>
</tr>
<tr>
<td>HOW:</td>
<td>With a formal, validated screening tool – learn more at <a href="http://www.hhs.gov/WatchMeThrive">www.hhs.gov/WatchMeThrive</a></td>
</tr>
</tbody>
</table>

► All young children need both developmental monitoring and developmental screening.

► The best person to track your child's development is you!

Use free milestone checklists and go over them with the doctor at every well-child visit.

To see Milestones in Action visit www.cdc.gov/Milestones.

► What if your child is not reaching milestones as expected?

You know your child best. If you are concerned about your child's development, talk with your child's doctor about your concerns and ask about developmental screening. For more information, go to www.cdc.gov/Concerned.

Don't wait! Acting early can make a real difference.

Your child's development is a journey. Monitoring and screening show you the way.

www.cdc.gov/ActEarly

1-800-CDC-INFO (1-800-232-4636)

Learn the Signs. Act Early.
Dar un primer paso, decir “adiós” con la mano y señalar algo interesante son todos indicadores del desarrollo o cosas que la mayoría de los niños pueden hacer a cierta edad. Los niños alcanzan los indicadores del desarrollo en la forma en que juegan, aprenden, hablan, actúan y se mueven. El control y la evaluación del desarrollo son maneras de fijarse en los indicadores del desarrollo de su hijo.

### Control del Desarrollo

<table>
<thead>
<tr>
<th>QUIÉN:</th>
<th>Ustedes, los padres, abuelos y otras personas encargadas del cuidado.</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUÉ:</td>
<td>Hacer seguimiento a los indicadores del desarrollo.</td>
</tr>
<tr>
<td>CUÁNDO:</td>
<td>Desde el nacimiento hasta los 5 años.</td>
</tr>
<tr>
<td>PORQUÉ:</td>
<td>Para ayudarlo…</td>
</tr>
<tr>
<td></td>
<td>➤ celebre el desarrollo de su hijo;</td>
</tr>
<tr>
<td></td>
<td>➤ hable acerca del progreso de su hijo con los médicos y proveedores de cuidados infantiles;</td>
</tr>
<tr>
<td></td>
<td>➤ sepa lo que se debe esperar después;</td>
</tr>
<tr>
<td></td>
<td>➤ identifique pronto cualquier preocupación.</td>
</tr>
<tr>
<td>CÓMO:</td>
<td>Con listas de verificación gratuitas y fáciles de usar; obtenga la suya en <a href="http://www.cdc.gov/Indicadores">www.cdc.gov/Indicadores</a>.</td>
</tr>
</tbody>
</table>

### Evaluación del Desarrollo

<table>
<thead>
<tr>
<th>QUIÉN:</th>
<th>Proveedor de atención médica, profesor de preescolar u otro proveedor capacitado.</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUÉ:</td>
<td>Hacer seguimiento a los indicadores del desarrollo.</td>
</tr>
<tr>
<td>CUÁNDO:</td>
<td>A los 9, 18, y 24 o 30 meses, o en cualquier momento en que haya una preocupación.</td>
</tr>
<tr>
<td>PORQUÉ:</td>
<td>Porqué: Para saber…</td>
</tr>
<tr>
<td></td>
<td>➤ si su niño necesita más ayuda con el desarrollo, porque no siempre es obvio para los médicos, proveedores de cuidados infantiles, o padres;</td>
</tr>
<tr>
<td></td>
<td>➤ si se recomienda una evaluación del desarrollo.</td>
</tr>
<tr>
<td>CÓMO:</td>
<td>Con una herramienta de control formal, validada. Infórmese más en <a href="http://www.hhs.gov/WatchMeThrive">www.hhs.gov/WatchMeThrive</a>.</td>
</tr>
</tbody>
</table>

➤ Todos los niños pequeños necesitan tanto controles como evaluaciones del desarrollo.

➤ ¡Usted es la mejor persona para hacerle seguimiento al desarrollo de su hijo!
   Use las listas de verificación gratuitas y revíselas con el médico en cada consulta pediátrica de rutina.
   Para ver los indicadores del desarrollo en acción, visite [www.cdc.gov/Indicadores](http://www.cdc.gov/Indicadores).

➤ ¿Qué hacer si su niño no alcanza los indicadores como está previsto?
   Usted conoce a su hijo mejor que nadie. Si está preocupado acerca del desarrollo de su hijo, consulte a su pediatra y pida que le haga una evaluación del desarrollo. Para obtener más información, visite [www.cdc.gov/Preocupado](http://www.cdc.gov/Preocupado).
   ¡No espere! ¡Tomar medidas en las etapas tempranas puede ayudar mucho!

El desarrollo de su niño es una travesía.
El control y la evaluación le muestran el camino.

[www.cdc.gov/Pronto](http://www.cdc.gov/Pronto)  |  1-800-CDC-INFO (1-800-232-4636)
## Staying Healthy Assessment
### 0 – 6 Months

<table>
<thead>
<tr>
<th>Child’s Name (first &amp; last)</th>
<th>Date of Birth</th>
<th>□ Female</th>
<th>□ Male</th>
<th>Today’s Date</th>
<th>In Child/Day Care? □ Yes □ No</th>
<th>Person Completing Form □ Parent □ Relative □ Friend □ Guardian □ Other (Specify)</th>
<th>Need Help with Form? □ Yes □ No</th>
</tr>
</thead>
</table>

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

### Nutrition

1. Do you breastfeed your baby?  
2. Are you concerned about your baby’s weight?  
3. Does your baby watch any TV?  

### Physical Activity

4. Does your home have a working smoke detector?  

### Safety

5. Have you turned your water temperature down to low-warm (less than 120 degrees)?  
6. If your home has more than one floor, do you have safety guards on the windows and gates for the stairs?  
7. Does your home have cleaning supplies, medicines, and matches locked away?  
8. Does your home have the phone number of the Poison Control Center (800-222-1222) posted by your phone?  
9. Do you always put your baby to sleep on her/his back?  
10. Do you always stay with your baby when she/he is in the bathtub?
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Do you always place your baby in a rear facing car seat in the back seat?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Is the car seat you use the right one for the age and size of your baby?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Does your baby spend time in a home where a gun is kept?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>14</td>
<td>Do you give your baby a bottle with anything except formula, breast milk, or water?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>15</td>
<td>Does your baby spend time with anyone who smokes?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>16</td>
<td>Do you have any other questions or concerns about your baby’s health, development, or behavior?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>

*If yes, please describe:*

<table>
<thead>
<tr>
<th>Clinic Use Only</th>
<th>Counselled</th>
<th>Referred</th>
<th>Anticipatory Guidance</th>
<th>Follow-up Ordered</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Nutrition</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>☐ Physical Activity</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>☐ Safety</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td></td>
</tr>
<tr>
<td>☐ Dental Health</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>☐ Tobacco Exposure</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

☐ Patient Declined the SHA

PCP’s Signature: | Print Name: | Date: |
---|-------------|------|

DHCS 7098 A (Rev 12/14) SHA (0 – 6 Months)
# Staying Healthy Assessment

## 1 – 2 Years

<table>
<thead>
<tr>
<th>Child’s Name (first &amp; last)</th>
<th>Date of Birth</th>
<th>Female</th>
<th>Male</th>
<th>Today’s Date</th>
<th>In Child/Day Care?</th>
<th>Person Completing Form</th>
<th>Need Help with Form?</th>
<th>Need Interpreter?</th>
</tr>
</thead>
</table>

| Parent | Relative | Friend | Guardian | Other (Specify) |

| In Child/Day Care? | Yes | No |

| Need Interpreter? | Yes | No |

| Parent | Relative | Friend | Guardian | Other (Specify) |

---

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

### Nutrition

1. Do you breastfeed your child?  
   - Yes  
   - No  
   - Skip

2. 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

3. Does your child eat fruits and vegetables at least two times per day?  
   - Yes  
   - No  
   - Skip

4. Does your child eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week?  
   - No  
   - Yes  
   - Skip

5. Does your child drink more than one small cup (4 – 6 oz.) of juice per day?  
   - No  
   - Yes  
   - Skip

6. Does your child drink soda, juice drinks, sports drinks, energy drinks, or other sweetened drinks more than once per week?  
   - No  
   - Yes  
   - Skip

### Physical Activity

7. Does your child play actively most days of the week?  
   - Yes  
   - No  
   - Skip

### Safety

8. Are you concerned about your child’s weight?  
   - No  
   - Yes  
   - Skip

9. Does your child watch TV or play video games?  
   - No  
   - Yes  
   - Skip

10. Does your home have a working smoke detector?  
    - Yes  
    - No  
    - Skip

11. Have you turned your water temperature down to low-warm (less than 120 degrees)?  
    - Yes  
    - No  
    - Skip

12. If your home has more than one floor, do you have safety guards on the windows and gates for the stairs?  
    - Yes  
    - No  
    - Skip

13. Does your home have cleaning supplies, medicines, and matches locked away?  
    - Yes  
    - No  
    - Skip

14. Does your home have the phone number of the Poison Control Center (800-222-1222) posted by your phone?  
    - Yes  
    - No  
    - Skip
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Do you always stay with your child when she/he is in the bathtub?</td>
<td></td>
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<td></td>
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<tr>
<td>16</td>
<td>Do you always place your child in a rear facing car seat in the back seat?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>17</td>
<td>Is the car seat you use the right one for the age and size of your child?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Do you always check for children before backing your car out?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Does your child spend time near a swimming pool, river, or lake?</td>
<td>No</td>
<td></td>
<td>Skip</td>
</tr>
<tr>
<td>20</td>
<td>Does your child spend time in a home where a gun is kept?</td>
<td>No</td>
<td></td>
<td>Skip</td>
</tr>
<tr>
<td>21</td>
<td>Does your child always wear a helmet when riding a bike, skateboard, or scooter?</td>
<td>Yes</td>
<td></td>
<td>Skip</td>
</tr>
<tr>
<td>22</td>
<td>Do you help your child brush and floss her/his teeth daily?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Does your child spend time with anyone who smokes?</td>
<td>No</td>
<td></td>
<td>Skip</td>
</tr>
<tr>
<td>24</td>
<td>Do you have any other questions or concerns about your child’s health, development or behavior?</td>
<td>No</td>
<td></td>
<td>Skip</td>
</tr>
</tbody>
</table>

*If yes, please describe:*

---

**Clinic Use Only**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Counselled</th>
<th>Referred</th>
<th>Anticipatory Guidance</th>
<th>Follow-up Ordered</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td></td>
<td></td>
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<td>Dental Health</td>
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<tr>
<td>Tobacco Exposure</td>
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</tbody>
</table>

- [ ] Patient Declined the SHA

PCP’s Signature: [ ]

Print Name: [ ]

Date: [ ]

**SHA ANNUAL REVIEW**

PCP’s Signature: [ ]

Print Name: [ ]

Date: [ ]
Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may manifest as any important health problems, and are growing and developing in a satisfactory fashion. The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.


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The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JF, Shaw JJ, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2017).
28. See “Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents” (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book Report of the Committee on Infectious Diseases.

30. Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspsd.htm) once between the ages of 15 and 18, taking into account personal and family history of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.


34. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspsd.htm) Once teeth are present, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office. Indications for fluoride use are noted in “Fluoride Use in Caries Prevention in the Primary Care Setting” (http://pediatrics.aappublications.org/content/126/3/583.full).

35. If a primary water source is deficient in fluoride, consider oral fluoride supplementation. See “Fluoride Use in Caries Prevention in the Primary Care Setting” (http://pediatrics.aappublications.org/content/134/6/1224).
Well-Child Visits
3-6 Years of Life
Well-child visits are important during the early months of a child’s life to assess growth and development. Assessing physical, emotional and social development is important at every stage of life, particularly with children. Early, frequent screening of young children for healthy growth and development is recommended to help identify potential problems or areas needing further evaluation. By catching developmental issues early, children can be provided with treatment or intervention more effectively, and additional developmental delays or deficits may be prevented. Wellness visits are a critical opportunity for early screening, detection of problems and counseling.

**Measure Description:** The percentage of Members 3–6 years of age who had one or more well-child visits with a PCP in the measurement year.

**Epidemiology**
- The proportion of children receiving well-child visits declines with age. In 2012, 89.1 percent of children age 4 and younger had received a preventive visit in the past year, compared to 79.2 percent of children 5–11 years of age and 72.0 percent of those 12–17 years of age.
- The proportion of children 10–71 months of age receiving a standardized developmental screening increased considerably from 19.5 percent in 2007 to 30.8 percent in 2011–2012.
- Less than half (47.7 percent) of school-aged children were reported to usually or always exhibit three age-specific flourishing behaviors (curiosity, resilience, and self-regulation) in 2011–2012.
- In 2011–2012, nearly 30 percent of children 2–11 years of age were overweight or obese, 66.9 percent were of normal weight, and 3.4 percent were underweight. The prevalence of overweight and obesity was highest among Hispanic children (40 percent).
- In 2012, approximately 65 percent of children 2–17 years of age received dental care in the past six months. The proportion of children receiving dental care was highest among children 5–11 years of age (70.3 percent) and lowest among those 2–4 years years of age (45.3 percent).

**Best Practice Guidelines**
- The American Academy of Pediatrics recommends that Providers perform annual well-child exams for children and adolescents. The Bright Futures Guidelines provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits.

**Screening Guidelines Bright Futures – American Academy of Pediatrics (AAP)**

<table>
<thead>
<tr>
<th>Population</th>
<th>Screening recommendation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 3-6 years</td>
<td>Annually</td>
<td>Eligible for IEHP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Global P4P Incentive program</td>
</tr>
</tbody>
</table>
Member Education, Resources and Self-Management

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available at</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference: Recommendations for Preventive Pediatric Health Care (Bright Futures)</td>
<td>Provider periodicity table for well-child visits as recommended by AAP.</td>
<td>Please refer to the handout provided in Provider resources.</td>
</tr>
<tr>
<td>Reference: “Your Child at 3-5 Years” handouts</td>
<td>In-home assessment tools for parents for prevention and overall wellness.</td>
<td>Refer to the handout included in Member Resources.</td>
</tr>
</tbody>
</table>

Talking Points

• Engage the Member’s parents or guardian on the importance of well-child visits within 3-6 years of life.
• Encourage the importance of annual well-child visits, as some parents may only bring their children in for sick visits.
• Explain the scheduling importance and how routine visits are critical to assess the child’s growth and development and overall health.

How to Maximize Your Global Quality P4P Incentive

• Use IEHP Preventive Care Well-Care roster list to identify Members in need of well-child visits (available on the IEHP Secure Provider Portal).
• Eligible for IEHP Global Quality P4P Incentive program when Member receives at least one Well-Child visit with a PCP during the measurement year.
• Well-Child visits must contain documented evidence of all five of the following components:
  o Health history - Health history is an assessment of the beneficiary’s history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization), and family health history.
  o Physical developmental history - Physical developmental history includes developmental milestones and assessment of whether the child is developing skills appropriately (e.g. can skip/hop, draw, pedals bicycle, feeds/dresses self, toilet training etc.).
  o Mental developmental history - Mental developmental history includes developmental milestones and assessment of whether the child is developing skills appropriately (e.g. able to speak understandably, able to identify colors, can follow simple directions, able to define words appropriately).
  o Physical exam
  o Health education/anticipatory guidance - Health education/anticipatory guidance is given by the health care provider to the beneficiary and/or parents or guardians in anticipation of emerging issues that a beneficiary and family may face.
• Preventive services may be rendered on visits other than well-child visits. Services count toward the measure, regardless of the primary intent of visit (example: sick visits) but documentation specific of acute or chronic conditions may not count (example: sick visit, only checking symptoms during visit).

• Words such as “Developing Appropriately” and “Normal Development” are valid for physical and mental development.

• A discussed, dated and physician signed Staying Healthy Assessment (SHA) is a mandated DHCS tool that is valid for anticipatory guidance. Refer to Provider Resources for Staying Healthy Assessment for Members 3-8 years of age.

• For wellness visits that cannot be submitted through the routine encounter/claims process, please submit the medical record and complete the Historical Supplemental Data Form included in the General Resources section of this guide.

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

References


Your Child at 3 Years

Child's Name       Child's Age       Today's Date

How your child plays, learns, acts, and moves offers important clues about your child’s development. Developmental milestones are things most children can do by a certain age. Check the milestones your child has reached by his or her 3rd birthday. Take this with you and talk with your child’s doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional
- Copies adults and friends
- Shows affection for friends without prompting
- Takes turns in games
- Shows concern for a crying friend
- Understands the idea of “mine” and “his” or “hers”
- Shows a wide range of emotions
- Separates easily from mom and dad
- May get upset with major changes in routine
- Dresses and undresses self

Language/Communication
- Follows instructions with 2 or 3 steps
- Can name most familiar things
- Understands words like “in,” “on,” and “under”
- Says first name, age, and sex
- Names a friend
- Says words like “I,” “me,” “we,” and “you” and some plurals (cars, dogs, cats)
- Talks well enough for strangers to understand most of the time
- Carries on a conversation using 2 to 3 sentences

Cognitive (learning, thinking, problem-solving)
- Can work toys with buttons, levers, and moving parts
- Plays make-believe with dolls, animals, and people
- Does puzzles with 3 or 4 pieces
- Understands what “two” means
- Copies a circle with pencil or crayon
- Turns book pages one at a time
- Builds towers of more than 6 blocks
- Screws and unscrews jar lids or turns door handle

Movement/Physical Development
- Climbs well
- Runs easily
- Pedals a tricycle (3-wheel bike)
- Walks up and down stairs, one foot on each step

Act Early by Talking to Your Child’s Doctor if Your Child:
- Falls down a lot or has trouble with stairs
- Drools or has very unclear speech
- Can’t work simple toys (such as peg boards, simple puzzles, turning handle)
- Doesn’t speak in sentences
- Doesn’t understand simple instructions
- Doesn’t play pretend or make-believe
- Doesn’t want to play with other children or with toys
- Doesn’t make eye contact
- Loses skills he once had

Tell your child’s doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO (1-800-232-4636).


www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)

Learn the Signs. Act Early.
You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 3-year-old child today.

**What You Can Do for Your 3-Year-Old:**

- Go to play groups with your child or other places where there are other children, to encourage getting along with others.
- Work with your child to solve the problem when he is upset.
- Talk about your child’s emotions. For example, say, “I can see you feel mad because you threw the puzzle piece.” Encourage your child to identify feelings in books.
- Set rules and limits for your child, and stick to them. If your child breaks a rule, give him a time out for 30 seconds to 1 minute in a chair or in his room. Praise your child for following the rules.
- Give your child instructions with 2 or 3 steps. For example, “Go to your room and get your shoes and coat.”
- Read to your child every day. Ask your child to point to things in the pictures and repeat words after you.
- Give your child an “activity box” with paper, crayons, and coloring books. Color and draw lines and shapes with your child.
- Play matching games. Ask your child to find objects in books or around the house that are the same.
- Play counting games. Count body parts, stairs, and other things you use or see every day.
- Hold your child’s hand going up and down stairs. When she can go up and down easily, encourage her to use the railing.
- Play outside with your child. Go to the park or hiking trail. Allow your child to play freely and without structured activities.
**Su hijo de 3 años**

<table>
<thead>
<tr>
<th>Nombre del niño</th>
<th>Edad del niño</th>
<th>Fecha de hoy</th>
</tr>
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</table>

La manera en que su hijo juega, aprende, habla, actúa y se mueve nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumpla 3 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

### ¿Qué hacen los niños a esta edad?

#### En las áreas social y emocional
- Copia a los adultos y amigos
- Demuestra afecto por sus amigos espontáneamente
- Espera su turno en los juegos
- Demuestra preocupación si ve llorar a un amigo
- Entiende la idea de lo que es “mío”, “de él” o “de ella”
- Expresa una gran variedad de emociones
- Se separa de su mamá y papá con facilidad
- Puede que se moleste cuando hay grandes cambios de rutina
- Se viste y desviste

#### En las áreas del habla y la comunicación
- Sigue instrucciones de 2 o 3 pasos
- Sabe el nombre de la mayoría de las cosas conocidas
- Entiende palabras como “adentro”, “arriba” o “debajo”
- Puede decir su nombre, edad y sexo
- Llama a un amigo por su nombre
- Dice palabras como “yo”, “mi”, “nosotros”, “tú” y usa algunos plurales
- Habla bien, de manera que los desconocidos pueden entender la mayor parte de lo que dice
- Puede conversar usando 2 o 3 oraciones

#### En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)
- Puede operar juguetes con botones, palancas y piezas móviles
- Juega imaginativamente con muñecas, animales y personas
- Arma rompecabezas de 3 y 4 piezas
- Entiende lo que significa “dos”
- Copia un círculo con lápiz o crayón
- Pasa las hojas de los libros una a la vez
- Arma torres de más de 6 bloquecitos
- Enrosca y desenrosca las tapas de jarras o abre la manija de la puerta

### En las áreas motora y de desarrollo físico
- Trepa bien
- Corre fácilmente
- Puede pedalear un triciclo (bicicleta de 3 ruedas)
- Sube y baja escaleras, con un pie por escalón

### Reaccione pronto y hable con el doctor de su hijo si el niño:
- Se cae mucho o tiene problemas para subir y bajar escaleras
- Se baba o no se le entiende cuando habla
- No puede operar juguetes sencillos (tableros de piezas para encajar, rompecabezas sencillos, girar una manija)
- No usa oraciones para hablar
- No entiende instrucciones sencillas
- No imita ni usa la imaginación en sus juegos
- No quiere jugar con otros niños ni con juguetes
- No mira a las personas a los ojos
- Pierde habilidades que había adquirido

Dígame al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte [www.cdc.gov/Preocupado](http://www.cdc.gov/Preocupado) o llame al 1-800-CDC-INFO (1-800-232-4636).


Aprenda los signos. Reaccione pronto.
Ayude a su bebé a aprender y a desarrollarse

Usted puede ayudar a su bebé a aprender y a desarrollarse. Hablen, lean, canten y jueguen juntos todos los días. A continuación hay algunas actividades que puede disfrutar hoy con su hijo de 3 años.

<table>
<thead>
<tr>
<th>Lo que usted puede hacer por su hijo de 3 años:</th>
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<tbody>
<tr>
<td>Reúnanse a jugar en grupos con su hijo o vaya a otros lugares donde haya más niños, para enseñarle a que se lleve bien con los demás.</td>
<td>Dele a su hijo una “caja con útiles” con papel, crayones y libros para colorear. Coloree y dibuje líneas y formas con su hijo.</td>
</tr>
<tr>
<td>Ayude a su hijo a tratar de resolver los problemas cuando esté molesto.</td>
<td>Juegue a encontrar figuras iguales. Pidale a su hijo que encuentre objetos iguales en libros o en la casa.</td>
</tr>
<tr>
<td>Hable sobre las emociones de su hijo. Por ejemplo, digale “Me doy cuenta de que estás enojado porque tiraste la pieza del rompecabezas”. Anime a su hijo a identificar sentimientos en los libros.</td>
<td>Juegue a contar. Cuente las partes del cuerpo, los escalones y otras cosas que usa o ve todos los días.</td>
</tr>
<tr>
<td>Fije reglas y límites para su hijo y respételas. Si su hijo no respeta una regla, déjelo de 30 segundos a 1 minuto sentado en una silla o dentro de su habitación como castigo. Felicite a su hijo cuando siga las reglas.</td>
<td>Dele la mano a su hijo para subir o bajar las escaleras. Cuando pueda subir y bajar con facilidad, animelo a tomarse del pasamanos.</td>
</tr>
<tr>
<td>Dele a su hijo instrucciones de 2 o 3 pasos. Por ejemplo, “ve a tu habitación y trae tus zapatos y tu abrigo”.</td>
<td>Juegue con su hijo afuera de la casa. Vaya al parque o a caminar por un sendero. Deje que su hijo juegue con libertad y sin actividades estructuradas.</td>
</tr>
<tr>
<td>Léale a su hijo todos los días. Pidale a su hijo que señale cosas en las ilustraciones y que repita las palabras después de usted.</td>
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</tbody>
</table>
Your Child at 4 Years

Child’s Name  Child’s Age  Today’s Date

How your child plays, learns, speaks, acts, and moves offers important clues about your child’s development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 4th birthday. Take this with you and talk with your child’s doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional
- Enjoys doing new things
- Plays “Mom” and “Dad”
- Is more and more creative with make-believe play
- Would rather play with other children than by himself
- Cooperates with other children
- Often can’t tell what’s real and what’s make-believe
- Talks about what she likes and what she is interested in

Language/Communication
- Knows some basic rules of grammar, such as correctly using “he” and “she”
- Sings a song or says a poem from memory such as the “Itsy Bitsy Spider” or the “Wheels on the Bus”
- Tells stories
- Can say first and last name

Cognitive (learning, thinking, problem-solving)
- Names some colors and some numbers
- Understands the idea of counting
- Starts to understand time
- Remembers parts of a story
- Understands the idea of “same” and “different”
- Draws a person with 2 to 4 body parts
- Uses scissors
- Starts to copy some capital letters
- Plays board or card games
- Tells you what he thinks is going to happen next in a book

Movement/Physical Development
- Hops and stands on one foot up to 2 seconds
- Catches a bounced ball most of the time
- Pours, cuts with supervision, and mashes own food

Act Early by Talking to Your Child’s Doctor if Your Child:
- Can’t jump in place
- Has trouble scribbling
- Shows no interest in interactive games or make-believe
- Ignores other children or doesn’t respond to people outside the family
- Resists dressing, sleeping, and using the toilet
- Can’t retell a favorite story
- Doesn’t follow 3-part commands
- Doesn’t understand “same” and “different”
- Doesn’t use “me” and “you” correctly
- Speaks unclearly
- Loses skills he once had

Tell your child’s doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO (1-800-232-4636).


www.cdc.gov/ActEarly  1-800-CDC-INFO (1-800-232-4636)
Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 4-year-old child today.

### What You Can Do for Your 4-Year-Old:

- **Play make-believe with your child.** Let her be the leader and copy what she is doing.
- **Suggest your child pretend play an upcoming event that might make him nervous, like going to preschool or staying overnight at a grandparent’s house.**
- **Give your child simple choices whenever you can.** Let your child choose what to wear, play, or eat for a snack. Limit choices to 2 or 3.
- **During play dates, let your child solve her own problems with friends, but be nearby to help out if needed.**
- **Encourage your child to use words, share toys, and take turns playing games of one another’s choice.**
- **Give your child toys to build imagination, like dress-up clothes, kitchen sets, and blocks.**
- **Use good grammar when speaking to your child.** Instead of “Mommy wants you to come here,” say, “I want you to come here.”
- **Use words like “first,” “second,” and “finally” when talking about everyday activities.** This will help your child learn about sequence of events.
- **Take time to answer your child’s “why” questions.** If you don’t know the answer, say “I don’t know,” or help your child find the answer in a book, on the Internet, or from another adult.
- **When you read with your child, ask him to tell you what happened in the story as you go.**
- **Say colors in books, pictures, and things at home.** Count common items, like the number of snack crackers, stairs, or toy trains.
- **Teach your child to play outdoor games like tag, follow the leader, and duck, duck, goose.**
- **Play your child’s favorite music and dance with your child.** Take turns copying each other’s moves.

Learn the Signs. Act Early.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)
Su hijo de 4 años

Nombre del niño                                 Edad del niño                                 Fecha de hoy

La manera en que su hijo juega, aprende, habla, actúa y se mueve nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumpla 4 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué hacen los niños a esta edad?

En las áreas social y emocional

- Disfruta haciendo cosas nuevas
- Juega a “papá y mamá”
- Cada vez se muestra más creativo en los juegos de imaginación
- Le gusta más jugar con otros niños que solo
- Juega en cooperación con otros
- A menudo, no puede distinguir la fantasía de la realidad
- Habla acerca de lo que le gusta y le interesa

En las áreas del habla y la comunicación

- Sabe algunas reglas básicas de gramática, como el uso correcto de “él” y “ella”
- Canta una canción o recita un poema de memoria
- Relata cuentos
- Puede decir su nombre y apellido

En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)

- Nombra algunos colores
- Nombra algunos números
- Entiende el concepto de contar
- Comienza a entender el concepto del paso del tiempo
- Recuerda partes de un cuento
- Entiende el concepto de “igual” y “diferente”
- Dibuja una persona con 2 o 4 partes del cuerpo
- Usa tijeras
- Empieza a copiar algunas letras mayúsculas
- Juega juegos infantiles de mesa o de cartas
- Le dice lo que le parece que va a suceder a continuación en un libro

En las áreas motora y de desarrollo físico

- Brinca y se sostiene en un pie hasta por 2 segundos
- La mayoría de las veces agarra una pelota que rebota
- Se sirve los alimentos, los corta con supervisión y los hace papilla

Reaccione pronto y hable con el doctor de su hijo si el niño:

- No puede saltar en el mismo sitio
- Tiene dificultades para hacer garabatos
- No muestra interés en los juegos interactivos o de imaginación
- Ignora a otros niños o no responde a las personas que no son de la familia
- Rehúsase vestirse, dormir y usar el baño
- No puede contar su cuento favorito
- No sigue instrucciones de 3 partes
- No entiende lo que quieren decir “igual” y “diferente”
- No usa correctamente las palabras “yo” y “tú”
- Habla con poca claridad
- Pide más habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte www.cdc.gov/Preocupado o llame al 1-800-CDC-INFO (1-800-232-4636).

www.cdc.gov/Pronto       1-800-CDC-INFO (1-800-232-4636)
Usted puede ayudar a su bebé a aprender y a desarrollarse. Hablen, lean, canten y jueguen juntos todos los días. A continuación hay algunas actividades que puede disfrutar hoy con su hijo de 4 años.

**Lo que usted puede hacer por su hijo de 4 años:**

- Juegue con su hijo usando la imaginación. Deje que sea el líder y copie todo lo que haga.
- Sugiera que jueguen a hacer de cuenta que están en una situación que lo pone nervioso, como empezar el preescolar o quedarse por la noche en la casa de los abuelitos.
- Siempre que pueda, déle a su hijo opciones sencillas para que escoja. Deje que escoja la ropa, los juegos o algo de comer entre las comidas. Limítese a no más de 2 o 3 opciones.
- Cuando juegue con sus amigos, deje que su hijo resuelva los problemas con los otros niños, pero esté atento para ayudar si es necesario.
- Anime a su hijo a usar palabras, compartir juguetes y turnarse con sus amigos para elegir los juegos.
- Dele a su hijo juguetes que aviven la imaginación, como disfraces, juegos de cocina y bloques.
- Cuando hable con su hijo use la gramática correcta. En lugar de decirle “mamá quiere que vengas aquí”, déjale “yo quiero que vengas aquí”.
- Use palabras como “primero,” “segundo” y “al final” cuando hable de sus actividades cotidianas. Esto va a ayudar a su hijo a aprender sobre la secuencia de eventos.
- Responda con tranquilidad a las preguntas de su hijo sobre los “porqué de las cosas”. Si no sabe la respuesta, diga “no lo sé” o ayude a su hijo a encontrar la respuesta en un libro, en Internet o preguntándole a otro adulto.
- Cuando lea con su hijo, pédale que le cuente qué pasó durante el relato.
- Nombre los colores de los libros, las ilustraciones y las cosas de la casa. Cuente los artículos comunes, como la cantidad de caramelos, escalones o trenes de juguete.
- Enséñele a su hijo a jugar afuera a juegos como el “corre que te alcanzo”, “seguir al líder”, “pato, pato, ganso”.
- Escuche la música preferida de su hijo y baile con él. Tomen turnos copiándose lo que cada uno hace.

www.cdc.gov/Pronto  |  1-800-CDC-INFO (1-800-232-4636)
How your child plays, learns, acts, and moves offers important clues about your child’s development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 5th birthday. Take this with you and talk with your child’s doctor at every visit about the milestones your child has reached and what to expect next.

**What Most Children Do at this Age:**

### Social/Emotional
- Wants to please friends
- Wants to be like friends
- More likely to agree with rules
- Likes to sing, dance, and act
- Is aware of gender
- Can tell what’s real and what’s make-believe
- Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- Is sometimes demanding and sometimes very cooperative

### Language/Communication
- Speaks very clearly
- Tells a simple story using full sentences
- Uses future tense; for example, “Grandma will be here.”
- Says name and address

### Cognitive (learning, thinking, problem-solving)
- Counts 10 or more things
- Can draw a person with at least 6 body parts
- Can print some letters or numbers
- Copies a triangle and other geometric shapes
- Knows about things used every day, like money and food

### Movement/Physical Development
- Stands on one foot for 10 seconds or longer
- Hops; may be able to skip
- Can do a somersault
- Uses a fork and spoon and sometimes a table knife
- Can use the toilet on her own
- Swings and climbs

---

**Act Early by Talking to Your Child’s Doctor if Your Child:**

- Doesn’t show a wide range of emotions
- Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- Unusually withdrawn and not active
- Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- Doesn’t respond to people, or responds only superficially
- Can’t tell what’s real and what’s make-believe
- Doesn’t play a variety of games and activities
- Can’t give first and last name
- Doesn’t use plurals or past tense properly
- Doesn’t talk about daily activities or experiences
- Doesn’t draw pictures
- Can’t brush teeth, wash and dry hands, or get undressed without help
- Loses skills he once had

Tell your child’s doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call **1-800-CDC-INFO (1-800-232-4636)**.

---

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 5-year-old child today.

## What You Can Do for Your 5-Year-Old:

- Continue to arrange play dates, trips to the park, or play groups. Give your child more freedom to choose activities to play with friends, and let your child work out problems on her own.

- Your child might start to talk back or use profanity (swear words) as a way to feel independent. Do not give a lot of attention to this talk, other than a brief time out. Instead, praise your child when he asks for things nicely and calmly takes “no” for an answer.

- This is a good time to talk to your child about safe touch. No one should touch “private parts” except doctors or nurses during an exam or parents when they are trying to keep the child clean.

- Teach your child her address and phone number.

- When reading to your child, ask him to predict what will happen next in the story.

- Encourage your child to “read” by looking at the pictures and telling the story.

- Teach your child time concepts like morning, afternoon, evening, today, tomorrow, and yesterday. Start teaching the days of the week.

- Explore your child’s interests in your community. For example, if your child loves animals, visit the zoo or petting farm. Go to the library or look on the Internet to learn about these topics.

- Keep a handy box of crayons, paper, paint, child scissors, and paste. Encourage your child to draw and make art projects with different supplies.

- Play with toys that encourage your child to put things together.

- Teach your child how to pump her legs back and forth on a swing.

- Help your child climb on the monkey bars.

- Go on walks with your child, do a scavenger hunt in your neighborhood or park, help him ride a bike with training wheels (wearing a helmet).
Su hijo de 5 años

<table>
<thead>
<tr>
<th>Nombre del niño</th>
<th>Edad del niño</th>
<th>Fecha de hoy</th>
</tr>
</thead>
</table>

La manera en que su hijo juega, aprende, habla, actúa y se mueve nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumpla 5 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué hacen los niños a esta edad?

En las áreas social y emocional
- Quiere complacer a los amigos
- Quiere parecerse a los amigos
- Es más probable que haga más caso a las reglas
- Le gusta cantar, bailar y actuar
- Reconoce a qué sexo pertenecen las personas
- Puede distinguir la fantasía de la realidad
- Muestra más independencia (por ejemplo, puede ir solo a visitar a los vecinos [para esto todavía necesita la supervisión de un adulto])
- A veces es muy exigente y a veces muy cooperador

En las áreas del habla y la comunicación
- Habla con mucha claridad
- Puede contar una historia sencilla usando oraciones completas
- Puede usar el tiempo futuro
- Dice su nombre y dirección

En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)
- Cuenta 10 o más objetos
- Puede dibujar una persona con al menos 6 partes del cuerpo
- Puede escribir algunas letras o números
- Copia triángulos y figuras geométricas
- Conoce las cosas de uso diario como el dinero y la comida

En las áreas motora y de desarrollo físico
- Se para en un pie por 10 segundos o más
- Brinca y puede ser capaz de avanzar dando saltitos cortos alternando entre un pie y el otro
- Puede dar volteretas
- Usa tenedor y cuchara y, a veces, cuchillo
- Puede ir al baño solo
- Se columpia y trepa

Reaccione pronto y hable con el doctor de su hijo si el niño:

- No expresa una gran variedad de emociones
- Tiene comportamientos extremos (demasiado miedo, agresión, timidez o tristeza)
- Es demasiado retraído y pasivo
- Se distrae con facilidad, tiene problemas para concentrarse en una actividad por más de 5 minutos
- No les responde a las personas o lo hace solo superficialmente
- No puede distinguir la fantasía de la realidad
- No juega a una variedad de juegos y actividades
- No puede decir su nombre y apellido
- No usa correctamente los plurales y el tiempo pasado
- No habla de sus actividades o experiencias diarias
- No dibuja
- No puede cepillarse los dientes, lavarse y secarse las manos o desvestirse sin ayuda
- Pierde habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte www.cdc.gov/Pronto o llame al 1-800-CDC-INFO (1-800-232-4636).

www.cdc.gov/Pronto  |  1-800-CDC-INFO (1-800-232-4636)

Usted puede ayudar a su bebé a aprender y a desarrollarse. Hablen, lean, canten y jueguen juntos todos los días. A continuación hay algunas actividades que puede disfrutar hoy con su hijo de 5 años.

<table>
<thead>
<tr>
<th>Lo que usted puede hacer por su hijo de 5 años:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Continúe organizando citas para jugar con los amiguitos, paseos al parque o grupos de juego. Dele a su hijo más libertad para elegir actividades para jugar con amigos, y deje que resuelva los problemas por sí mismo.</td>
</tr>
<tr>
<td>□ Es posible que su hijo comience a “contestar” o a usar malas palabras como una forma de sentirse independiente. No le preste demasiada atención a este tipo de comportamiento verbal, más allá de no dejarlo hacer nada por un tiempo breve como castigo. En lugar de ello, felicite a su hijo cuando pida las cosas con cortesía y cuando acepte un “no” con tranquilidad.</td>
</tr>
<tr>
<td>□ Este es un buen momento para hablar con su hijo acerca de cuándo está bien que lo toquen. Nadie debe tocarle las partes íntimas excepto los médicos o enfermeras durante un examen o los padres cuando lo estén bañando o limpiando.</td>
</tr>
<tr>
<td>□ Enséñele a su hijo la dirección y el teléfono de su casa.</td>
</tr>
<tr>
<td>□ Cuando le lea a su hijo, pidale que adivine qué va a pasar en la historia a continuación.</td>
</tr>
<tr>
<td>□ Enséñele a su hijo conceptos como mañana, tarde, noche, hoy, mañana y ayer. Comience a enseñarle los días de la semana.</td>
</tr>
<tr>
<td>□ Fomente el interés de su hijo en su comunidad. Por ejemplo, si a su hijo le encantan los animales, visite el zoológico o granjas donde se permite tocar a los animales. Vaya a la biblioteca o busque información en Internet sobre estos temas.</td>
</tr>
<tr>
<td>□ Tenga siempre a mano una caja de crayones, papel, pintura, tijeras para niños y goma de pegar. Anime a su hijo a dibujar y terminar proyectos de arte con diferentes materiales.</td>
</tr>
<tr>
<td>□ Juegue con juguetes que lo animen a armar cosas.</td>
</tr>
<tr>
<td>□ Enséñele a su hijo a mover las piernas y a impulsarse en el columpio con los pies.</td>
</tr>
<tr>
<td>□ Ayude a su hijo a colgarse de las barras del juego infantil de pasamanos.</td>
</tr>
<tr>
<td>□ Salga a caminar con su hijo, organice una “búsqueda del tesoro en el vecindario o el parque”, ayúdela a andar en bicicleta con rueditas (usando casco).</td>
</tr>
</tbody>
</table>

www.cdc.gov/Pronto  |  1-800-CDC-INFO (1-800-232-4636)
Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, who have no manifestations of any important health problems, and who are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.


The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.


No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.
Summary of Changes Made to the 
Bright Futures/AAP Recommendations for Preventive Pediatric Health Care 
(Pediatrician Schedule)

This schedule reflects changes approved in December 2018 and published in March 2019.

For updates and a list of previous changes made, visit www.aap.org/pedperiodicityschedule.

CHANGES MADE IN DECEMBER 2018

BLOOD PRESSURE
- Footnote 6 has been updated to read as follows: “Screening should occur per ‘Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents’ (http://pediatrics.aappublications.org/content/140/3/626). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.”

ANEMIA
- Footnote 24 has been updated to read as follows: “Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP Pediatric Nutrition: Policy of the American Academy of Pediatrics (Iron chapter).”

LEAD
- Footnote 25 has been updated to read as follows: “For children at risk of lead exposure, see ‘Prevention of Childhood Lead Toxicity’ (http://pediatrics.aappublications.org/content/134/3/626). Risk assessment for lead exposure should be performed in newborns, after 24 hours of age, before discharge from the hospital, per ‘Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease’ (http://pediatrics.aappublications.org/content/138/1/e20161493) and ‘Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention’ (https://www.aap.org/content/134/6/1224).”

For updates and a list of previous changes made, visit www.aap.org/pedperiodicityschedule.
# Staying Healthy Assessment

## 3 – 4 Years

<table>
<thead>
<tr>
<th>Child's Name (first &amp; last)</th>
<th>Date of Birth</th>
<th>☐ Female</th>
<th>☐ Male</th>
<th>Today's Date</th>
<th>☐ Yes ☐ No</th>
<th>In Child/Day Care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Completing Form</td>
<td>☐ Parent</td>
<td>☐ Relative</td>
<td>☐ Friend</td>
<td>☐ Guardian</td>
<td>☐ Other (Specify)</td>
<td>Need Help with Form?</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Clinic Use Only:</th>
<th>Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Does your child drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Does your child eat fruits and vegetables at least two times per day?</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Does your child eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week?</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Does your child drink more than one small cup (4 – 6 oz. cup) of juice per day?</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Does your child drink soda, juice drinks, sports drinks, energy drinks, or other sweetened drinks more than once per week?</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td>Does your child play actively most days of the week?</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>Are you concerned about your child's weight?</td>
</tr>
<tr>
<td><strong>8</strong></td>
<td>Does your child watch TV or play video games less than 2 hours per day?</td>
</tr>
<tr>
<td><strong>9</strong></td>
<td>Does your home have a working smoke detector?</td>
</tr>
<tr>
<td><strong>10</strong></td>
<td>Have you turned your water temperature down to low-warm (less than 120 degrees)?</td>
</tr>
<tr>
<td><strong>11</strong></td>
<td>If your home has more than one floor, do you have safety guards on the windows and gates for the stairs?</td>
</tr>
<tr>
<td><strong>12</strong></td>
<td>Does your home have cleaning supplies, medicines, and matches locked away?</td>
</tr>
<tr>
<td><strong>13</strong></td>
<td>Does your home have the phone number of the Poison Control Center (800-222-1222) posted by your phone?</td>
</tr>
<tr>
<td><strong>14</strong></td>
<td>Do you always stay with your child when she/he is in the bathtub?</td>
</tr>
</tbody>
</table>
15. Do you always place your child in a forward facing car seat in the back seat?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Skip

16. Is the car seat you use the right one for the age and size of your child?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Skip

17. Do you always check for children before backing your car out?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Skip

18. Does your child spend time near a swimming pool, river, or lake?  
   - [ ] No  
   - [ ] Yes  
   - [ ] Skip

19. Does your child spend time in a home where a gun is kept?  
   - [ ] No  
   - [ ] Yes  
   - [ ] Skip

20. Does your child always wear a helmet when riding a bike, skateboard, or scooter?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Skip

21. Has your child ever witnessed or been a victim of abuse or violence?  
   - [ ] No  
   - [ ] Yes  
   - [ ] Skip

22. Do you help your child brush and floss her/his teeth daily?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Skip

23. Does your child spend time with anyone who smokes?  
   - [ ] No  
   - [ ] Yes  
   - [ ] Skip

24. Do you have any other questions or concerns about your child’s development, health or behavior?  
   - [ ] No  
   - [ ] Yes  
   - [ ] Skip

   If yes, please describe:

---

**Clinic Use Only**

<table>
<thead>
<tr>
<th></th>
<th>Counseled</th>
<th>Referred</th>
<th>Anticipatory Guidance</th>
<th>Follow-up Ordered</th>
<th>Comments:</th>
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<tr>
<td>Nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Dental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Exposure</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- □ [ ] Patient Declined the SHA

PCP's Signature:  
Print Name:  
Date:

**SHA ANNUAL REVIEW**

PCP's Signature:  
Print Name:  
Date:

PCP’s Signature:  
Print Name:  
Date:
# Staying Healthy Assessment
## 5 - 8 Years

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your child drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?</td>
<td>Yes</td>
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</tr>
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<td>3. Does your child eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
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<tr>
<td>4. Does your child drink more than one small cup (4 - 6 oz.) of juice per day?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
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<tr>
<td>5. Does your child drink soda, juice drinks, sports drinks, energy drinks, or other sweetened drinks more than once per week?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>6. Does your child exercise or play sports most days of the week?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>7. Are you concerned about your child’s weight?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>8. Does your child watch TV or play video games less than 2 hours per day?</td>
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<td>11. Does your home have the phone number of the Poison Control Center (800-222-1222) posted by your phone?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>12. Do you always place your child in a booster seat in the back seat (or use a seat belt if your child is over 4’9’’)?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>13. Does your child spend time near a swimming pool, river, or lake?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>14. Does your child spend time in a home where a gun is kept?</td>
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Please answer all the questions on this form as best you can. Circle “Skip” if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.
<table>
<thead>
<tr>
<th>15</th>
<th>Does your child spend time with anyone who carries a gun, knife, or other weapon?</th>
<th>No</th>
<th>Yes</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Does your child always wear a helmet when riding a bike, skateboard, or scooter?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>17</td>
<td>Has your child ever witnessed or been victim of abuse or violence?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>18</td>
<td>Has your child been hit or hit someone in the past year?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>19</td>
<td>Has your child ever been bullied or felt unsafe at school or in your neighborhood (or been cyber-bullied)?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>20</td>
<td>Does your child brush and floss her/his teeth daily?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>21</td>
<td>Does your child often seem sad or depressed?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>22</td>
<td>Does your child spend time with anyone who smokes?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>23</td>
<td>Do you have any other questions or concerns about your child’s health or behavior?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>

*If yes, please describe:*

<table>
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<tr>
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☐ Patient Declined the SHA

PCP’s Signature | Print Name: | Date: |

SHA ANNUAL REVIEW

PCP’s Signature | Print Name: | Date: |

PCP’s Signature | Print Name: | Date: |

PCP’s Signature | Print Name: | Date: |
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
Obesity in children and adolescents in the United States is associated with negative health effects and increases the likelihood of obesity in adulthood. Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases.

**Measure Description:** The percentage of Members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. Report each of the three indicators below:

- Height, Weight and BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed, rather than an absolute BMI value.

**Best Practice Guidelines**

- The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen for obesity in children and adolescents 6 years and older, and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.
- The CDC recommends that health professionals use BMI percentile when measuring the bodies of children and young people ages 2-20 years.

**Counseling for Physical Activity**

The current Physical Activity Guidelines for Americans recommends the following:

**Key Guidelines for preschool-aged children (ages 3 through 5)**
- Should be physically active throughout the day to enhance growth and development.
- Adult caregivers of preschool-aged children should encourage active play that includes a variety of activity types.

**Key Guidelines for Children and Adolescents (ages 6 through 17)**
- Children and adolescents ages 6 through 17 years should do 60 minutes (1 hour) or more of moderate-to-vigorous physical activity daily:
  - Aerobic: Most of the 60 minutes or more per day should be either moderate- or vigorous-intensity aerobic physical activity and should include vigorous-intensity physical activity on at least three days a week.
  - Muscle-strengthening: As part of their 60 minutes or more of daily physical activity, children and adolescents should include muscle-strengthening physical activity on at least three days a week.
  - Bone-strengthening: As part of their 60 minutes or more of daily physical activity, children and adolescents should include bone-strengthening physical activity on at least three days a week.

**Counseling for Nutrition**

The latest Dietary Guidelines for Americans recommend consumption of a healthy diet that accounts for all foods and beverages within an appropriate calorie level. A healthy eating pattern includes:

- A variety of vegetables from all of the subgroups – dark green, red and orange, legumes, starchy and other.
• Fruits, especially whole fruits.
• Grains, at least half of which are whole grains.
• Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages.
• A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes, and nuts, seeds and soy products.
• Oils.

Additionally, a healthy eating pattern limits saturated fats, trans fats, added sugars and sodium.

BMI Percentile
The U.S. Preventive Services Task Force (USPSTF) recommends body mass index (BMI) as an adequate screening measure for obesity. Body mass index percentile is plotted on growth charts which are based on U.S.-specific, population-based norms for children 2 years and older. The following are CDC BMI-for-age weight status categories and corresponding percentiles:
  • Underweight: Less than the 5th percentile.
  • Normal or Healthy Weight: 5th percentile to less than the 85th percentile.
  • Overweight: 85th to less than the 95th percentile.
  • Obese: Equal to or greater than the 95th percentile.

Epidemiology
  • Almost 32 percent of children and adolescents ages 2-19 years in the U. S. are overweight or obese.
  • The prevalence of obesity is about 17 percent and affects about 12.7 million children and adolescents.
  • Obesity in children and adolescents is associated with morbidity such as mental health and psychological issues, asthma, obstructive sleep apnea, orthopedic problems, and adverse cardiovascular and metabolic outcomes (e.g., high blood pressure, abnormal lipid levels, and insulin resistance).
  • Only 21.6 percent of children and adolescents 6-19 years of age in the U.S. attained 60 or more minutes of moderate-to-vigorous physical activity on at least five days per week.
  • Empty calories from added sugars and solid fats contribute to 40 percent of daily calories for children and adolescents 2-18 years of age—affecting the overall quality of their diets.

Member Education, Resources and Self-Management

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available at</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit: IEHP Community Resource Centers</td>
<td>Find upcoming class schedules/programs related to overall health such as the “Gear Up for Healthy Living” class.</td>
<td>For the schedule of free health and fitness classes offered by IEHP’s Community Resource Centers (San Bernardino, Riverside, Victorville), visit <a href="http://www.iehp.org/crc">www.iehp.org/crc</a> or call <strong>1-866-228-4347</strong> to register for classes.</td>
</tr>
</tbody>
</table>
## Printed/Electronic Resources

| Reference: Interactive Self-Management Tools - Healthy Eating, Encouraging Physical Activity and Healthy BMI Maintenance | Online interactive modules on various health topics. Members can use these tools to take quizzes and learn tips for staying healthy. | https://www.iehp.org/en/members/health-resources  
For a hard copy, Members can call IEHP Member Services at (800) 440-4347. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference: Eat Healthy, Feel Better (IEHP)</td>
<td>Brochure on health tips and benefits.</td>
<td>Refer to the handout included in Member Resources or call your Provider Services Representative for copies.</td>
</tr>
</tbody>
</table>
Refer to the “Shift to Healthier Food and Beverage Choices” and “What’s In A Healthy Eating Pattern” handouts. |
| Reference: We Can! (National Institutes of Health) | Website providing tip sheets and tools to aid parents in helping children 8-13 years of age stay at a healthy weight. | https://www.nhlbi.nih.gov/health/educational/wecan/  
Refer to the “Nutrition Label Reading” handout included in Member Resources. |
Refer to the “Are My Kids Getting Enough Physical Activity” handout. |

### Talking Points
- Avoid high-calorie foods that are low in nutritional value.
- Make fruits and vegetables part of every meal.
- Use nutrition facts labels to compare foods.
• Enjoy smaller portions of food at home and at restaurants.
• Substitute water or low-fat milk for sweetened beverages.
• Plan time for the whole family to be physically active.
• Give kids toys that encourage physical activity, such as balls, kites and jump ropes.
• Limit screen time (television and computer) to no more than two hours per day.
• Encourage annual physical exams.
• Encourage proper family nutrition.

How to Maximize Your Global Quality P4P Incentive

• Include report/code each of the three indicators: BMI percentile, counseling for nutrition and counseling for physical activity.

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

References

And when your kids are feeling good, your life is easier, too. So find ways to help your kids fit more activity into their day.

**Are my kids getting enough physical activity?**

You know kids need physical activity to grow up strong and healthy. But did you know it can help them feel better right away?

### How much do they need?

Kids and teens ages 6 to 17 need at least 60 minutes every day.

Most of it can be **moderate-intensity aerobic activity**. Anything that gets their heart beating faster counts.

At least 3 days a week, encourage your kids to step it up to **vigorous-intensity aerobic activity**.

As part of their daily 60 minutes, kids and teens also need:

**Muscle-strengthening activity**

At least 3 days a week

Anything that makes their muscles work harder counts — like climbing or swinging on the monkey bars.

**Bone-strengthening activity**

At least 3 days a week

Bones need pressure to get stronger. Running, jumping, and other weight-bearing activities all count.

Is it moderate or vigorous? Use the “talk test” to find out.

When you're being active, try talking:

- If you're breathing hard but can still have a conversation easily, it's **moderate-intensity activity**
- If you can only say a few words before you have to take a breath, it's **vigorous-intensity activity**
My kids are younger than 6. What about them?
Younger kids love to be active naturally!
- Aim to keep them moving 3 hours a day — and more is better
- Limit time when they’re just sitting around (like screen time)

What counts?
Whatever gets them moving!

Encourage active play with friends
Give them rewards for active chores
Sign them up for free or low-cost classes

Or get active together!
Make your morning walks a race
Dance while dinner’s in the oven
Show them your favorite ways to move

Most of all, help them find activities they really like to do!

It all adds up. And so do the benefits.
Help them get active now, and they’ll build healthy habits for life.
So take the first step. Get your kids moving. And when you can, move with them!

Find out how your kids can get 60 minutes of activity every day.
health.gov/MoveYourWay/Get-Kids-Active
¿Hacen mis hijos suficiente actividad física?

Tú sabes que los niños necesitan la actividad física para crecer fuertes y sanos. Pero, ¿sabías que la actividad física también ofrece otros beneficios?

- Mejor calidad de sueño
- Mejor estado de ánimo
- Mejores calificaciones

Y cuando tus hijos se sienten bien, tu vida también es más fácil. Busca formas de ayudarles a agregar más actividad física al día.

¿Cuánta actividad necesitan?

Los niños y adolescentes de entre 6 y 17 años necesitan por lo menos 60 minutos todos los días.

La mayoría de estos minutos pueden ser de actividad aeróbica moderada. Todo lo que haga que el corazón lata más rápido cuenta.

Por lo menos 3 días por semana anima a esforzarse más y a hacer actividades aeróbicas intensas.

¿Es moderada o intensa? Averígualo con la “prueba del habla.”

- Cuando estés haciendo la actividad, trata de hablar:
  - Si respiras más rápido pero todavía puedes conversar fácilmente, es una actividad moderada.
  - Si solo puedes decir unas pocas palabras antes de tomar aliento, es una actividad intensa.

Dentro de los 60 minutos diarios, los niños y adolescentes también necesitan:

- **Actividades para fortalecer los músculos** por lo menos 3 días por semana
  - Toda actividad que haga que los músculos trabajen más que de costumbre cuenta, como trepar o colgar de las barras del patio de juegos.

- **Actividades para fortalecer los huesos** por lo menos 3 días por semana
  - Los huesos necesitan presión para ser más fuertes. Las actividades como correr y saltar cuentan, así como otras en que se soporta peso.
Mis niños tienen menos de 6 años. ¿Qué hago en ese caso?
A los niños más pequeños les encanta mantenerse activos por naturaleza.

- Procura que estén en movimiento 3 horas diarias. Y más sería mejor.
- Limita el tiempo que pasen sentados (por ejemplo, frente a una pantalla).

¿Qué cuenta?
¡Cualquier cosa que los haga moverse!

- Anímalos a participar en juegos activos con sus amigos.
- Dales premios por hacer oficios activos en la casa.
- Inscríbelos en clases de ejercicio gratuitas o económicas.

¡O manténganse activos juntos!

- Conviertan la caminata de la mañana en una carrera.
- Bailen mientras la cena sale del horno.
- Muéstrales tus formas favoritas de moverte.

Pero sobre todo, ayúdales a encontrar actividades que de veras les gusten.

Todo se va sumando. Los beneficios también se suman.
Ayuda a tus hijos a mantenerse activos ahora. Así, ellos aprenderán costumbres sanas para toda la vida. Da el primer paso. Anima a tus hijos a moverse más. Y cuando puedas, ¡muévete con ellos!

Aquí encontrarás consejos para ponerte en movimiento y hacer un plan semanal de actividad física.
health.gov/MoveYourWay/Get-Kids-Active/es
EAT HEALTHY.
FEEL BETTER.

MAKING HEALTHY FOOD CHOICES THAT ARE BOTH EASY AND AFFORDABLE!

WHY EAT HEALTHY?
Making healthy food choices can help you feel great and energetic! Eating healthy can also help you stay at a healthy weight. It can help lower your chances of having health issues like diabetes, high blood pressure, and heart disease. Healthy eating is not about cutting out foods you love or sticking to a strict diet plan. It’s about knowing which foods to choose and how much to eat.

WHERE TO START?
Discuss your new goal with your family. Ask for their support by joining you in eating healthy.

Plan ahead. Plan and pack healthy lunches and snacks ahead of time for easy access throughout your week.

Make one change at a time. Add a new healthy food each week.

Read the food labels. Understand what you are eating and how much is in your serving size.

Check for:
• Serving size
• Total fat
• Calories
• Sodium
• Sugars

MAKING WISE FOOD CHOICES
Eat more whole grains. At least half of the grains you eat should be foods like brown rice and whole wheat bread.

Choose lean protein sources. Chicken, fish, turkey, beans, legumes, nuts, and tofu are good protein sources and lower in calories.

Eat the foods you love, but stick to smaller portions. Aim to eat 3 smaller meals and 1 or 2 healthy snacks each day.

Eat meat less often. This can help keep your wallet fuller and your waistline slimmer.

Freeze leftovers to make new meals at a later time.

EATING HEALTHY ON A BUDGET

Make a shopping list. This helps you stick to your healthy eating plan and budget.

Save money by using coupons, choosing store brands, and buying in bulk.

Don’t shop when you’re hungry. This will stop you from buying unhealthy foods.

Buy fruits and vegetables in season.

Stock up on canned or frozen fruits and vegetables when they are on sale.

Choose canned fruits packed in juice or water and select canned vegetables that are labeled “low sodium.”

Eat meat less often. This can help keep your wallet fuller and your waistline slimmer.

To get great recipes and learn about healthy foods, visit: www.choosemyplate.gov

To sign up for a program:
Call IEHP Member Services at 1-800-440-4347
TTY users may call 1-800-718-4347
You can also sign up online at www.IEHP.org
Choose Member LOGIN to sign in or to set up your account. Then select “Health Ed” to find a program.

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WANT TO LEARN MORE?
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Academy of Nutrition and Dietetics
www.eatright.org
Champions for Change
www.cachampionsforchange.cdph.ca.gov
Dairy Council of California
www.healthyeating.org

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IEHP OFRECE MUCHOS PROGRAMAS DE EDUCACIÓN PARA LA SALUD
Para inscribirse, llame a:
Servicios para Miembros de IEHP al 1-800-440-IEHP (4347)
Los usuarios de TTY pueden llamar al 1-800-718-4347.
También puede inscribirse en línea: www.IEHP.org
How to Use the Nutrition Facts Label

Most packaged foods have a Nutrition Facts label. This tip sheet shows you how to use the label to make healthy food choices.

Check serving sizes.

- Many times, a single portion can have more than one serving.
- Make sure your portions match the serving size listed on the label so you’re not eating too many calories, fat, and sugars.

Look at the % Daily Value.
The Daily Value is how much of a specific nutrient you need to eat in a day. Percent (%) Daily Value tells you how much of a nutrient is in one serving of food—compared to the amount you need each day.

If a food has a Daily Value of 20% for calcium, it has 20% of the calcium you need in one day.

Compare the % Daily Value for similar foods, and choose foods that are

<table>
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<th>Higher in:</th>
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<tbody>
<tr>
<td>Saturated fats</td>
<td>Potassium</td>
</tr>
<tr>
<td>Trans fats</td>
<td>Fiber</td>
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<tr>
<td>Cholesterol</td>
<td>Vitamins A and C</td>
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<td>Sodium (salt)</td>
<td>Calcium</td>
</tr>
<tr>
<td></td>
<td>Iron</td>
</tr>
</tbody>
</table>

For these nutrients, try to choose foods with 5% Daily Value or less.

For these nutrients, try to choose foods with 20% Daily Value or more.
Make your calories count.

Choose the most healthful foods you can—those packed with vitamins, minerals, fiber, and other nutrients (in blue) but lower in calories.
Utilice los datos de la etiqueta de nutrición

La información en la etiqueta de nutrición le ayudará a tomar la mejor decisión para que sus niños tengan una dieta saludable y balanceada.

Casi todos los alimentos empaquetados tienen una etiqueta de nutrición. Para tener buena salud, utilice la etiqueta para seleccionar los mejores alimentos de una manera sencilla y rápida.

Revise las porciones y las calorías
Revise el tamaño de la porción y cuántas porciones contiene el paquete. Si duplica la porción que come, también duplica la cantidad de calorías y nutrientes, incluyendo el porcentaje del valor diario (%DV).

Haga que sus calorías cuenten
Vea las calorías en la etiqueta y compárelas con los nutrientes que está escogiendo para decidir si vale la pena comer ese alimento.

No le ponga azúcar
Como el azúcar contiene calorías y poco o nada de nutrientes, busque comidas y bebidas bajas en azúcar agregada. Lea la lista de ingredientes y asegúrese de que el azúcar agregada no sea uno de los primeros ingredientes. Algunos nombres para referirse al azúcar agregada (edulcorantes calóricos) incluyen sacarosa, glucosa, jarabe de maíz, jarabe de arce y fructosa.

Conozca las grasas
Busque comidas bajas en grasas saturadas, grasas trans y colesterol para ayudar a reducir el riesgo de enfermedades del corazón (5% DV o menos es bajo, 20% o más es alto). La mayoría de las grasas que consuma deberían ser grasas poliinsaturadas y monoinsaturadas. Mantenga el total de grasas que ingiera entre 20% a 35% de calorías.

Reduzca el sodio (sal) y aumente el potasio
Estudios demuestran que comer menos de 2,300 miligramos de sodio (aproximadamente, una cucharadita de sal) por día puede reducir el riesgo de tener la presión arterial alta. La mayoría del sodio que la gente consume proviene de los alimentos procesados y no del salero. Además, busque alimentos con alto contenido de potasio, el cual contrarresta algunos de los efectos del sodio en la presión arterial.
Utilice la etiqueta para seleccionar los mejores alimentos de una manera sencilla y rápida.

- Elija alimentos bajos en grasas saturadas (saturated fats), colesterol (cholesterol) y sodio (sodium).
- Consuma alimentos ricos en potasio (potassium), fibra (fiber), vitaminas A y C, calcio (calcium) y hierro (iron).
- Utilice la columna del porcentaje del valor diario (%DV): 5% o menos significa bajo contenido, 20% o más significa alto contenido.

### Nutrition Facts

**Serving Size:** 1 cup (228g)
**Serving Per Container:** 2

<table>
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<th>Nutrient</th>
<th>Amount Per Serving</th>
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<tr>
<td>Vitamin A</td>
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<tr>
<td>Vitamin C</td>
<td>2%</td>
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<tr>
<td>Calcium</td>
<td>20%</td>
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<tr>
<td>Iron</td>
<td>4%</td>
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*Percent Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:

<table>
<thead>
<tr>
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<td>375g</td>
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<td>30g</td>
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</table>
Here’s some good news: Eating healthier doesn’t mean you have to give up all the foods you love. It doesn’t have to be confusing or complicated either. The 2015–2020 Dietary Guidelines has a better approach—make small shifts in the foods you eat. Here’s how to do it.

What Are Healthy Shifts?

It’s simple. When you can, swap out a food or ingredient for a healthier option. For example, you could:

- **Shift from whole milk to low-fat milk in your breakfast cereal**
- **Shift from soda with added sugars to water during lunch**
- **Shift from a cream-based pasta dish to one with a lighter sauce and more vegetables for dinner**

How Will Making Shifts Help?

- Healthy eating patterns can help prevent chronic diseases like obesity, heart disease, high blood pressure, and Type 2 diabetes.
- Shifting to healthier choices doesn’t mean you have to change your whole eating pattern. Shifts can be easier to stick with over time—you’re just making small changes to the way you’re already eating.

Make Shifts Throughout the Day

You have a chance to make a healthier choice whenever you:

- Open your fridge for a snack
- Shop in the grocery store
- Stand at a vending machine
- Pack a lunch
- Look at a menu in a restaurant
- Cook a favorite recipe

Take advantage of these everyday opportunities to make a shift. Everything you eat and drink matters. Over time, little changes in the foods and drinks you choose can have big health benefits.
Try Out These *Shifts*

The *Dietary Guidelines* has key recommendations for how we can all improve our eating patterns. The shifts below will help you stay on track.

**How to Eat More Whole Grains:**
- Choose whole-wheat bread instead of white
- Have popcorn for a snack instead of potato chips (just leave out the butter)

**How to Cut Down on Saturated Fats:**
- Twice a week, have seafood instead of fatty cuts of meat for dinner
- When you’re making chili or stew, reduce the amount of meat and add more beans and vegetables

**How to Cut Down on Added Sugars:**
- Give your kids 100% juice or water instead of fruit punch
- Have a homemade fruit smoothie instead of ice cream

**How to Cut Down on Sodium (Salt):**
- Switch to unsalted nuts
- Shift from regular canned soups to low-sodium

**How to Use Oils Instead of Solid Fats:**
- Dip your whole-wheat bread in olive oil instead of spreading on butter
- Choose an oil-based salad dressing instead of cream-based

What *Shift* Will You Make Today?

Want to learn more about shifts and how to find a healthy eating pattern that works for your family? Check out [ChooseMyPlate.gov](http://ChooseMyPlate.gov), which has more information from the *Dietary Guidelines*, online tools, recipes, and more.
Le tenemos buenas noticias: comer una alimentación más saludable no significa renunciar a todos los alimentos que le gustan. Tampoco tiene que ser confuso ni complicado. Las Pautas Alimentarias de 2015–2020 ofrecen una mejor estrategia: hacer cambios sencillos y saludables en los alimentos que come. Aquí le indicamos cómo hacerlo.

¿En qué consisten los cambios saludables?

Es muy sencillo. Cuando pueda, reemplace un alimento o un ingrediente por una opción más saludable. Por ejemplo, podría hacer lo siguiente:

- Cambiar la leche entera por leche semidescremada en el cereal del desayuno
- Cambiar la gaseosa con azúcares agregados por agua durante el almuerzo
- Cambiar la pasta con crema por una pasta con salsa más ligera y más verduras a la hora de la cena

¿Cómo le ayudarán esos cambios?

- Los patrones de alimentación saludables pueden prevenir enfermedades crónicas como la obesidad, las enfermedades del corazón, la presión arterial alta y la diabetes tipo 2.
- Elegir opciones más saludables no significa que tenga que cambiar todo el patrón de alimentación. Con el tiempo será más fácil acostumbrarse a los cambios. Usted solo está haciendo modificaciones sencillas en la forma en que come.

Haga cambios a lo largo del día

Usted tiene la oportunidad de tomar una decisión más saludable cada vez que:

- Abre el refrigerador para sacar un bocadillo
- Va de compras al mercado
- Se detiene frente a la máquina expendedora de alimentos
- Prepara un almuerzo para llevar
- Mira el menú de un restaurante
- Cocina una de sus recetas favoritas

Aproveche estas oportunidades cotidianas para hacer un cambio. Todo lo que usted come y toma importa. Con el tiempo, los cambios sencillos que haga en los alimentos y bebidas que elige pueden representar grandes beneficios para su salud.
Ensaye estos cambios

Las Pautas Alimentarias contienen recomendaciones clave para que todos mejoremos nuestros patrones de alimentación. Los siguientes cambios saludables le ayudarán a ir por el camino correcto.

Cómo comer más granos integrales:
- Elija pan de trigo integral en vez de pan blanco
- Coma palomitas de maíz a la hora de la merienda en vez de papas fritas (pero no les agregue mantequilla)

Cómo consumir menos grasas saturadas:
- Coma pescado o mariscos dos veces por semana a la hora de la cena en vez de cortes grasosos de carne
- Cuando esté preparando chile o cocido, disminuya la cantidad de carne y agregue más frijoles y verduras

Cómo consumir menos azúcares agregados:
- Deles a sus niños jugo puro de frutas o agua en vez de ponche de frutas
- Haga un batido casero de frutas en vez de helado

Cómo consumir menos sodio (sal):
- Elija frutos secos (como nueces, almendras y pistachos) que no contengan sal
- Elija sopas enlatadas con poco sodio en vez de sopas enlatadas corrientes

Cómo utilizar aceites en vez de grasas sólidas:
- Moje el pan de trigo integral en aceite de oliva en vez de untarlo de mantequilla
- Elija un aderezo para ensalada que contenga aceite en vez de crema

¿Qué cambio hará usted hoy?

¿Quiere aprender más acerca de los cambios que puede hacer y de cómo hallar un patrón de alimentación saludable que dé resultado para su familia? Visite el sitio web de ChooseMyPlate.gov, que contiene más información sobre las Pautas Alimentarias, así como recursos por Internet, recetas y mucho más.
What’s in a Healthy Eating Pattern?

The 2015–2020 Dietary Guidelines has recommendations for a healthy eating pattern.

For someone who needs 2,000 calories a day, a healthy eating pattern includes:

- **Fruits**, especially whole fruits: 2 cups
- **A variety of vegetables** — dark green, red and orange, starchy, legumes (beans and peas), and other vegetables: 2½ cups
- **Fat-free or low-fat dairy**, including milk, yogurt, cheese, and/or fortified soy beverages: 3 cups
- **Grains**, at least half of which are whole grains: 6 ounces
- **A variety of protein foods**, including seafood, lean meats and poultry, eggs, legumes (beans and peas), soy products, and nuts and seeds: 5½ ounces
- **Oils**, like canola and olive oil or foods that are sources of oils, like nuts and avocados: 5 teaspoons

And it has limits on:

- **Saturated and trans fats** — limit saturated fats to less than 10% of daily calories and keep trans fat intake as low as possible
- **Added sugars** — limit to less than 10% of daily calories
- **Sodium** — limit to less than 2,300 mg a day for adults and children 14 years and up (less for younger children)

A variety of meals and snacks can fit within healthy eating patterns. Many meals have several food groups within one dish. Check out these examples.

**Taco salad**
- ½ cup avocado
- 1 tsp lime juice
- 1 cup chopped lettuce
- 2 Tbsp salsa
- 2 ounces tortilla chips

**Tofu-vegetable stir-fry**
- ¼ cup pineapple
- ½ cup chopped Chinese cabbage
- ¼ cup sliced bamboo shoots
- ¼ cup chopped sweet red and green peppers
- 1 cup cooked brown rice (2 ounces dry)

**Tuna salad sandwich**
- 1 medium peach
- 1 Tbsp chopped celery
- ½ cup shredded lettuce
- 2 ounces canned tuna
- 1 Tbsp mayonnaise
¿Qué hay en un patrón de alimentación saludable?

Las Pautas Alimentarias de 2015-2020 contienen recomendaciones respecto a un patrón de alimentación saludable.

Para una persona que necesita 2000 calorías diarias, un patrón de alimentación saludable contiene:

**Frutas**, especialmente frutas sin procesar
- 2 tazas

**Una variedad de verduras** de color verde oscuro, rojo y naranja, hortalizas ricas en almidón, legumbres (frijoles y arvejas) y otras verduras
- 2.5 tazas

**Productos lácteos descremados o semidescremados**, entre ellos, la leche, el yogur, el queso y las bebidas enriquecidas de soya
- 3 tazas

**Granos**, de los cuales por lo menos la mitad deben ser granos integrales
- 6 onzas

**Una variedad de alimentos que contengan proteínas**, como pescado, mariscos, carnes magras, carne de aves, huevos, legumbres (frijoles y arvejas), productos derivados de la soya, frutos secos y semillas
- 5.5 onzas

**Aceites**, como el aceite de oliva y de colza (canola), o alimentos que contengan aceites, como los frutos secos y el aguacate
- 5 cucharaditas

En el patrón hay restricciones en cuanto a la cantidad de estas sustancias:

**Grasas saturadas y trans**: limitar las grasas saturadas a menos del 10 % de las calorías diarias. El consumo de grasas trans debe ser lo más bajo posible

**Azúcares agregados**: limitarlos a menos del 10 % de las calorías diarias

**Sodio**: consumir menos de 2300 mg diarios (esta es la pauta para adultos y niños de 14 años en adelante; los niños más pequeños deben consumir menos sodio)

Gran variedad de alimentos y meriendas pueden adaptarse a los patrones de alimentación saludable. Muchas comidas contienen varios grupos de alimentos en un plato. Fíjese en estos ejemplos.

**Ensalada de taco (pavo con totopos)**
- ½ taza de aguacate y 1 cucharadita de jugo de limón agrio (frutas)
- 2 onzas de totopos (granos)
- 1 taza de pavo molido y cocido (proteínas)
- 2 cucharaditas de aceite de maíz para cocinar el pavo (aceites)

**Salteado de tofu con verduras**
- ¼ de taza de piña (frutas)
- ½ taza de repollo chino picado; ¼ de taza de brotes de bambú cortados en rodajas; y ¼ de taza de pimiento dulce verde y rojo picado (verduras)
- 4 onzas de tofu firme (proteínas)
- 1 taza de arroz integral cocido (2 onzas de arroz seco) (granos)

**Sándwich de ensalada de atún**
- 1 durazno o melocotón mediano (frutas)
- 1 taza de leche descremada (productos lácteos)
- 2 tajadas de pan de trigo integral (granos)
- 1 taza de aceite de colza (canola) para el salteado (aceites)

As a health care provider, you know that helping your patients or clients make healthier food choices is essential. Written for health professionals like you, the 2015-2020 Dietary Guidelines for Americans makes your job easier—with clear, evidence-based nutrition guidance you can trust.

The 2015-2020 Dietary Guidelines focuses on overall eating patterns—and how making healthy choices over time can have lasting health benefits. This guide can help you share the recommendations from the 2015-2020 Dietary Guidelines with your patients or clients. Help inspire them to adopt healthier eating patterns.

Get the Conversation Started

When talking about healthy eating and the Dietary Guidelines, keep the conversation positive and encouraging. Try these friendly conversation starters.

**What’s your family’s favorite dinner?**
Meet your patients or clients where they are. Once you have an idea how they’re eating now, you can make suggestions for shifts and substitutions recommended in the Dietary Guidelines—ways to adapt their favorite dishes to make them healthier.

**Who does the grocery shopping in your home? Who cooks?**
Find out what they’re buying and how much they’re cooking. You might be able to make suggestions for new foods to try, or goals for cooking at home more often.

**What are some of your family’s favorite food routines & traditions?**
Are patients or clients sharing family meals each night or eating separately? Talk about how healthy eating patterns are adaptable to any traditions or customs.

**When you’re thirsty, what kind of drink do you reach for?**
Almost 50% of added sugars in the American diet comes from sodas, fruit drinks, and other sweetened beverages. See if you can steer them toward healthier options, like water.

**Does eating healthier seem hard or unrealistic?**
If there are barriers, find out what they are and suggest some workarounds. Read more on Page 3.
Make Healthy Eating Seem Doable—Emphasize the Benefits

People may avoid changing their eating patterns because it feels overwhelming. Share these messages with your patients and clients to frame healthy changes in the Dietary Guidelines as small, manageable steps.

- **Eating healthier doesn’t mean drastic changes for a family’s eating plan.** Healthy eating isn’t all or nothing. People can eat healthier and still enjoy the foods they love. The key is to make some small changes and healthy shifts.

- **There’s no one “right” way to eat.** The Dietary Guidelines shows that there are lots of different paths to healthy eating. Anyone can find a healthy eating pattern that fits with their family’s preferences, traditions, culture, and budget.

- **Healthy eating is one of the most powerful tools we have to prevent or delay disease.** It can help keep people healthy and active as they get older—giving them more time to spend with their families and do the activities they enjoy.

Use this graphic to help your patients and clients understand the basics of a healthy eating pattern.

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**What’s in a Healthy Eating Pattern?**

The 2015–2020 Dietary Guidelines has basic recommendations for a healthy eating pattern. It includes foods like:

- **Fruits**, especially whole fruits
- **Grains**, at least half of which are whole grains
- **A variety of vegetables**—dark green, red and orange, legumes (beans and peas), starchy, and other vegetables
- **A variety of protein foods**, including seafood, lean meats and poultry, eggs, legumes (beans and peas), soy products, and nuts and seeds
- **Fat-free or low-fat dairy**, including milk, yogurt, cheese, and/or fortified soy beverages
- **Oils**, including those from plants (such as canola, corn, olive, peanut, safflower, soybean, and sunflower) and in foods (such as nuts, seeds, seafood, olives, and avocados)

And it has limits on:

- **Saturated & trans fats**—limit saturated fats to less than 10% of daily calories and keep trans fat intake as low as possible
- **Added sugars**—limit to less than 10% of daily calories
- **Sodium**—limit to less than 2,300 mg a day (for adults and children 14 years and older)
- **Alcohol**—limit to no more than 1 drink per day for women and no more than 2 per day for men
Be Ready for Resistance

Your patients or clients may have valid reasons for why healthy eating is difficult. Here are some ways to get past common barriers.

They say: “I can’t afford healthy foods.”

Explain that healthy eating is for everyone—regardless of income or household budget. For example, if fresh vegetables seem too expensive, suggest frozen or canned—just make sure they check the sodium content.

They say: “I don’t have the time to cook healthy meals.”

Suggest cooking a healthy dinner just once a week—that’s a great first step. Or have them cook meals in batches on the weekend, so they can heat up dinners during the week.

They say: “My kids won’t eat anything healthy.”

Point out that this is a common problem, but offer suggestions—like having kids help pick out a few healthy options at the grocery store and pitch in when cooking.

They say: “I don’t listen to the experts—they keep changing their minds about which foods are healthy and which aren’t.”

Acknowledge that changes in guidance can be confusing, but emphasize that the basic core recommendations in the Dietary Guidelines have stayed largely consistent over the years. People can trust the Dietary Guidelines—they’re based on the body of the best nutrition evidence we have.

Tips for Successful Conversations

Some people may feel judged or criticized when you bring up healthy eating. Use these techniques to prevent that from happening.

• Emphasize that you’re on the same side. The two of you are working together to solve a problem. You’re not trying to criticize or lecture.

• Celebrate successes. If your patient makes steps toward healthier eating, cheer them on. If you notice any benefits—like a lower weight or improved blood pressure—link these changes to their improved diet.

• Have empathy. Changing behavior is hard—especially when it comes to food. The important thing is to encourage your patients and clients to keep trying. Try offering personal examples of how you overcome challenges to make healthy changes.

Take the Next Step

These are just a few topics you can broach with your patients or clients—there’s a lot more in the Dietary Guidelines to learn about and discuss.

• Go to health.gov/dietaryguidelines to see the Recommendations At-A-Glance, the complete 2015-2020 Dietary Guidelines document, and handouts that you can share with your patients or clients.

• Refer your patients or clients to ChooseMyPlate.gov, where they can learn more about the Dietary Guidelines and get practical advice, recipes, and more.
Health Care Providers: Talk to Your Patients About Physical Activity

As a health care provider, you know it’s important to help your patients get more physical activity. But it can be challenging to motivate patients in the short time you spend together.

The second edition of the Physical Activity Guidelines for Americans offers evidence-based physical activity guidance that can make your job easier. Share the recommendations with your patients and inspire them to get more active.

**Start the conversation.**

When you bring up physical activity with your patients, it helps to keep the tone friendly and encouraging. Try these quick conversation starters.

**How much physical activity do you get in an average week?**
Meet your patients where they are. Once you have an idea of their current activity level, you can suggest small changes to help them get more active.

**What are some things your family likes to do together?**
Does family time mean watching TV on the couch? Offer tips for getting the whole family more active, like turning commercials into family fitness breaks.

**Are there activities you’d like to be able to do?**
Do your patients want to run a 5K? Climb stairs more easily? Pick up grandkids without pain? Knowing their motivations can help you work together to set achievable goals.
Recommend the right dose of activity.

You can tailor these recommendations for children and adults to match your patients’ specific needs, interests, and abilities.

**Adults**

**Moderate-intensity aerobic activity**
Anything that gets their heart beating faster counts.

- at least 150 minutes a week

**Muscle-strengthening activity**
Activities that make their muscles work harder than usual count.

- at least 2 days a week

*If they prefer vigorous-intensity aerobic activity (like running), they can aim for at least 75 minutes a week.

Older adults, pregnant women, and people with a disability or injury need the same amount. But if they can't do 150, encourage them to move as much as they can.

**Kids and teens ages 6 to 17**

**Encourage them to aim for at least 60 minutes every day.**
Most of it can be moderate-intensity aerobic activity. At least 3 days a week, encourage them to step it up to vigorous intensity.

**As part of their daily 60 minutes, kids and teens also need:**

**Muscle-strengthening activity**
- at least 3 days a week

Anything that makes their muscles work harder counts — like climbing or swinging on the monkey bars.

**Bone-strengthening activity**
- at least 3 days a week

Bones need pressure to get stronger. Running, jumping, and other weight-bearing activities all count.
Be ready to address barriers.

Changing behavior is hard. And fitting in regular physical activity can be a struggle for all of us. Find out what’s holding your patients back and talk about possible solutions. These strategies can help your patients find ways to overcome common barriers.

Focus on the benefits.

The long-term benefits of physical activity are huge, but patients have heard them all before. Sharing messages about the lesser-known immediate benefits can help spark their interest.

Physical activity can make daily life better.

- Improves mood, focus, and sleep
- Helps you feel more energized, calm, and confident
- Makes it easier to do everyday activities, like carrying groceries and playing with kids

Make it a prescription.

To really drive the message home, frame the recommended dose of physical activity as a prescription. Your patients may take it more seriously.

“I’m just too busy for physical activity.”

If they’re short on time, could they start with just a few minutes? Even that amount has health benefits, and some activity is always better than none. Suggest taking the stairs at work, parking farther away when shopping, or taking a quick walk after dinner.

“I’m too tired to exercise.”

It may sound counterintuitive to your patients, but getting more physical activity can actually boost energy and help them feel less tired. Encourage manageable changes to daily routines and help them set goals to add more activity gradually over time.
Find resources for your patients.

This fact sheet is just for providers, but the Move Your Way campaign has lots of tools and materials you can share with patients:

- Fact sheets for adults, older adults, parents, and kids: [health.gov/PAGuidelines/MoveYourWay/#factsheets](health.gov/PAGuidelines/MoveYourWay/#factsheets)
- Activity planner for adults to set personalized activity goals: [health.gov/MoveYourWay/Activity-Planner](health.gov/MoveYourWay/Activity-Planner)
- Interactive graphic for parents to help their kids get more physical activity: [health.gov/MoveYourWay/Get-Kids-Active](health.gov/MoveYourWay/Get-Kids-Active)

And you can display these posters [health.gov/PAGuidelines/MoveYourWay/#posters](health.gov/PAGuidelines/MoveYourWay/#posters) in your office so patients get the message about physical activity every time they visit.
Initial Health Assessment (IHA)
The IHA is a comprehensive assessment that is completed during the Member’s initial encounter with a Primary Care Physician (PCP), appropriate medical specialist or non-physician medical Provider, and must be documented in the Member’s medical record. The IHA enables the Member’s PCP to assess and manage the acute, chronic and preventive health needs of the Member.

IEHP provides PCPs a monthly detailed Member roster on the IEHP Secure Provider Portal for all newly enrolled IEHP Members who are due for an IHA within 120 days of enrollment.

**Measure Description:** Eligible population is newly assigned Members with IEHP. IHA must be provided within 120 days of enrollment (e.g., Member enrolled in December of the measurement year must be seen by April of the following year and PCP must submit encounter by May of the same year). IHA must be provided within 60 days of enrollment for children under the age of 18 months per IEHP policy.

**Best Practice Guidelines**

- Complete IHA components
  - Behavioral history – review of pertinent health-related behaviors including smoking, alcohol and drug use, exercise, etc.
  - Review of past medical and social history.
  - Review of systems – review of signs and symptoms related to all major organ systems.
  - Review of current medication use.
  - Review of preventive services – review of status of Member in terms of needed preventive services (e.g., immunizations, cervical cancer screening). The needed preventive services should either be provided on the day the IHA is performed or additional visits scheduled to provide them.
  - Physical exam (including mental status) sufficient to assess the Member’s acute, chronic, preventive health needs, and psychosocial needs.
  - Diagnostic tests – ordering of appropriate diagnostic tests, as needed.
  - Development of Problem List and Medication List, if appropriate.
  - Administering the “Staying Healthy Assessment” forms to Members.
- Refer to DHCS guidelines/Policy letter 13-001.
- Refer to IEHP policy MC_09A.
- Refer to your Facility/Medical Record Site Review Educational binder.
- Providers can access the IEHP Secure Provider Portal for the current list of Members eligible for IHA.
- “Staying Healthy Assessment” forms are included in English and Spanish under Provider resources. Digital versions and additional languages of the form can be obtained from the DHCS website.
- The IHA measure follows IEHP’s IHA internal compliance monitoring methodology and is not a HEDIS measure.
How to Maximize Your Global Quality P4P Incentive

• Use IEHP roster list to identify Members in need of an IHA (available on the IEHP Secure Provider Portal).
• Ensure appropriate coding is submitted in a timely fashion through your billing system.
• For wellness visits that cannot be submitted through the routine encounter/claims process, please submit the medical record and complete the Historical Supplemental Data Form included in the General Resources section of this guide.

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

References

### Initial Health Assessments Standards

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<td>The IHA (H&amp;P and IHEBA) enables the PCP to assess current acute, chronic and preventive needs and to identify those Members whose health needs require coordinated services with appropriate community resources/other agencies not covered by the Plan.</td>
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<td><strong>1. History and physical (H&amp;P)</strong></td>
<td><strong>New members:</strong> An H&amp;P is completed within 120 days of the effective date of enrollment into the Plan, or documented within the 12 months prior to Plan enrollment. An IHA must be completed within 60 days of the effective date of enrollment for Members less than 18 months old. The H&amp;P is sufficiently comprehensive to assess and diagnose acute and chronic conditions, which may include: history of present illness, past medical and social history, and review of organ systems. If an H&amp;P is not found in the medical record, the reasons (e.g., member/parent refusal, missed appointment) and contact attempts to reschedule are documented.</td>
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<td><strong>2. Individual Health Education Behavioral Assessment (IHEBA)</strong></td>
<td><strong>New members:</strong> An age-appropriate IHEBA (“Staying Healthy” or other DHCS-approved tool) is completed by the member or parent/guardian within 120 days of the effective date of enrollment into the Plan, or within the 12 months prior to Plan enrollment. Staff may assist. The IHEBA has evidence of practitioner review such as signature/initials, and dates and intervention codes, which may be documented on the IHEBA form, in progress notes, or other areas of the paper or electronic medical record system. If an initial IHEBA is not found in the medical record, the reasons (e.g., member/parent refusal, missed appointment) and contact attempts to reschedule are documented.</td>
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<td><strong>1. History and physical (H&amp;P)</strong></td>
<td><strong>New members:</strong> An H&amp;P is completed within 120 days of the effective date of enrollment into the Plan, or documented within the 12 months prior to Plan enrollment. The H&amp;P is sufficiently comprehensive to assess and diagnose acute and chronic conditions, which may include: history of present illness, past medical and social history, and review of organ systems. If an H&amp;P is not found in the medical record, the reasons (e.g., member’s refusal, missed appointment) and contact attempts to reschedule are documented.</td>
</tr>
<tr>
<td><strong>2. Individual Health Education Behavioral Assessment (IHEBA)</strong></td>
<td><strong>New members:</strong> An age-appropriate IHEBA (“Staying Healthy” or other DHCS-approved tool) is completed by the member within 120 days of the effective date of enrollment into the Plan, or within the 12 months prior to Plan enrollment. Staff may assist. The IHEBA has evidence of practitioner review such as signature/initials, and dates and intervention codes, which may be documented on the IHEBA form, in progress notes, or other areas of the paper or electronic medical record system. If an initial IHEBA is not found in the medical record, the reasons (e.g., member’s refusal, missed appointment) and contact attempts to reschedule are documented.</td>
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# Staying Healthy Assessment
## 0 – 6 Months

<table>
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<tr>
<th>Child's Name (first &amp; last)</th>
<th>Date of Birth</th>
<th>☐ Female ☐ Male</th>
<th>Today's Date</th>
<th>In Child/Day Care? ☐ Yes ☐ No</th>
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<tbody>
<tr>
<td>Person Completing Form</td>
<td>☐ Parent ☐ Relative ☐ Friend ☐ Guardian ☐ Other (Specify)</td>
<td>Need Help with Form? ☐ Yes ☐ No</td>
<td></td>
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Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

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<th>Need Interpreter? ☐ Yes ☐ No</th>
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### Nutrition

1. Do you breastfeed your baby? Yes ☐ No ☐ Skip

2. Are you concerned about your baby’s weight? No ☐ Yes ☐ Skip

### Physical Activity

3. Does your baby watch any TV? No ☐ Yes ☐ Skip

4. Does your home have a working smoke detector? Yes ☐ No ☐ Skip

### Safety

5. Have you turned your water temperature down to low-warm (less than 120 degrees)? Yes ☐ No ☐ Skip

6. If your home has more than one floor, do you have safety guards on the windows and gates for the stairs? Yes ☐ No ☐ Skip

7. Does your home have cleaning supplies, medicines, and matches locked away? Yes ☐ No ☐ Skip

8. Does your home have the phone number of the Poison Control Center (800-222-1222) posted by your phone? Yes ☐ No ☐ Skip

9. Do you always put your baby to sleep on her/his back? Yes ☐ No ☐ Skip

10. Do you always stay with your baby when she/he is in the bathtub? Yes ☐ No ☐ Skip
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
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<th>No</th>
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<tr>
<td>11</td>
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<tr>
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<td>Is the car seat you use the right one for the age and size of your baby?</td>
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<td>13</td>
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<td>No</td>
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<td>Do you give your baby a bottle with anything except formula, breast milk, or water?</td>
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<td>Skip</td>
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<td>16</td>
<td>Do you have any other questions or concerns about your baby’s health, development, or behavior?</td>
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*If yes, please describe:*

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- [ ] Patient Declined the SHA

PCP’s Signature: ___________   Print Name: ___________   Date: ___________
# Staying Healthy Assessment

## 7 – 12 Months

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<td>6. Have you turned your water temperature down to low-warm (less than 120 degrees)?</td>
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<td>7. If your home has more than one floor, do you have safety guards on the windows and gates for the stairs?</td>
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<td>9. Does your home have the phone number of the Poison Control Center (800-222-1222) posted by your phone?</td>
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Patient Declined the SHA

PCP's Signature: Print Name: Date:
# Staying Healthy Assessment

## 1 - 2 Years

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<tr>
<th>Question</th>
<th>Response Options</th>
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<th>Clinic Use Only: Physical Activity</th>
<th>Clinic Use Only: Safety</th>
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<td>Does your child eat fruits and vegetables at least two times per day?</td>
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<td>Does your child eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week?</td>
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15. Do you always stay with your child when she/he is in the bathtub?  
   - Yes  - No  - Skip

16. Do you always place your child in a rear facing car seat in the back seat?  
   - Yes  - No  - Skip

17. Is the car seat you use the right one for the age and size of your child?  
   - Yes  - No  - Skip

18. Do you always check for children before backing your car out?  
   - Yes  - No  - Skip

19. Does your child spend time near a swimming pool, river, or lake?  
   - No  - Yes  - Skip

20. Does your child spend time in a home where a gun is kept?  
   - No  - Yes  - Skip

21. Does your child always wear a helmet when riding a bike, skateboard, or scooter?  
   - Yes  - No  - Skip

22. Do you help your child brush and floss her/his teeth daily?  
   - Yes  - No  - Skip

23. Does your child spend time with anyone who smokes?  
   - No  - Yes  - Skip

24. Do you have any other questions or concerns about your child’s health, development or behavior?  
   - No  - Yes  - Skip

*If yes, please describe:*

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☐ Patient Declined the SHA

PCP's Signature: ___________________________  Print Name: ___________________________  Date: ___________________________

SHA ANNUAL REVIEW

PCP's Signature: ___________________________  Print Name: ___________________________  Date: ___________________________
# Staying Healthy Assessment

## 3 – 4 Years

<table>
<thead>
<tr>
<th>Child's Name (first &amp; last)</th>
<th>Date of Birth</th>
<th>□ Female</th>
<th>□ Male</th>
<th>Today's Date</th>
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<td>Other (Specify)</td>
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**Please answer all the questions on this form as best you can. Circle “Skip” if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.**

### Nutrition

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<td>6. Does your child play actively most days of the week?</td>
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### Safety

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<td>9. Does your home have a working smoke detector?</td>
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<td>Safety</td>
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<tr>
<td>Dental Health</td>
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<tr>
<td>Tobacco Exposure</td>
<td></td>
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</tr>
</tbody>
</table>

- **Patient Declined the SHA**

PCP's Signature  Print Name:  Date:

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### SHA ANNUAL REVIEW

PCP's Signature  Print Name:  Date:

PCP's Signature  Print Name:  Date:
# Staying Healthy Assessment

## 5 – 8 Years

<table>
<thead>
<tr>
<th>Child's Name (first &amp; last)</th>
<th>Date of Birth</th>
<th>Female</th>
<th>Male</th>
<th>Today's Date</th>
<th>Grade in School?</th>
<th>Person Completing Form</th>
<th>School Attendance Regular?</th>
<th>Need Interpreter?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Parent</td>
<td>Relative</td>
<td>Friend</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your child drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>2. Does your child eat fruits and vegetables at least two times per day?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>3. Does your child eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>4. Does your child drink more than one small cup (4 - 6 oz.) of juice per day?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>5. Does your child drink soda, juice drinks, sports drinks, energy drinks, or other sweetened drinks more than once per week?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>6. Does your child exercise or play sports most days of the week?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>7. Are you concerned about your child’s weight?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
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<tr>
<td>8. Does your child watch TV or play video games less than 2 hours per day?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>9. Does your home have a working smoke detector?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>10. Have you turned your water temperature down to low-warm (less than 120 degrees)?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>11. Does your home have the phone number of the Poison Control Center (800-222-1222) posted by your phone?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>12. Do you always place your child in a booster seat in the back seat (or use a seat belt if your child is over 4’9’’)?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>13. Does your child spend time near a swimming pool, river, or lake?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>14. Does your child spend time in a home where a gun is kept?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>
15 Does your child spend time with anyone who carries a gun, knife, or other weapon?  

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
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</tr>
</thead>
</table>

16 Does your child always wear a helmet when riding a bike, skateboard, or scooter?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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17 Has your child ever witnessed or been victim of abuse or violence?  

<table>
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<tr>
<th></th>
<th>No</th>
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18 Has your child been hit or hit someone in the past year?  

<table>
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<tr>
<th></th>
<th>No</th>
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19 Has your child ever been bullied or felt unsafe at school or in your neighborhood (or been cyber-bullied)?  

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<tr>
<th></th>
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</tr>
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</table>

20 Does your child brush and floss her/his teeth daily?  

<table>
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<tr>
<th></th>
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<th>Skip</th>
</tr>
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</table>

21 Does your child often seem sad or depressed?  

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Skip</th>
</tr>
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</table>

22 Does your child spend time with anyone who smokes?  

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Skip</th>
</tr>
</thead>
</table>

23 Do you have any other questions or concerns about your child’s health or behavior?  

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Skip</th>
</tr>
</thead>
</table>

*If yes, please describe:*

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### Clinic Use Only

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- **Patient Declined the SHA**

---

### SHA ANNUAL REVIEW

- **PCP's Signature**
- **Print Name:**
- **Date:**

- **PCP's Signature**
- **Print Name:**
- **Date:**

- **PCP's Signature**
- **Print Name:**
- **Date:**

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DHCS 7098 E (Rev 12/13) SHA (5 – 8 Years) Page 2 of 2
# Staying Healthy Assessment

## 9 – 11 Years

<table>
<thead>
<tr>
<th>Child’s Name (first &amp; last)</th>
<th>Date of Birth</th>
<th>Female</th>
<th>Male</th>
<th>Today’s Date</th>
<th>Grade in School:</th>
<th>Person Completing Form</th>
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<th>Need Interpreter?</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td>□ Parent □ Relative □ Friend □ Guardian □ Other (Specify)</td>
<td>Regular? Yes No</td>
<td>Yes No Skip</td>
<td>Yes No Skip</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

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

<p>| | | | | | | | | | | | |</p>
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<tbody>
<tr>
<td>1</td>
<td>Does your child drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>Does your child eat fruits and vegetables at least two times per day?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
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<td>Does your child eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week?</td>
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<td>Yes</td>
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<tr>
<td>4</td>
<td>Does your child drink more than one cup (8 oz.) of juice per day?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
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<td></td>
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<tr>
<td>5</td>
<td>Does your child drink soda, juice drinks, sports drinks, energy drinks, or other sweetened drinks more than once per week?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
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</tr>
<tr>
<td>6</td>
<td>Does your child exercise or play sports most days of the week?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
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<tr>
<td>7</td>
<td>Are you concerned about your child’s weight?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
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<td>8</td>
<td>Does your child watch TV or play video games less than 2 hours per day?</td>
<td>Yes</td>
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<tr>
<td>9</td>
<td>Does your home have a working smoke detector?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
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<tr>
<td>10</td>
<td>Does your home have the phone number of the Poison Control Center (800-222-1222) posted by your phone?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
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<tr>
<td>11</td>
<td>Do your child always use a seat belt in the back seat (or use a booster seat if under 4’9’’)?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
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<tr>
<td>12</td>
<td>Does your child spend time near a swimming pool, river, or lake?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
<td></td>
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<td>13</td>
<td>Does your child spend time in a home where a gun is kept?</td>
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<td>14</td>
<td>Does your child spend time with anyone who carries a gun, knife, or other weapon?</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>15</td>
<td>Does your child always wear a helmet when riding a bike, skateboard, or scooter?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
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<td>Has your child ever witnessed or been a victim of abuse or violence?</td>
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<td>Yes</td>
<td>Skip</td>
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</tr>
<tr>
<td>Has your child been hit or has your child hit someone in the past year?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
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<td></td>
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<td>Has your child ever been bullied, felt unsafe at school or in your neighborhood (or been cyber-bullied)?</td>
<td>No</td>
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</tr>
<tr>
<td>Does your child brush and floss her/his teeth daily?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
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<td>Does your child spend time with anyone who smokes?</td>
<td>No</td>
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<td></td>
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</tr>
<tr>
<td>Has your child ever smoked cigarettes or chewed tobacco?</td>
<td>No</td>
<td>Yes</td>
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</tr>
<tr>
<td>Are you concerned your child may be using drugs or sniffing substances, such as glue, to get high?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
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<td></td>
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</tr>
<tr>
<td>Are you concerned that your child may be drinking alcohol, such as beer, wine, wine coolers, or liquor?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
<td></td>
<td></td>
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<tr>
<td>Does your child have friends or family members who have a problem with drugs or alcohol?</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Has your child started dating or “going out” with boyfriends or girlfriends?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
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<tr>
<td>Do you think your child might be sexually active?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
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<td></td>
</tr>
<tr>
<td>Do you have any other questions or concerns about your child’s health or behavior?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
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<td></td>
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*If yes, please describe:*

### Clinic Use Only

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<td>Alcohol, Tobacco, Drug Use</td>
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<td>Sexual Issues</td>
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☐ Patient Declined the SHA

PCP's Signature: ___________________________  Print Name: ___________________________  Date: __________

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SHA ANNUAL REVIEW

PCP's Signature: ___________________________  Print Name: ___________________________  Date: __________

PCP's Signature: ___________________________  Print Name: ___________________________  Date: __________
# Staying Healthy Assessment

## 12 – 17 Years

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<thead>
<tr>
<th>Name (first &amp; last)</th>
<th>Date of Birth</th>
<th>☐ Female ☐ Male</th>
<th>Today's Date</th>
<th>Grade in School:</th>
<th>Person Completing Form</th>
<th>☐ Parent ☐ Relative ☐ Friend ☐ Guardian ☐ Other (Specify)</th>
<th>School Attendance</th>
<th>Regular? ☐ Yes ☐ No</th>
<th>Need Interpreter?</th>
<th>☐ Yes ☐ No</th>
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<th>Question</th>
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<th>No</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>2. Do you eat fruits and vegetables at least 2 times per day?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>3. Do you eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week?</td>
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</tr>
<tr>
<td>4. Do you drink more than 12 oz. (1 soda can) per day of juice drink, sports drink, energy drink, or sweetened coffee drink?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>5. Do you exercise or play sports most days of the week?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>6. Are you concerned about your weight?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>7. Do you watch TV or play video games less than 2 hours per day?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>8. Does your home have a working smoke detector?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>9. Does your home have the phone number of the Poison Control Center (800-222-1222) posted by your phone?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>10. Do you always wear a seatbelt when riding in a car?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>11. Do you spend time in a home where a gun is kept?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>12. Do you spend time with anyone who carries a gun, knife, or other weapon?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>13. Do you always wear a helmet when riding a bike, skateboard, or scooter?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>14. Have you ever witnessed abuse or violence?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>15. Have you been hit, slapped, kicked, or physically hurt by someone (or have you hurt someone) in the past year?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>16. Have you ever been bullied or felt unsafe at school or in your neighborhood (or been cyber-bullied)?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>17. Do you brush and floss your teeth daily?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>18. Do you often feel sad, down, or hopeless?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>19. Do you spend time with anyone who smokes?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>20. Do you smoke cigarettes or chew tobacco?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>21. Do you use or sniff any substance to get high, such as marijuana, cocaine, crack, Methamphetamine (meth), ecstasy, etc.?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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<td>------</td>
</tr>
<tr>
<td>22. Do you use medicines not prescribed for you?</td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>23. Do you drink alcohol once a week or more?</td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>24. If you drink alcohol, do you drink enough to get drunk or pass out?</td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>25. Do you have friends or family members who have a problem with drugs or alcohol?</td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>26. Do you drive a car after drinking, or ride in a car driven by someone who has been drinking or using drugs?</td>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Your answers about sex and family planning cannot be shared with anyone, including your parents, without your permission.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Have you ever been forced or pressured to have sex?</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>28. Have you ever had sex (oral, vaginal, or anal)? If no, skip to question 35.</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>29. Do you think you or your partner could have a sexually transmitted infection (STI), such as Chlamydia, Gonorrhea, genital warts, etc.?</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>30. Have you or your partner(s) had sex with other people in the past year?</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>31. Have you or your partner(s) had sex without using birth control in the past year?</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>32. The last time you had sex, did you use birth control?</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>33. Have you or your partner(s) had sex without a condom in the past year?</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>34. Did you or your partner use a condom the last time you had sex?</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>35. Do you have any questions about your sexual orientation (who you are attracted to) or gender identity (how you feel as a boy, girl, or other gender)?</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>36. Do you have any other questions or concerns about your health?</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If yes, please describe:

**Clinic Use Only**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Counselled</th>
<th>Referred</th>
<th>Anticipatory Guidance</th>
<th>Follow-up Ordered</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td></td>
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<tr>
<td>Physical activity</td>
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<tr>
<td>Safety</td>
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<tr>
<td>Dental Health</td>
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<tr>
<td>Alcohol, Tobacco, Drug Use</td>
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<tr>
<td>Sexual Issues</td>
<td></td>
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</tbody>
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Patient Declined the SHA

**SHA ANNUAL REVIEW**

PCP’s Signature: ____________________________  Print Name: ____________________________  Date: ____________________________

PCP’s Signature: ____________________________  Print Name: ____________________________  Date: ____________________________

PCP’s Signature: ____________________________  Print Name: ____________________________  Date: ____________________________

PCP’s Signature: ____________________________  Print Name: ____________________________  Date: ____________________________

PCP’s Signature: ____________________________  Print Name: ____________________________  Date: ____________________________
# Staying Healthy Assessment

## Adult

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you eat fruits and vegetables every day?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you limit the amount of fried food or fast food that you eat?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Are you easily able to get enough healthy food?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do you drink a soda, juice drink, sports or energy drink most days of the week?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Do you often eat too much or too little food?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7. Are you concerned about your weight?</td>
<td></td>
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<tr>
<td>8. Do you exercise or spend time doing activities, such as walking, gardening, swimming for ½ hour a day?</td>
<td></td>
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<tr>
<td>9. Do you feel safe where you live?</td>
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<tr>
<td>10. Have you had any car accidents lately?</td>
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<td>11. Have you been hit, slapped, kicked, or physically hurt by someone in the last year?</td>
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<td>12. Do you always wear a seat belt when driving or riding in a car?</td>
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<tr>
<td>13. Do you keep a gun in your house or place where you live?</td>
<td></td>
<td></td>
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<tr>
<td>14. Do you brush and floss your teeth daily?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>15. Do you often feel sad, hopeless, angry, or worried?</td>
<td></td>
<td></td>
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<tr>
<td>16. Do you often have trouble sleeping?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>17. Do you smoke or chew tobacco?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Do friends or family members smoke in your house or place where you live?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Notes

- **Nutrition**
- **Physical Activity**
- **Dental Health**
- **Mental Health**
- **Alcohol, Tobacco, Drug Use**

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

- **Clinic Use Only:**

- **Need Interpreter?**
  - Yes
  - No
<table>
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<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
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</tr>
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<tbody>
<tr>
<td>In the past year, have you had:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(men) 5 or more alcohol drinks in one day?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>(women) 4 or more alcohol drinks in one day?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Do you use any drugs or medicines to help you sleep, relax, calm down, feel better, or lose weight?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Do you think you or your partner could be pregnant?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Do you think you or your partner could have a sexually transmitted infection (STI), such as Chlamydia, Gonorrhea, genital warts, etc.?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Have you or your partner(s) had sex without using birth control in the past year?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Have you or your partner(s) had sex with other people in the past year?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Have you or your partner(s) had sex without a condom in the past year?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Have you ever been forced or pressured to have sex?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Do you have other questions or concerns about your health?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>

If yes, please describe:

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Patient Declined the SHA

PCP's Signature: ___________________________  Print Name: ___________________________  Date: ___________________________

**SHA ANNUAL REVIEW**

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PCP’s Signature: ___________________________  Print Name: ___________________________  Date: ___________________________
# Staying Healthy Assessment

## Senior

<table>
<thead>
<tr>
<th>Patient’s Name (first &amp; last)</th>
<th>Date of Birth</th>
<th>□ Female □ Male</th>
<th>Today’s Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Complementing Form (if patient needs help)</td>
<td>□ Family Member □ Friend □ Other (Specify)</td>
<td>Need help with form?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>2. Do you eat fruits and vegetables every day?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>3. Do you limit the amount of fried food or fast food that you eat?</td>
<td>Yes</td>
<td>No</td>
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<td>4. Are you easily able to get enough healthy food?</td>
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<td>No</td>
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<tr>
<td>5. Do you drink a soda, juice drink, sports or energy drink most days of the week?</td>
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<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>6. Do you often eat too much or too little food?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>7. Do you have difficulty chewing or swallowing?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>8. Are you concerned about your weight?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>9. Do you exercise or spend time doing activities, such as walking, gardening, or swimming for at least ½ hour a day?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>10. Do you feel safe where you live?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>11. Do you often have trouble keeping track of your medicines?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>12. Are family members or friends worried about your driving?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>13. Have you had any car accidents lately?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>14. Do you sometimes fall and hurt yourself, or is it hard to get up?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>15. Have you been hit, slapped, kicked, or physically hurt by someone in the past year?</td>
<td>No</td>
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<td>19. Do you often have trouble sleeping?</td>
<td>No</td>
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</tr>
<tr>
<td>20. Do you or others think that you are having trouble remembering things?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>

**Clinic Use Only:**

- Nutrition
- Physical Activity
- Safety
- Dental Health
- Mental Health
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</tr>
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<tbody>
<tr>
<td>21</td>
<td>Do you smoke or chew tobacco?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>22</td>
<td>Do friends or family members smoke in your house or where you live?</td>
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<td>Skip</td>
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<tr>
<td>23</td>
<td>In the past year, have you had 4 or more alcohol drinks in one day?</td>
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<td>Do you use any drugs or medicines to help you sleep, relax, calm down, feel better, or lose weight?</td>
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<td>25</td>
<td>Do you think you or your partner could have a sexually transmitted infection (STI), such as Chlamydia, Gonorrhea, genital warts, etc.?</td>
<td>No</td>
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<td>Skip</td>
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<tr>
<td>26</td>
<td>Have you or your partner(s) had sex with other people in the past year?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>27</td>
<td>Have you or your partner(s) had sex without a condom in the past year?</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>28</td>
<td>Have you ever been forced or pressured to have sex?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>29</td>
<td>Do you have someone to help you make decisions about your health and medical care?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>30</td>
<td>Do you need help bathing, eating, walking, dressing, or using the bathroom?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>31</td>
<td>Do you have someone to call when you need help in an emergency?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>32</td>
<td>Do you have other questions or concerns about your health?</td>
<td>No</td>
<td>Yes</td>
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<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td></td>
<td>Safety</td>
<td>Yes</td>
<td>No</td>
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</tr>
<tr>
<td></td>
<td>Dental Health</td>
<td>Yes</td>
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<tr>
<td></td>
<td>Mental Health</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td></td>
<td>Alcohol, Tobacco, Drug Use</td>
<td>Yes</td>
<td>No</td>
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</tr>
<tr>
<td></td>
<td>Sexual Issues</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td></td>
<td>Independent Living</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
</tbody>
</table>

**Comments:**

- **Patient Declined the SHA**

---

**DHCS 7098 I (Rev 12/13) SHA (Senior)**

---

Page 2 of 2
# Evaluación de Salud  
*(Staying Healthy Assessment)*  
0 – 6 meses *(0 – 6 Months)*

<table>
<thead>
<tr>
<th>Nombre del niño (primer nombre y apellido)</th>
<th>Fecha de nacimiento</th>
<th>Mujer</th>
<th>Fecha de hoy</th>
<th>¿Asiste a una guardería?</th>
<th>¿Necesita ayuda para completar el formulario?</th>
<th>Persona que completa el formulario</th>
<th>¿Necesita un intérprete?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Padre/madre</td>
<td></td>
</tr>
</tbody>
</table>

*Por favor intente responder todas las preguntas de este formulario lo mejor que pueda. Encierre en un círculo la palabra "Omitir" si no sabe la respuesta o no desea responder. Asegúrese de hablar con el médico si tiene preguntas sobre algún punto de este formulario. Sus respuestas estarán protegidas como parte de su expediente médico.*

### Nutrition

1. **¿Amamanta a su bebé?**
   - Breastfeeds baby?
   - Sí  Yes  No  Omitir

2. **¿Le preocupa el peso de su bebé?**
   - Concerned about baby’s weight?
   - Sí  Yes  No  Omitir

### Physical Activity

3. **¿Su bebé mira televisión?**
   - Baby watches any TV?
   - Sí  Yes  No  Omitir

### Safety

4. **En su hogar, ¿hay un detector de humo que funcione?**
   - Home has working smoke detector?
   - Sí  Yes  No  Omitir

5. **¿Ha cambiado la temperatura del agua a tibia (menos de 120 grados)?**
   - Water temperature turned down to low-warm?
   - Sí  Yes  No  Omitir

6. **Si en su hogar hay más de un piso, ¿tiene protección de seguridad en las ventanas y accesos a las escaleras?**
   - Safety guards on window and gates for stairs in multi-level home?
   - Sí  Yes  No  Omitir

7. **En su hogar, ¿los materiales de limpieza, medicamentos y fósforos están en un lugar cerrado con llave?**
   - Cleaning supplies, medicines, and matches locked away?
   - Sí  Yes  No  Omitir

8. **En su hogar, ¿está pegado cerca del teléfono el número del Centro de intoxicaciones (800-222-1222)?**
   - Home has phone # of the Poison Control Center posted by phone?
   - Sí  Yes  No  Omitir

9. **¿Siempre acuesta a su bebé boca arriba para dormir?**
   - Always puts baby to sleep on her/his back?
   - Sí  Yes  No  Omitir

10. **Cuando su bebé está en la tina, ¿permanece con él en todo momento?**
    - Always stays with baby in the bathtub?
    - Sí  Yes  No  Omitir
11. ¿Su bebé siempre viaja en un asiento de seguridad para automóvil orientado hacia atrás, en el asiento de atrás?
   *Always places baby in a rear facing car seat in the back seat?*
<table>
<thead>
<tr>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
</tbody>
</table>

12. ¿El asiento de seguridad para automóvil que utiliza es el adecuado para la edad y el tamaño de su bebé?
   *Car seat used is correct size for age and size of baby?*
<table>
<thead>
<tr>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
</tbody>
</table>

13. ¿Su bebé pasa tiempo en un hogar donde hay un revólver?
   *Baby spends time in home where a gun is kept?*
<table>
<thead>
<tr>
<th>No</th>
<th>Sí</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>

14. En el biberón de su bebé, ¿coloca algo que no sea fórmula, leche materna o agua?
   *Gives baby a bottle with anything in it except formula, breast milk, or water?*
<table>
<thead>
<tr>
<th>No</th>
<th>Sí</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>

15. ¿Su bebé pasa tiempo con alguna persona que fuma?
   *Baby spends time with anyone who smokes?*
<table>
<thead>
<tr>
<th>No</th>
<th>Sí</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>

16. ¿Tiene alguna pregunta o inquietud sobre la salud, el desarrollo o el comportamiento de su bebé?
   *Any other questions or concerns about baby’s health, development, or behavior?*
<table>
<thead>
<tr>
<th>No</th>
<th>Sí</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>

Si la respuesta es afirmativa, describa:

---

**Clinic Use Only**

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>Physical Activity</th>
<th>Safety</th>
<th>Dental Health</th>
<th>Tobacco Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
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<table>
<thead>
<tr>
<th>Clinic Use Only</th>
<th>Counseled</th>
<th>Referred</th>
<th>Anticipatory Guidance</th>
<th>Follow-up Ordered</th>
<th>Comments:</th>
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</thead>
<tbody>
<tr>
<td>Patient Declined the SHA</td>
<td></td>
<td></td>
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</tbody>
</table>
Evalúe Salud
(Staying Healthy Assessment)
7 – 12 meses (7 – 12 Months)

<table>
<thead>
<tr>
<th>Nombre del niño (nombre y apellido)</th>
<th>Fecha de nacimiento</th>
<th>mujer</th>
<th>hombre</th>
<th>Fecha de hoy</th>
<th>¿Asiste a una guardería?</th>
<th>¿Necesita ayuda para llenar el formulario?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐ Sí ☐ No</td>
<td>☐ Sí ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Persona que llena el formulario</th>
<th>Padre/madre</th>
<th>Familiar</th>
<th>Amigo</th>
<th>Tutor</th>
<th>Otro (especifique)</th>
<th>¿Necesita un intérprete?</th>
</tr>
</thead>
<tbody>
<tr>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐ Sí ☐ No</td>
</tr>
</tbody>
</table>

Por favor intente responder todas las preguntas de este formulario lo mejor que pueda. Encierre en un círculo la palabra "Omitir" si no sabe una respuesta o no desea responder. Asegúrese de hablar con el médico si tiene preguntas sobre cualquier sección de este formulario. Sus respuestas estarán protegidas como parte de su expediente médico.

<table>
<thead>
<tr>
<th></th>
<th>Nutrition</th>
<th>Physical Activity</th>
<th>Safety</th>
</tr>
</thead>
</table>
| 1 | ¿Amamanta a su bebé?  
Breastfeeds baby? | Sí | No | Omitir  
Skip |
| 2 | ¿Su bebé bebe o come 3 porciones al día de alimentos ricos en calcio, como fórmula, leche materna, queso, yogur, leche de soja o tofu?  
Baby drinks/eats 3 servings of calcium rich foods daily? | Sí | No | Omitir  
Skip |
| 3 | ¿Le preocupa el peso de su bebé?  
Concerned about baby’s weight? | No | Sí | Omitir  
Skip |
| 4 | ¿Su bebé ve televisión?  
Baby watches any TV? | No | Sí | Omitir  
Skip |
| 5 | En su hogar, ¿hay un detector de humo que funcione?  
Home has working smoke detector? | Sí | No | Omitir  
Skip |
| 6 | ¿Ha cambiado la temperatura del agua a tibia (menos de 120 grados)?  
Water temperature turned down to low-warm? | Sí | No | Omitir  
Skip |
| 7 | Si en su hogar hay más de un piso, ¿tiene protección de seguridad en las ventanas y accesos a las escaleras?  
Safety guards on windows and gates for stairs in multi-level home? | Sí | No | Omitir  
Skip |
| 8 | En su hogar, ¿los artículos de limpieza, medicamentos y fósforos están en un lugar cerrado con llave?  
Cleaning supplies, medicines, and matches locked away? | Sí | No | Omitir  
Skip |
| 9 | En su hogar, ¿está pegado cerca del teléfono el número del Centro de control de intoxicaciones (800-222-1222)?  
Home has phone # of Poison Control Center posted by phone? | Sí | No | Omitir  
Skip |
<table>
<thead>
<tr>
<th></th>
<th>Pregunta en Español</th>
<th>Pregunta en Inglés</th>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>¿Siempre acuesta a su bebé boca arriba para dormir?</td>
<td>Always puts baby to sleep on her/his back?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td>Skip</td>
</tr>
<tr>
<td>11</td>
<td>Cuando su bebé está en la tina, ¿permanece con él en todo momento?</td>
<td>Always stays with baby when in the bathtub?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td>Skip</td>
</tr>
<tr>
<td>12</td>
<td>¿Su bebé siempre viaja en un asiento de seguridad para automóvil orientado hacia atrás, en el asiento de atrás?</td>
<td>Always places baby in a rear facing car seat in the back seat?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td>Skip</td>
</tr>
<tr>
<td>13</td>
<td>¿El asiento de seguridad para automóvil que utiliza es el adecuado para la edad y el tamaño de su bebé?</td>
<td>Car seat used is correct size for age and size of baby?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td>Skip</td>
</tr>
<tr>
<td>14</td>
<td>¿Su bebé pasa tiempo cerca de una piscina, río o lago?</td>
<td>Baby spends time near a swimming pool, river, or lake?</td>
<td>No</td>
<td>Sí</td>
<td>Omitir</td>
<td>Skip</td>
</tr>
<tr>
<td>15</td>
<td>¿Su bebé pasa tiempo en un hogar donde hay un arma de fuego?</td>
<td>Baby spends time in a home where a gun is kept?</td>
<td>No</td>
<td>Sí</td>
<td>Omitir</td>
<td>Skip</td>
</tr>
<tr>
<td>16</td>
<td>En el biberón de su bebé, ¿coloca algo que no sea fórmula, leche materna o agua?</td>
<td>Gives baby a bottle with anything in it except formula, breast milk, or water?</td>
<td>No</td>
<td>Sí</td>
<td>Omitir</td>
<td>Skip</td>
</tr>
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<td>17</td>
<td>¿Su bebé pasa tiempo con alguna persona que fuma?</td>
<td>Baby spends time with anyone who smokes?</td>
<td>No</td>
<td>Sí</td>
<td>Omitir</td>
<td>Skip</td>
</tr>
<tr>
<td>18</td>
<td>¿Tiene alguna pregunta o inquietud sobre la salud, el desarrollo o la conducta de su bebé?</td>
<td>Any other questions or concerns about baby’s health, development, or behavior?</td>
<td>No</td>
<td>Sí</td>
<td>Omitir</td>
<td>Skip</td>
</tr>
</tbody>
</table>

Si la respuesta es afirmativa, describa, por favor:

**Clinic Use Only**

- Nutrition
- Physical Activity
- Safety
- Dental Health
- Tobacco Exposure

<table>
<thead>
<tr>
<th>Comentarios:</th>
</tr>
</thead>
</table>

- Patient Declined the SHA

PCP’s Signature:  
Print Name:  
Date:
Evaluación de Salud

(Staying Healthy Assessment)

1 – 2 años (1 – 2 Years)

<table>
<thead>
<tr>
<th>Nombre del niño (nombre y apellido)</th>
<th>Fecha de nacimiento</th>
<th>hombre</th>
<th>mujer</th>
<th>Fecha de hoy</th>
<th>¿Asiste a una guardería?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sí No</td>
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</table>

<table>
<thead>
<tr>
<th>Personas que llenan el formulario</th>
<th>Padre/madre</th>
<th>Familiar</th>
<th>Amigo</th>
<th>Tutor</th>
<th>Otro (especifique)</th>
<th>¿Necesita ayuda para llenar el formulario?</th>
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</thead>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sí No</td>
</tr>
</tbody>
</table>

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**1. ¿Amamanta a su hijo?**
Breastfeeds child?

<table>
<thead>
<tr>
<th>Si</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
</tbody>
</table>

**2. ¿Su hijo bebe o come 3 porciones al día de alimentos ricos en calcio, como leche, queso, yogur, leche de soja o tofu?**
Child drinks/eats 3 servings of calcium rich foods daily?

<table>
<thead>
<tr>
<th>Si</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
</tbody>
</table>

**3. ¿Su hijo come frutas y verduras, al menos, 2 veces al día?**
Child eats fruits and vegetables at least 2 times per day?

<table>
<thead>
<tr>
<th>Si</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
</tbody>
</table>

**4. ¿Su hijo come alimentos con alto contenido de grasa, como alimentos fritos, papitas, helado o pizza más de una vez por semana?**
Child eats high fat foods more than once per week?

<table>
<thead>
<tr>
<th>No</th>
<th>Sí</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
</tbody>
</table>

**5. ¿Su hijo bebe más de una pequeña taza (4 - 6 oz.) de jugo al día?**
Child drinks more than one small cup of juice per day?

<table>
<thead>
<tr>
<th>No</th>
<th>Sí</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
</tbody>
</table>

**6. ¿Su hijo toma refresco, jugos, bebidas deportivas, bebidas energizantes u otras bebidas endulzadas más de una vez por semana?**
Child drinks soda, juice drinks, sports drinks, energy drinks, or other sweetened drinks more than once per week?

<table>
<thead>
<tr>
<th>No</th>
<th>Sí</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
</tbody>
</table>

**7. ¿Su hijo juega activamente la mayoría de los días de la semana?**
Child plays actively most days of the week?

<table>
<thead>
<tr>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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<td>Skip</td>
</tr>
</tbody>
</table>

**8. ¿Le preocupa el peso de su hijo?**
Concerned about child’s weight?

<table>
<thead>
<tr>
<th>No</th>
<th>Sí</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
</tbody>
</table>

**9. ¿Su hijo ve televisión o juega juegos de video?**
Child watches TV or plays video games?

<table>
<thead>
<tr>
<th>No</th>
<th>Sí</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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<td>Skip</td>
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</tbody>
</table>

**10. En su hogar, ¿hay un detector de humo que funcione?**
Home has working smoke detector?

<table>
<thead>
<tr>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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</tbody>
</table>

**11. ¿Ha cambiado la temperatura del agua a tibia (menos de 120 grados)?**
Water temperature turned down to low-warm?

<table>
<thead>
<tr>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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<td>Skip</td>
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</tbody>
</table>

**12. Si en su hogar hay más de un piso, ¿tiene protección de seguridad en las ventanas y accesos a las escaleras?**
Safety guards on windows and gates for stairs in multi-level home?

<table>
<thead>
<tr>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
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<tbody>
<tr>
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**13. En su hogar, ¿los materiales de limpieza, medicamentos y fósforos están en un lugar cerrado con llave?**
Cleaning supplies, medicines, and matches locked away?

<table>
<thead>
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<td>---</td>
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</tr>
<tr>
<td>14</td>
<td>En su hogar, ¿está pegado cerca del teléfono el número del Centro de control de intoxicaciones (800-222-1222)?</td>
<td>Sí Yes</td>
</tr>
<tr>
<td>15</td>
<td>Cuando su hijo está en la tina, ¿permanece usted con él en todo momento?</td>
<td>Sí Yes</td>
</tr>
<tr>
<td>16</td>
<td>¿Su hijo siempre viaja en un asiento de seguridad para automóvil orientado hacia atrás, en el asiento de atrás?</td>
<td>Sí Yes</td>
</tr>
<tr>
<td>17</td>
<td>¿El asiento de seguridad para automóvil que utiliza es el adecuado para la edad y el tamaño de su hijo?</td>
<td>Sí Yes</td>
</tr>
<tr>
<td>18</td>
<td>¿Se fija usted siempre que no haya niños al retroceder en el automóvil al salir de su cochera?</td>
<td>Sí Yes</td>
</tr>
<tr>
<td>19</td>
<td>¿Su hijo pasa tiempo cerca de una piscina, río o lago?</td>
<td>No Sí Yes</td>
</tr>
<tr>
<td>20</td>
<td>¿Su hijo pasa tiempo en un hogar donde hay un arma de fuego?</td>
<td>No Sí Yes</td>
</tr>
<tr>
<td>21</td>
<td>¿Su hijo siempre usa casco al montar en bicicleta, patineta o scooter?</td>
<td>Sí Yes</td>
</tr>
<tr>
<td>22</td>
<td>¿Su hijo se cepilla los dientes y los limpia con hilo dental todos los días?</td>
<td>Sí Yes</td>
</tr>
<tr>
<td>23</td>
<td>¿Su hijo pasa tiempo con alguna persona que fuma?</td>
<td>No Sí Yes</td>
</tr>
<tr>
<td>24</td>
<td>¿Tiene alguna otra pregunta o inquietud sobre la salud, el desarrollo o la conducta de su hijo?</td>
<td>No Sí Yes</td>
</tr>
</tbody>
</table>

Si la respuesta es afirmativa, describa, por favor:

<p>| | | | |</p>
<table>
<thead>
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**Clinic Use Only**

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<thead>
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<tbody>
<tr>
<td>Nutrition</td>
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<td>Physical Activity</td>
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<tr>
<td>Safety</td>
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<td>Dental Health</td>
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<tr>
<td>Tobacco Exposure</td>
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**SHA ANNUAL REVIEW**

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<tbody>
<tr>
<td>PCP's Signature</td>
<td>Print Name:</td>
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# Evaluación de Salud

(Staying Healthy Assessment)

### 3 – 4 años (3 – 4 Years)

<table>
<thead>
<tr>
<th>Nombre del niño (nombre y apellido)</th>
<th>Fecha de nacimiento</th>
<th>Fecha de hoy</th>
<th>¿Asiste a una guardería?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sí ☐ No ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Persona que llena el formulario</th>
<th>Padre/madre ☐</th>
<th>Familiar ☐</th>
<th>Amigo ☐</th>
<th>Tutor ☐</th>
<th>¿Necesita ayuda para llenar el formulario?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td>Sí ☐ No ☐</td>
</tr>
</tbody>
</table>

Por favor intente responder todas las preguntas de este formulario lo mejor que pueda. Encierre en un círculo la palabra "Omitir" si no sabe una respuesta o no desea responder. Asegúrese de hablar con el médico si tiene preguntas sobre alguna sección de este formulario. Sus respuestas estarán protegidas como parte de su expediente médico.

1. ¿Su hijo bebe o come 3 porciones al día de alimentos ricos en calcio, como leche, queso, yogur, leche de soja o tofu? (Child drinks/eats 3 servings of calcium rich foods daily?)
   - Sí ☐ No ☐ Omitir Skip

2. ¿Su hijo come frutas y verduras, al menos, 2 veces al día? (Child eats fruits and vegetables at least 2 times per day?)
   - Sí ☐ No ☐ Omitir Skip

3. ¿Su hijo come alimentos con alto contenido de grasa, como alimentos fritos, papitas, helado o pizza más de una vez por semana? (Child eats high fat foods more than once per week?)
   - No ☐ Sí ☐ Omitir Skip

4. ¿Su hijo bebe más de una taza pequeña (taza de 4 a 6 oz.) de jugo al día? (Child drinks more than one small cup of juice per day?)
   - No ☐ Sí ☐ Omitir Skip

5. ¿Su hijo toma refresco, jugos, bebidas deportivas, bebidas energizantes u otras bebidas endulzadas más de una vez por semana? (Child drinks soda, juice drinks, sports drinks, energy drinks, or other sweetened drinks more than once per week?)
   - No ☐ Sí ☐ Omitir Skip

6. ¿Su hijo hace ejercicio o juega deportes la mayoría de los días? (Child plays actively most days of the week?)
   - Sí ☐ No ☐ Omitir Skip

7. ¿Le preocupa el peso de su hijo? (Concerned about child’s weight?)
   - No ☐ Sí ☐ Omitir Skip

8. ¿Su hijo ve televisión o juega juegos de video menos de 2 horas al día? (Child watches TV or plays video games less than 2 hours per day?)
   - Sí ☐ No ☐ Omitir Skip

9. En su hogar, ¿hay un detector de humo que funcione? (Home has a working smoke detector?)
   - Sí ☐ No ☐ Omitir Skip

10. ¿Ha cambiado la temperatura del agua a tibia (menos de 120 grados)? (Water temperature turned down to low-warm?)
    - Sí ☐ No ☐ Omitir Skip

11. Si en su hogar hay más de un piso, ¿tiene protección de seguridad en las ventanas y accesos a las escaleras? (Safety guards on windows and gates for stairs in multi-level home?)
    - Sí ☐ No ☐ Omitir Skip

12. En su hogar, ¿los materiales de limpieza, medicamentos y fósforos están en un lugar cerrado con llave? (Cleaning supplies, medicines, and matches locked away?)
    - Sí ☐ No ☐ Omitir Skip

13. En su hogar, ¿cómo está pegado cerca del teléfono el número del Centro de control de intoxicaciones (800-222-1222)? (Home has phone # of the Poison Control Center posted by phone?)
    - Sí ☐ No ☐ Omitir Skip
<table>
<thead>
<tr>
<th>Pregunta</th>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Cuando su hijo está en la tina, ¿permanece con él en todo momento?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>15 ¿Su hijo siempre viaja en un asiento de seguridad para automóvil orientado hacia delante, en el asiento de atrás?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>16 ¿El asiento de seguridad para automóvil que utiliza es el adecuado para la edad y el tamaño de su hijo?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>17 ¿Se fija usted siempre que no haya niños al retroceder en el automóvil al salir de su cochera?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>18 ¿Su hijo pasa tiempo cerca de una piscina, río o lago?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>19 ¿Su hijo pasa tiempo en un hogar donde hay un arma de fuego?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>20 ¿Su hijo siempre usa casco al montar en bicicleta, patineta o scooter?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>21 ¿Su hijo ha presenciado o ha sido víctima de abuso o violencia?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>22 ¿Su hijo se cepilla los dientes y los limpia con hilo dental todos los días?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>23 ¿Su bebé pasa tiempo con alguna persona que fuma?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>24 ¿Tiene alguna pregunta o inquietud sobre la salud, el desarrollo o el comportamiento de su bebé?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>

Si la respuesta es afirmativa, describa, por favor:

<table>
<thead>
<tr>
<th>Clinic Use Only</th>
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<tbody>
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</table>

Patient Declined the SHA

PCP's Signature: 
Print Name: 
Date: 

SHA ANNUAL REVIEW

PCP's Signature: 
Print Name: 
Date: 

PCP's Signature: 
Print Name: 
Date: 

DHCS 7098 D SPANISH (Rev 12/13) SHA (3 – 4 Years) Page 2 of 2
# Evaluación de Salud

(Staying Healthy Assessment)

**5 – 8 años** (5 – 8 Years)

<table>
<thead>
<tr>
<th>Nombre del niño ( nombre y apellido)</th>
<th>Fecha de nacimiento</th>
<th>mujer</th>
<th>hombre</th>
<th>Fecha de hoy</th>
<th>¿Año escolar?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Persona que llena el formulario</th>
<th>Padre/madre</th>
<th>Familiar</th>
<th>Amigo</th>
<th>Tutor</th>
<th>Asistencia escolar</th>
<th>¿Regular?</th>
<th>¿Necesita un intérprete?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sí □ No □</td>
</tr>
</tbody>
</table>

Por favor intente responder todas las preguntas de este formulario lo mejor que pueda. Encierra en un círculo la palabra “Omitir” si no sabe una respuesta o no desea responder. Asegúrese de hablar con el médico si tiene preguntas sobre cualquier sección de este formulario. Sus respuestas estarán protegidas como parte de su expediente médico.

<table>
<thead>
<tr>
<th>Pregunta</th>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ¿Su hijo bebe o come 3 porciones al día de alimentos ricos en calcio, como leche, queso, yogur, leche de soja o tofu?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>2. ¿Su hijo come frutas y verduras, al menos, 2 veces al día?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>3. ¿Su hijo come alimentos con alto contenido de grasa, como alimentos fritos, papitas, helado o pizza más de una vez por semana?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>4. ¿Su hijo bebe más de una pequeña taza (4 - 6 oz.) de jugo al día?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>5. ¿Su hijo toma refresco, jugos, bebidas deportivas, bebidas energizantes u otras bebidas endulzadas más de una vez por semana?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>6. ¿Su hijo hace ejercicio o juega deportes la mayoría de los días de la semana?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>7. ¿Le preocupa el peso de su hijo?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>8. ¿Su hijo ve televisión o juega juegos de video menos de 2 horas al día?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>9. En su hogar, ¿hay un detector de humo que funcione?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>10. ¿Ha cambiado la temperatura del agua a tibia (menos de 120 grados)?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>11. En su hogar, ¿está pegado cerca del teléfono el número del Centro de control de intoxicaciones (800-222-1222)?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>12. ¿Coloca usted siempre a su hijo en un asiento para niños en el en el asiento de atrás (o usa un cinturón de seguridad) si su hijo mide más de 4’9”?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>13. ¿Su hijo pasa tiempo cerca de una piscina, río o lago?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Question</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
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<td>------------------------------------------------------------------------</td>
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<tr>
<td>¿Su hijo pasa tiempo en un hogar donde hay un arma de fuego?</td>
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<tr>
<td>Child spends time in home where a gun is kept?</td>
<td></td>
<td></td>
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<tr>
<td>¿Su hijo pasa tiempo con alguna persona que lleve un arma de fuego, un cuchillo u otra arma?</td>
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<tr>
<td>Child spends time with anyone who carries a gun, knife, or other weapon?</td>
<td></td>
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<tr>
<td>¿Su hijo siempre usa casco al montar en bicicleta, patineta o scooter?</td>
<td></td>
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<tr>
<td>Child always wears a helmet when riding a bike, skateboard, or scooter?</td>
<td></td>
<td></td>
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<tr>
<td>¿Su hijo ha presenciado o ha sido víctima de abuso o violencia?</td>
<td></td>
<td></td>
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<tr>
<td>Has child ever witnessed or been victim of abuse or violence?</td>
<td></td>
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<tr>
<td>¿A su hijo le ha pegado alguien o le ha pegado él a alguien durante el año pasado?</td>
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<tr>
<td>Has child been hit or hit someone in the past year?</td>
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<tr>
<td>¿Su hijo ha sido acosado alguna vez o se sintió inseguro en la escuela o en su vecindario (o lo acosaron por Internet)?</td>
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<tr>
<td>Has child ever been bullied or felt unsafe at school/neighborhood (or been cyber-bullied)?</td>
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<tr>
<td>¿Su hijo se cepilla los dientes y los limpia con hilo dental todos los días?</td>
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<tr>
<td>Child brushes and flosses teeth daily?</td>
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<tr>
<td>¿Su hijo parece a menudo triste o deprimido?</td>
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<tr>
<td>Child often seems sad or depressed?</td>
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<tr>
<td>¿Su hijo pasa tiempo con alguna persona que fuma?</td>
<td></td>
<td></td>
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<tr>
<td>Child spends time with anyone who smokes?</td>
<td></td>
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<tr>
<td>¿Tiene alguna pregunta o inquietud sobre la salud, el desarrollo o el comportamiento de su bebé?</td>
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<td></td>
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</tr>
<tr>
<td>Any other questions or concerns about child’s health or behavior?</td>
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</table>

Si la respuesta es afirmativa, describa, por favor:

<table>
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<tr>
<th>Clinic Use Only</th>
<th>Counseled</th>
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<th>Anticipatory Guidance</th>
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<tr>
<td>Nutrition</td>
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<td>Physical Activity</td>
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<tr>
<td>Tobacco Exposure</td>
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</tbody>
</table>

Box: Patient Declined the SHA

PCP’s Signature  Print Name:  Date:

SHA ANNUAL REVIEW

PCP’s Signature  Print Name:  Date:

PCP’s Signature  Print Name:  Date:

PCP’s Signature  Print Name:  Date:
Evaluación de Salud

(Staying Healthy Assessment)

9 – 11 años (9 – 11 Years)

<table>
<thead>
<tr>
<th>Nombre del niño (nombre y apellido)</th>
<th>Fecha de nacimiento</th>
<th>□ mujer</th>
<th>Fecha de hoy</th>
<th>□ hombre</th>
<th>¿Año escolar?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Persona que llena el formulario</th>
<th>□ Padre/madre</th>
<th>□ Familiar</th>
<th>□ Amigo</th>
<th>□ Tutor</th>
<th>Asistencia escolar</th>
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<tr>
<td></td>
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<td></td>
<td>¿Regular?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Sí □ No</td>
</tr>
</tbody>
</table>

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¿Necesita un intérprete? □ Sí □ No

<table>
<thead>
<tr>
<th>#</th>
<th>Pregunta</th>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>¿Su hijo bebe o come 3 porciones al día de alimentos ricos en calcio, como leche, queso, yogur, leche de soja o tofu? Child drinks/eats 3 servings of calcium-rich foods daily?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
</tr>
<tr>
<td>2</td>
<td>¿Su hijo come frutas y verduras, al menos, 2 veces al día? Child eats fruits and vegetables at least two times per day?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
</tr>
<tr>
<td>3</td>
<td>¿Su hijo come alimentos con alto contenido de grasa, como alimentos fritos, papitas, helado o pizza más de una vez por semana? Child eats high fat foods more than once per week?</td>
<td>No</td>
<td>Sí</td>
<td>Omitir</td>
</tr>
<tr>
<td>4</td>
<td>¿Su hijo bebe más de una taza (8 oz.) de jugo al día? Child drinks more than one cup of juice per day?</td>
<td>No</td>
<td>Sí</td>
<td>Omitir</td>
</tr>
<tr>
<td>5</td>
<td>¿Su hijo toma refresco, jugos, bebidas deportivas, bebidas energizantes u otras bebidas endulzadas más de una vez por semana? Child drinks soda, juice/sports/energy drinks or other sweetened drinks more than once per week?</td>
<td>No</td>
<td>Sí</td>
<td>Omitir</td>
</tr>
<tr>
<td>6</td>
<td>¿Su hijo hace ejercicio o juega deportes la mayoría de los días de la semana? Child exercises or plays sports most days of the week?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
</tr>
<tr>
<td>7</td>
<td>¿Le preocupa el peso de su hijo? Concerned about child’s weight?</td>
<td>No</td>
<td>Sí</td>
<td>Omitir</td>
</tr>
<tr>
<td>8</td>
<td>¿Su hijo ve televisión o juega juegos de video menos de 2 horas al día? Child watches TV or plays video games less than 2 hours per day?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
</tr>
<tr>
<td>9</td>
<td>En su hogar, ¿hay un detector de humo que funcione? Home has a working smoke detector?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
</tr>
<tr>
<td>10</td>
<td>En su hogar, ¿está pegado cerca del teléfono el número del Centro de control de intoxicaciones (800-222-1222)? Home has phone # of the Poison Control Center posted by phone?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
</tr>
<tr>
<td></td>
<td>Pregunta en Español</td>
<td>Pregunta en Inglés</td>
<td>Sí</td>
<td>No</td>
</tr>
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<td>----</td>
</tr>
<tr>
<td>11</td>
<td>¿Su hijo siempre usa cinturón de seguridad en el asiento trasero (o usa un asiento para niños) si mide menos de 4’9”?</td>
<td>Child always uses a seat belt in the back seat (or booster seat) if under 4’9”?</td>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>12</td>
<td>¿Su hijo pasa tiempo cerca de una piscina, río o lago?</td>
<td>Child spends time near a swimming pool, river, or lake?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>13</td>
<td>¿Su hijo pasa tiempo en un hogar donde hay un arma de fuego?</td>
<td>Child spends time in home where a gun is kept?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>14</td>
<td>¿Su hijo pasa tiempo con alguna persona que lleve un arma de fuego, un cuchillo u otra arma?</td>
<td>Child spends time with anyone who carries a gun, knife, or other weapon?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>15</td>
<td>¿Su hijo siempre usa casco cuando monta en bicicleta, patineta o scooter?</td>
<td>Child always wears a helmet when riding a bike, skateboard, or scooter?</td>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>16</td>
<td>¿Su hijo ha presenciado o ha sido víctima de abuso o violencia?</td>
<td>Has child ever witnessed or been a victim of abuse or violence?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>17</td>
<td>¿Su hijo ha golpeado a alguien o alguien lo ha golpeado en el último año?</td>
<td>Has child been hit or has he/she hit someone in the past year?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>18</td>
<td>¿A su hijo alguna vez lo han acosado o se sintió inseguro en la escuela o su vecindario (o lo acosaron por Internet)?</td>
<td>Has child ever been bullied, felt unsafe at school/neighborhood (or been cyber-bullied)?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>19</td>
<td>¿Su hijo se cepilla los dientes y los limpia con hilo dental todos los días?</td>
<td>Child brushes and flosses teeth daily?</td>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>20</td>
<td>¿Su hijo con frecuencia parece triste o deprimido?</td>
<td>Child often seems sad or depressed?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>21</td>
<td>¿Su hijo pasa tiempo con alguna persona que fuma?</td>
<td>Child spends time with anyone who smokes?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>22</td>
<td>¿Su hijo ha fumado alguna vez cigarrillos o mascado tabaco?</td>
<td>Has child ever smoked cigarettes or chewed tobacco?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>23</td>
<td>¿Le preocupa a usted que su hijo pueda estar usando drogas, oliendo sustancias tales como pegamento, para drogarse?</td>
<td>Concerned that child may be using drugs or sniffing substances to get high?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>No.</td>
<td>Pregunta (en inglés)</td>
<td>Pregunta (en español)</td>
<td>Respuesta</td>
<td>Dirección</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------</td>
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<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>24</td>
<td>¿Le preocupa que su hijo pueda estar tomando alcohol, tal como cerveza, vino, refrescos con contenido de alcohol o licor?</td>
<td>Concerned that child may be drinking alcohol?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>25</td>
<td>¿Su hijo tiene amigos o familiares que tienen problemas con las drogas o el alcohol?</td>
<td>Child has friends/family members who have problems with drugs or alcohol?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>26</td>
<td>¿Su hijo o hija ha empezado a salir con novios o novias?</td>
<td>Child started dating or “going out” with boyfriends or girlfriends?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>27</td>
<td>¿Cree que su hijo pueda estar sexualmente activo?</td>
<td>Thinks child might be sexually active?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>28</td>
<td>¿Tiene alguna otra pregunta o inquietud sobre la salud o conducta de su hijo?</td>
<td>Questions or concerns about child’s health or behavior?</td>
<td>No</td>
<td>Sí</td>
</tr>
</tbody>
</table>

Si la respuesta es afirmativa, describa, por favor:

### Clinic Use Only

- [ ] Nutrition
- [ ] Physical Activity
- [ ] Safety
- [ ] Dental Health
- [ ] Tobacco Exposure

<table>
<thead>
<tr>
<th>Problema</th>
<th>Consejado</th>
<th>Referido</th>
<th>Guía Anticipatoria</th>
<th>Solicitud de Siguiente Visitante</th>
<th>Comentarios</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PCP’s Signature</th>
<th>Print Name</th>
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</tr>
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</table>

### SHA ANNUAL REVIEW

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<thead>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregunta</td>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>1. Bebe o come 3 porciones al día de alimentos ricos en calcio, como leche, queso, yogurt, leche de soja o tofu?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. ¿Come frutas y verduras, al menos, 2 veces al día?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. ¿Come comidas con alto contenido de grasa, como comidas fritas, papitas, helado o pizza más de una vez por semana?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>4. ¿Bebe más de 12 oz (1 lata de refresco) por día de jugo, bebida deportiva, bebida energizante o bebida de café endulzada?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>5. ¿Hace ejercicio o deporte la mayoría de los días?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. ¿Le preocupa su peso?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>7. ¿Mira televisión o juega juegos de video menos de 2 horas al día?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. En su hogar, ¿hay un detector de humo que funcione?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. En su hogar, ¿está pegado cerca del teléfono el número del Centro de intoxicaciones (800-222-1222)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. ¿Siempre usa cinturón de seguridad cuando viaja en automóvil?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>11. ¿Pasa tiempo en un hogar donde hay un revólver?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>12. ¿Pasa tiempo con alguna persona que lleve un revólver, un cuchillo u otra arma?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Pregunta</td>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>¿Siempre usa casco cuando va en bicicleta, patineta o scooter?</td>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>¿Alguna vez ha presenciado un acto de abuso o violencia?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>Durante el último año, ¿alguien lo ha golpeado, abofeteado o lastimado físicamente (o ha lastimado usted a alguien)?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>¿Alguna vez lo han intimidado o se sintió inseguro en su escuela o barrio (o lo intimidaron por Internet)?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>¿Se cepilla los dientes y los limpia con hilo dental todos los días?</td>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>¿Con frecuencia se siente triste, deprimido o desesperanzado?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>¿Pasa tiempo con alguna persona que fuma?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>¿Fuma cigarrillos o mastica tabaco?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>¿Consume o aspira alguna sustancia para drogarse, como marihuana, cocaína, crack, metanfetamina (“meth”), éxtasis, etc.?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>¿Utiliza medicamentos que no fueron recetados para usted?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>¿Bebe alcohol una vez a la semana o más?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>Si bebe alcohol, ¿bebe hasta emborracharse o desmayarse?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>¿Tiene amigos o familiares que tienen problemas con las drogas o el alcohol?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>¿Conduce un automóvil después de beber, o viaja en un automóvil conducido por una persona que ha bebido o consumido drogas?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>Sus respuestas sobre relaciones sexuales o planificación familiar no serán divulgadas a nadie, ni siquiera a sus padres, sin su permiso.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Alguna vez lo forzaron o presionaron para tener relaciones sexuales?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>¿Alguna vez ha tenido relaciones sexuales (orales, vaginales o anales)? Si la respuesta es “no”, pase a la pregunta 33.</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>¿Cree que usted o su pareja pueden tener una infección de transmisión sexual (sexually transmitted infection, STI), como clamidia, gonorrea, verrugas genitales, etc.?</td>
<td>No</td>
<td>Sí</td>
</tr>
<tr>
<td>No.</td>
<td>Question</td>
<td>Option 1</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>30</td>
<td>¿Usted o su(s) pareja(s) tuvieron relaciones sexuales con otras personas en el último año?</td>
<td>No</td>
</tr>
<tr>
<td>31</td>
<td>¿Usted o su(s) pareja(s) tuvieron relaciones sexuales sin utilizar un método anticonceptivo en el último año?</td>
<td>No</td>
</tr>
<tr>
<td>32</td>
<td>La última vez que tuvo relaciones sexuales, ¿utilizó un método anticonceptivo?</td>
<td>Sí</td>
</tr>
<tr>
<td>33</td>
<td>¿Usted o su(s) pareja(s) tuvieron relaciones sexuales sin condón en el último año?</td>
<td>No</td>
</tr>
<tr>
<td>34</td>
<td>¿Usted o su pareja usaron un condón la última vez que tuvieron relaciones sexuales?</td>
<td>Sí</td>
</tr>
<tr>
<td>35</td>
<td>¿Tiene alguna pregunta sobre su orientación sexual (que estás atraído a) o la identidad de género (cómo se siente como un niño, niña, o de otro género)?</td>
<td>No</td>
</tr>
<tr>
<td>36</td>
<td>¿Tiene alguna otra pregunta o inquietud sobre su salud?</td>
<td>No</td>
</tr>
</tbody>
</table>

Si la respuesta es afirmativa, describa, por favor:

---

**Clinic Use Only**

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>Physical activity</th>
<th>Safety</th>
<th>Dental Health</th>
<th>Mental Health</th>
<th>Alcohol, Tobacco, Drug Use</th>
<th>Sexual Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- [ ] Patient Declined the SHA

PCP’s Signature: [ ] Print Name: [ ] Date:

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**SHA ANNUAL REVIEW**

<table>
<thead>
<tr>
<th>PCP’s Signature:</th>
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</tr>
</tbody>
</table>
## Evaluación de Salud
*(Staying Healthy Assessment)*

### Adulto *(Adult)*

<table>
<thead>
<tr>
<th>Nombre del paciente (nombre y apellido)</th>
<th>Fecha de nacimiento</th>
<th>□ Mujer</th>
<th>□ Hombre</th>
<th>Fecha de hoy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persona que llena el formulario <em>(si el paciente necesita ayuda)</em></td>
<td>□ Familiar □ Amigo □ Otro</td>
<td>□ Sí □ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Por favor intente responder todas las preguntas de este formulario lo mejor que pueda.**

Encierre en un círculo la palabra “Omitir” si no sabe una respuesta o no desea responder. Asegúrese de hablar con el médico si tiene preguntas sobre alguna sección de este formulario. Sus respuestas estarán protegidas como parte de su expediente médico.

### Nutrition

<table>
<thead>
<tr>
<th></th>
<th>¿Bebe o come 3 porciones al día de alimentos ricos en calcio, como leche, queso, yogur, leche de soja o tofu?</th>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Drinks or eats 3 servings of calcium-rich foods daily?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>¿Come frutas y verduras todos los días?</th>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Eats fruits and vegetables every day?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>¿Limita la cantidad de alimentos fritos o comida rápida que come?</th>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Limits the amount of fried food or fast food eaten?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>¿Tiene la posibilidad de comer suficientes alimentos saludables?</th>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Easily able to get enough healthy food?</td>
<td>Yes</td>
<td>No</td>
<td>(Skip)</td>
</tr>
</tbody>
</table>

### Physical Activity

<table>
<thead>
<tr>
<th></th>
<th>¿Hace ejercicio o realiza actividades, como caminar, jardinería o nadar durante, al menos, ½ hora al día?</th>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Exercises or spends time doing moderate activities for at least ½ hour a day?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
</tbody>
</table>

### Safety

<table>
<thead>
<tr>
<th></th>
<th>¿Se siente seguro donde vive?</th>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Feels safe where she/she lives?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>¿Ha tenido accidentes automovilísticos últimamente?</th>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Had any car accidents lately?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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<td>------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>Durante el último año, ¿alguien lo ha golpeado, abofeteado o lastimado físicamente?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td></td>
</tr>
<tr>
<td>Been hit, slapped, kicked, or physically hurt by someone in the last year?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Siempre usa cinturón de seguridad cuando conduce o viaja en automóvil?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td></td>
</tr>
<tr>
<td>Always wears a seat belt when driving or riding in a car?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Tiene un arma de fuego en su hogar o en el lugar donde vive?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td></td>
</tr>
<tr>
<td>Keeps a gun in house or place where she/he lives?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Se cepilla los dientes y los limpia con hilo dental todos los días?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td></td>
</tr>
<tr>
<td>Brushes and flosses teeth daily?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Con frecuencia se siente triste, desesperanzado, enojado o preocupado?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td></td>
</tr>
<tr>
<td>Often feels sad, hopeless, angry, or worried?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Con frecuencia tiene dificultades para dormir?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td></td>
</tr>
<tr>
<td>Often has trouble sleeping?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Fuma o masca tabaco?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td></td>
</tr>
<tr>
<td>Smokes or chews tobacco?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Sus amigos o familiares fuman en su hogar o en el lugar donde usted vive?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td></td>
</tr>
<tr>
<td>Friends/family members smoke in house or place where she/he lives?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>En el último año ¿ha tomado:</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td></td>
</tr>
<tr>
<td>□ (hombres) 5 o más bebidas alcohólicas en un solo día?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ (mujeres) 4 o más bebidas alcohólicas en un solo día?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In past year, had (5 for men) or (4 for women) or more alcohol drinks in one day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Consume drogas o medicamentos para ayudarlo a dormir, relajarse, calmarse, sentirse mejor o perder peso?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td></td>
</tr>
<tr>
<td>Uses any drugs/medicines to help sleep, relax, calm down, feel better, or lose weight?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Cree que usted o su pareja podría estar embarazada?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td></td>
</tr>
<tr>
<td>Thinks she/he or partner could be pregnant?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Cree que usted o su pareja pueden tener una infección de transmisión sexual (sexually transmitted infection, STI), como clamidia, gonorrea, verrugas genitales, etc.?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td></td>
</tr>
<tr>
<td>Thinks she/he or partner could have an STI?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Usted o su(s) pareja(s) tuvieron relaciones sexuales sin utilizar un método anticonceptivo en el último año?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td></td>
</tr>
<tr>
<td>She/he or partner(s) had sex without using birth control in the past year?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Usted o su(s) pareja(s) tuvieron relaciones sexuales con otras personas en el último año?</td>
<td>Sí</td>
<td>No</td>
<td>Omitir</td>
<td></td>
</tr>
<tr>
<td>She/he or partner(s) had sex with other people in the past year?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
25. ¿Usted o su(s) pareja(s) tuvieron relaciones sexuales sin condón en el último año?  
*She/he or partner(s) had sex without a condom in the past year?*  
<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Sí</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>

26. ¿Alguna vez le forzaron o presionaron para tener relaciones sexuales?  
*Ever been forced or pressured to have sex?*  
<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Sí</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>

27. ¿Tiene alguna otra pregunta o inquietud sobre su salud?  
*Any other questions or concerns about health?*  
<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Sí</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>

*Si la respuesta es afirmativa, describa, por favor:*

---

**Clinic Use Only**

<table>
<thead>
<tr>
<th></th>
<th>Counselled</th>
<th>Referred</th>
<th>Anticipatory Guidance</th>
<th>Follow-up Ordered</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Physical activity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Safety</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dental Health</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mental Health</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Alcohol, Tobacco, Drug Use</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sexual Issues</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

☐ Patient Declined the SHA

PCP's Signature:  
Print Name:  
Date:  

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**SHA ANNUAL REVIEW**

PCP's Signature:  
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Date:  

PCP's Signature:  
Print Name:  
Date:  

PCP's Signature:  
Print Name:  
Date:  

PCP's Signature:  
Print Name:  
Date:  

---
### Evaluación de Salud
*(Staying Healthy Assessment)*

**Personas mayores (Senior)**

<table>
<thead>
<tr>
<th>Nombre del paciente (primer nombre y apellido)</th>
<th>Fecha de nacimiento:</th>
<th>Mujer</th>
<th>Hombre</th>
<th>Fecha de hoy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Persona que completa el formulario (si el paciente necesita ayuda)</th>
<th>Familiar</th>
<th>Amigo</th>
<th>Otro</th>
<th>Especifique</th>
<th>¿Necesita ayuda para completar el formulario?</th>
<th>Sí</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Por favor intente responder todas las preguntas de este formulario lo mejor que pueda. Encierre en un círculo la palabra “Omitir” si no conoce una respuesta o no desea responder. Asegúrese de hablar con el médico si tiene preguntas sobre algún punto de este formulario. Sus respuestas estarán protegidas como parte de su expediente médico.

<table>
<thead>
<tr>
<th>Pregunta</th>
<th>Sí</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Bebe o come 3 porciones al día de alimentos ricos en calcio, como leche, queso, yogur, leche de soja o tofu?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>¿Come frutas y verduras todos los días?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>¿Limita la cantidad de alimentos fritos o comida rápida que come?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>¿Tiene la posibilidad de comer suficientes alimentos saludables?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>¿La mayoría de los días bebe un refresco, jugo, bebida deportiva o bebida energizante?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Por lo general, ¿come demasiado o muy poco?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>¿Tiene dificultades para masticar o tragar?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>¿Le preocupa su peso?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>¿Hace ejercicios o realiza actividades, como caminar, jardinería o nadar durante, al menos, ½ hora al día?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>¿Se siente seguro donde vive?</td>
<td>Yes</td>
<td>No</td>
<td>Skip</td>
</tr>
<tr>
<td>Por lo general, ¿tiene dificultades para llevar un registro de sus medicamentos?</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
</tbody>
</table>

**Clinic Use Only:**

Nutrition

Physical Activity

Safety
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Yes</th>
<th>No</th>
<th>Omitir</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Sus familiares o amigos se preocupan por la forma en que conduce?</td>
<td>No</td>
<td>Sí</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Family members/friends worried about her/his driving?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Ha tenido accidentes automovilísticos últimamente?</td>
<td>No</td>
<td>Sí</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Had any car accidents lately?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿A veces se cae y se lastima, o le resulta difícil ponerse de pie?</td>
<td>No</td>
<td>Sí</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Sometimes falls and hurts self, or has difficulty getting up?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durante el último año, ¿alguien lo ha golpeado, abofeteado o lastimado físicamente?</td>
<td>No</td>
<td>Sí</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Been hit, slapped, kicked, or physically hurt by someone in past year?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Tiene un revólver en su hogar o en el lugar donde vive?</td>
<td>No</td>
<td>Sí</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Keeps a gun in house or place where she/he lives?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Se cepilla los dientes y los limpia con hilo dental todos los días?</td>
<td>Sí</td>
<td>No</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Brushes and flosses teeth daily?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Con frecuencia se siente triste, desesperanzado, enojado o preocupado?</td>
<td>No</td>
<td>Sí</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Often feels sad, hopeless, angry, or worried?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Con frecuencia tiene dificultades para dormir?</td>
<td>No</td>
<td>Sí</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Often has trouble sleeping?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Usted u otras personas creen que tiene problemas para recordar cosas?</td>
<td>No</td>
<td>Sí</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Thinks or others think that she/he is having trouble remembering things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Fuma o masca tabaco?</td>
<td>No</td>
<td>Sí</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Smokes or chews tobacco?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Sus amigos o familiares fuman en su hogar o en el lugar donde vive?</td>
<td>No</td>
<td>Sí</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Friends/family members smoke in house or place where she/he lives?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>En el último año ¿ha tomado 4 o más bebidas alcohólicas en un solo día?</td>
<td>No</td>
<td>Sí</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>In the past year, had 4 or more alcohol drinks in one day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Consume drogas o medicamentos para ayudarlo a dormir, relajarse, calmarse, sentirse mejor o perder peso?</td>
<td>No</td>
<td>Sí</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Uses any drugs/medicines to help sleep, relax, calm down, feel better, or lose weight?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¿Cree que usted o su pareja pueden tener una infección de transmisión sexual (sexually transmitted infection, STI), como clamidia, gonorrea, verrugas genitales, etc.?</td>
<td>No</td>
<td>Sí</td>
<td>Yes</td>
<td>Skip</td>
</tr>
<tr>
<td>Thinks she/he or partner could have an STI?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Preguntas

**¿Usted o su(s) pareja(s) tuvieron relaciones sexuales con otras personas en el último año?**

- No
- Sí
- Omitir

**¿Usted o su(s) pareja(s) tuvieron relaciones sexuales sin condón en el último año?**

- No
- Sí
- Omitir

**¿Le han forzado o presionado a tener relaciones sexuales, alguna vez?**

- No
- Sí
- Omitir

**¿Cuenta con alguien que lo ayude a tomar decisiones sobre su salud o su atención médica?**

- Sí
- No
- Omitir

**¿Necesita ayuda para bañarse, comer, caminar, vestirse o ir al baño?**

- No
- Sí
- Omitir

**¿Tiene a quién llamar cuando necesita ayuda en una emergencia?**

- Sí
- No
- Omitir

**¿Tiene alguna otra pregunta o inquietud sobre su salud?**

- No
- Sí
- Omitir

---

**Si la respuesta es afirmativa, por favor describa:**

---

### Clinic Use Only

<table>
<thead>
<tr>
<th>Nutrición</th>
<th>Fisicocultura</th>
<th>Seguridad</th>
<th>Salud Dental</th>
<th>Salud Mental</th>
<th>Uso de Alcohol, Tabaco y Drogas</th>
<th>Problemas Sexuales</th>
<th>Independencia de la Vida</th>
<th>Comentarios</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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**Patient Declined the SHA**

PCP’s Signature:  
Print Name:  
Date:

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### SHA ANNUAL REVIEW

PCP’s Signature:  
Print Name:  
Date:

PCP’s Signature:  
Print Name:  
Date:

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Date:

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Concurrent Use of Opioids and Benzodiazepines
Powerful prescription medications used to manage pain when other treatment medications cannot be taken or are not effective enough to offer relief. Opioids such as codeine and hydrocodone are also available in combination with other medications to treat coughing. Common side effects include drowsiness, dizziness, nausea, vomiting, constipation, and slowed or difficult breathing.

Benzodiazepines: A class of medications that are widely used to treat conditions such as anxiety, insomnia and seizures. Common side effects include drowsiness, dizziness, weakness and physical dependence.

Concurrent Use: In 2010, the first National Drug Control Strategy was released by the White House, noting that overdoses from opioids are a “growing national crisis.” Benzodiazepines and opioids are both central nervous system (CNS) depressants. These types of medications produce a drowsy or calming effect, which is helpful in the treatment of anxiety, seizures, or sleep disorders; however, they can also depress an individual’s respiratory system. Consequently, concurrent use of benzodiazepines with other CNS depressants, such as opioids, can place an individual at an increased risk for severe respiratory depression that can lead to death. These adverse events can occur in both Members that do and do not exhibit signs of drug abuse.

Measure Description: The Concurrent Use of Opioids and Benzodiazepines measure specification is developed and maintained by the Pharmacy Quality Alliance (PQA). This measure examines the percentage of individuals 18 years and older with concurrent use of prescription opioids and benzodiazepines. The denominator includes individuals 18 years and older by the first day of the measurement year with two or more prescription claims for opioids filled on two or more separate days, for which the sum of the days’ supply is 15 or more days during the measurement period. The numerator includes individuals from the denominator with two or more prescription claims for benzodiazepines filled on two or more separate days, and concurrent use of opioids and benzodiazepines for 30 or more cumulative days.

Epidemiology
- Since 1999 the amount of prescription opioids sold in the U.S. nearly quadrupled.
- Since 1999 the number of deaths from prescription opioids in the U.S. nearly quadrupled.
- Opioids were associated with the most pharmaceutical-related overdose deaths in 2010 (75.2 percent).
- Benzodiazepines were associated with the second most pharmaceutical-related overdose deaths in 2010 (29.4 percent).
- In 2010, benzodiazepine use was associated with 30.1 percent of opioid overdose deaths and opioid use was associated with 77.2 percent of benzodiazepine overdose deaths.

Best Practice Guidelines
- Prescribe opioid pain medications with benzodiazepines or other CNS depressions only to individuals for whom other alternative treatment options are not adequate.
- If prescribed together, limit dose and duration of each drug to achieve the desired clinical effect.
- Warn Members and caregivers about the risks of slowed or difficult breathing and/or sedation, and the associated signs and symptoms.
- Avoid prescribing prescription opioid cough medicines for Members taking benzodiazepines or other CNS depressants, including alcohol.
• Apply the SBIRT approach for early intervention and treatment as appropriate.
  ❑ Screening (S): Quickly assess the severity of the substance use and identify the appropriate treatment.
  ❑ Brief Intervention (BI): Increase insight and awareness regarding substance use and motivation toward behavioral change.
  ❑ Referral to Treatment (RT): Once Member is identified as needing more extensive treatment, contact the IEHP Behavioral Health Team for assistance with a referral if needed.

### Member Education, Resources and Self-Management

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available at</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telephonic Resources</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Contact:** Riverside or San Bernardino County Substance Use Departments | Information on substance use services in Riverside and San Bernardino Counties. | Riverside County: *(800) 499-3008*  
https://www.rcdmh.org/Substance-Use-Services  
San Bernardino County: *(909) 421-4601*  
http://wp.sbcounty.gov/dbh/ad/ |
| **Printed/Electronic Resources** | Member information guide highlighting alternatives to opioid treatment, possible side effects, and how to take opioids in a safe and responsible way. | https://www.va.gov/PAINMANAGEMENT/Opioid_Safety/OSI_docs/10-791-Safe_and_Responsible_Use_508.pdf# |
| **Reference:** Do You Take Both Opioids and Benzodiazepines? | Brochure on common examples and highlighting importance of not taking these medications together. | Refer to the handout included in Member Resources.  

### Talking Points
- Educate Member about overdose and addiction risks when taking opioids and benzodiazepines together.
- Ask Members about their medication use at each visit.
- Ask Members if they are taking medications prescribed by other Providers.
- Encourage registration in CURES and long-term controlled substance contracts.
- Refer to a behavioral health specialist if needed.
• Avoid questioning Member in a judgmental way through use of therapeutic communication to establish and maintain rapport. This can be accomplished through restating what the Member says, open-ended questions, stating observations and acceptance of Member’s feelings.

How to Maximize Your Global Quality P4P Incentive
• Follow suggested best practice summary guidelines for Concurrent Use of Opioids and Benzodiazepines. (Refer to handouts included in the Provider Resources pocket).
• Utilize CURES resources to assess for multiple prescribers of opioids and benzodiazepines.
• Screen Members for risk of substance-use disorders, including opioid abuse and misuse, and warn them of the risk for overdose and death associated with the use of additional CNS depressants, including alcohol and illicit or recreational drugs.

Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

References
Do You Take Both Opioids and Benzodiazepines?

Patient Education Brochure

Common examples of opioids and benzodiazepines:

**Opioids**
- Hydrocodone - Vicodin®, Norco®, Lortab®
- Oxycodone - Percocet®
- Morphine
- Fentanyl
- Methadone

**Benzodiazepines**
- Alprazolam - Xanax®, Clonazepam - Klonopin®, Diazepam - Valium®, Lorazepam - Ativan®
Let's test what you know!

Please circle either true or false to test what you know (see back for answers):

1. I am not at risk of an accidental overdose if I take my opioid and benzodiazepine medication as prescribed.
   - True   or   False

2. Only people addicted to medications can overdose.
   - True   or   False

3. Certain medical problems or use of alcohol can increase my risk of an accidental overdose.
   - True   or   False

4. Patients who have been taking an opioid and benzodiazepine for a long time are not at risk for an accidental overdose.
   - True   or   False

Did you know?

The risk of accidental overdose can occur with any dose, large or small, even if you've been taking the medicines for a long time.

It is important that you do not stop taking your medications without talking to your provider first. Stopping medications too fast can be dangerous.

What should you do now?

1. Talk to your provider about the risks and benefits of your medications.
2. Ask your provider if there are safer medication options for you.
3. Ask your provider if naloxone is right for you.

Why is combining an opioid and a benzodiazepine so dangerous?

When used together, these medications may:
- Slow or stop your breathing
- Cause an accidental overdose

What is an accidental overdose?

An accidental overdose is when your body has too much medication but you didn’t know it was going to be too much. An accidental overdose can cause you to stop breathing and die.

100 Drug Overdose Deaths Per Day

100% Preventable
What is naloxone?

**Naloxone** is an important part of opioid safety and can lower your risk of an opioid overdose death.

Naloxone is a prescription medication used in an emergency. It can help you start breathing again by reversing an opioid overdose.

Please see this link or scan the QR code below for more information about naloxone:

https://www.youtube.com/playlist?list=PL3AQ_JVoBEyxacdQcDn5kJISzR-jouk7J

Check your answers!

1. **False.** Even when used correctly, taking opioids and benzodiazepines together can cause an overdose. Ask your provider what your risks are. Ask if there are other medications that may be safer for you.

2. **False.** Any patient taking an opioid with a benzodiazepine has a risk of an overdose. Remember, it is the medication combination that is dangerous, not the person who takes it.

3. **True.** Lung disease, sleep apnea, liver disease, alcohol use and many other things can increase your risk for an overdose.

4. **False.** This medication combination always comes with some risks, no matter how long you’ve been taking it. Your risks may increase as you age. It’s important that you and your provider continue to talk about the risks and benefits of your medications before deciding what’s right for you.
What are Opioids?

Opioids are a type of drug found in some pain or other prescription medications, and in some illegal drugs of abuse (e.g., heroin). In certain situations, opioids can slow or stop a person’s normal breathing function.

Opioid harms
• Taking too much opioids can make a person pass out, stop breathing and die.
• Opioids can be addicting and abused.
• Tolerance to opioids can develop with daily use. This means that one will need larger doses to get the same effect.
• If a person stops taking opioids, he/she will lose tolerance. This means that a dose one takes when tolerant could cause overdose if it is taken again after being off of opioids.
• An opioid dose a person takes could cause overdose if shared with another person. Another person may not be tolerant.

Safe Use of Opioids

Safe use of opioids prevents opioid harms from happening to not only you, but also to family, friends and the public.

To use opioids safely
• Know what you’re taking (e.g., color/shape/size/name of medication)
• Take your opioid medication exactly as directed
• Review the booklet Taking Opioids Responsibly for Your Safety and the Safety of Others with your provider
• DON’T mix your opioids with:
  » Alcohol
  » Benzodiazepines (Alprazolam/Xanax, Lorazepam/Ativan, Clonazepam/Klonopin, Diazepam/Valium) unless directed by your provider
  » Medicines that make you sleepy

Ask a VA clinician if naloxone is right for you

Important considerations:
• Naloxone works only for opioid overdose and may temporarily reverse opioid overdose to help a person start breathing again.
• During an overdose the user cannot react, so someone else needs to give naloxone.
• Encourage family and significant others to learn how to use naloxone (see “Overdose Resources” section).
• If you have naloxone, tell family and significant others where you keep it.
• Store naloxone at room temperature (59° to 77°F), away from light. Avoid extremes of heat or cold (e.g., do not freeze).

Resources

Local Emergency Services: 911
National Poison Hotline: 1-800-222-1222
Veterans Crisis Line: 1-800-273-TALK (8255), or text — 838255

Taking Opioids Responsibly for Your Safety and the Safety of Others

VA Substance Use Disorder Treatment Locator
• www2.va.gov/directory/guide/SUD.asp

VA Posttraumatic Stress Disorder (PTSD) Treatment Locator
• www.va.gov/directory/guide/PTSD.asp

“How To” VA Naloxone Video
• VA Naloxone Nasal Spray: https://youtu.be/0w-usJQEs3s
• VA Auto-Injector Naloxone Kit: https://youtu.be/-DQBCnAPBY

www.va.gov

IB 10-784, P96786 Revised: 09/16
Opioid Overdose

Opioid overdose occurs when a person takes more opioids than the body can handle, passes out and has no or very slow breathing (i.e., respiratory depression).

» Overdose can occur seconds to hours after taking opioids and can cause death.

Signs of an Overdose*

Check: Appears sleepy, heavy nodding, deep sleep, hard to arouse, or vomiting

Listen: Slow or shallow breathing (1 breath every 5 seconds); snoring; raspy, gurgling, or choking sounds

Look: Bluish or grayish lips, fingernails, or skin

Touch: Clammy, sweaty skin

- If the person shows signs of an overdose, see next section “Responding to an Overdose”
  * Even if the person responds to an initial safety check, bystanders should continue to monitor any person with these signs constantly to make sure the person does not stop breathing and die.

Overdose Resources

SAMHSA Opioid Overdose Prevention Toolkit
Contains safety advice for patients and resources for family members

Community-Based Overdose Prevention and Naloxone Distribution Program Locator
Identifies programs outside of the VA that distribute naloxone
- http://hopeandrecovery.org/locations/

Prescribe to Prevent
Patient resources and videos demonstrating overdose recognition and response, including naloxone administration
- http://prescribetoprevent.org/video/

Responding to an Overdose

1. Check For A Response
   - Lightly shake person, yell person’s name, firmly rub person’s sternum (bone in center of chest where ribs connect) with knuckles, hand in a fist
   - If person does not respond—Give Naloxone, Call 911

2. Give Naloxone, Call 911
   - If you have naloxone nasal spray, DO NOT PRIME OR TEST the spray device. Gently insert the tip of the nozzle into one nostril and press the plunger firmly to give the entire dose of naloxone nasal spray.
   - If you have the naloxone auto-injector, pull device from case and follow voice instructions.
   - When calling 911, give address and say the person is not breathing.

3. Airway Open
   Rescue Breathing (if overdose is witnessed)
   - Place face shield (optional)
   - Tilt head back, lift chin, pinch nose
   - Give 1 breath every 5 seconds
   - Chest should rise

   Chest Compressions (if collapse is unwitnessed)
   - Place heel of one hand over center of person’s chest (between nipples)
   - Place other hand on top of first hand, keep elbows straight, shoulders directly above hands
   - Use body weight to push straight down, at least 2 inches, at rate of 100 compressions per minute
   - Place face shield (optional)
   - Give 2 breaths for every 30 compressions

4. Consider Naloxone Again
   - If person doesn’t start breathing in 2-3 minutes, or responds to the first dose of naloxone and then stops breathing again, give second dose of naloxone
   - Because naloxone wears off in 30 to 90 minutes be sure to stay with the person until emergency medical staff take over or for at least 90 minutes in case the person stops breathing again

5. Recovery Position
   - If the person is breathing but unresponsive, put the person on his/her side to prevent choking if person vomits
¿Qué son los opioides?

Los opioides son un tipo de fármaco que se encuentra en algunos medicamentos para el manejo de dolor (analgésicos narcóticos), y otros medicamentos recetados, y en algunas drogas ilegales (ej. heroína). En ciertas situaciones los opioides pueden disminuir o detener la función respiratoria de una persona.

Peligros relacionados con el uso de opioides

- El tomar demasiados opioides puede ocasionar que una persona pierda el conocimiento, pare de respirar y muera.
- Los opioides son altamente adictivos con potencial de abuso.
- El uso diario de los opioides puede crear tolerancia, lo que significa que la persona necesitará una dosis más alta para obtener el mismo efecto.
- Si una persona descontinúa el uso de opioides, perderá la tolerancia. Esto significa que si una persona deja de tomar los opioides y luego vuelve a usar la misma dosis que solía usar cuando tenía tolerancia, le podría causar una sobredosis.
- La dosis de opioides de una persona podría causarle una sobredosis a otra persona si comparten la droga. Esto se debe a que la otra persona no haya desarrollado tolerancia.

Por favor comparta esta tarjeta con un amigo o miembro de su familia.

Servicios locales de emergencia:  911
Línea directa al Centro Nacional de Intoxicación:  1-800-222-1222
La Línea de Crisis para los Veteranos:  1-800-273-TALK (8255) o Texto – 838255

Usos seguros de opioides

El uso seguro de opioides puede prevenir los efectos adversos no sólo para usted, sino para su familia, los amigos, o el público en general.

Para usar los opioides de manera segura

- Conozca lo qué está tomando (ej. color/forma/tamaño/nombre del medicamento)
- Tome sus medicamentos opioides exactamente como le fueron recetados
- Repase con su proveedor de salud el folleto Tomando opioides responsablemente por su seguridad y la de los demás
- NO mezcle los opioides con:
  » Alcohol
  » Benzodiazepines (Alprazolam/Xanax, Lorazepam/Ativan, Clonazepam/Klonopin, Diazepam/Valium) a menos que su médico le indique lo contrario
  » Medicamentos que le causan sueño

Pregunte a su proveedor del VA si naloxona es apropiado para usted

Consideraciones importantes:

- Naloxona sólo trabaja contra sobredosis de opioides y puede revertir temporalmente la sobredosis causada por opioides para ayudar a la persona a empezar a respirar nuevamente
- Durante una sobredosis el que usa no puede reaccionar, así que otra persona tiene que administrarle la naloxona
- Anime a su familia y personas significativas a aprender cómo usar la naloxona (ver la sección de “Recursos de sobredosis”)
- Si usted tiene naloxona, infórmele a sus familiares y personas significativas donde lo guarda
- Debe guardar la naloxona a temperatura ambiente, lejos del calor y la luz (ej. no la mantenga en su automóvil), si no la naloxona perderá su eficacia.

Tomando opioides responsablemente por su seguridad y la de los demás

- [www2.va.gov/directory/guide/SUD.asp](http://www2.va.gov/directory/guide/SUD.asp)
- [www.va.gov/directory/guide/PTSD.asp](http://www.va.gov/directory/guide/PTSD.asp)
- [Aerosol Nasal (4 mg) del VA:](https://youtu.be/0w-us7fQE3s)
- [Naloxona Auto-Inyector del VA:](https://youtu.be/-DQBCnrAPBY)
Una sobredosis de opioides

Una sobredosis de opioides ocurre cuando una persona toma una cantidad de opioides mayor a la que el cuerpo puede tolerar. La persona pierde el conocimiento y se le disminuye o pierde la respiración (depresión respiratoria).

> Una sobredosis puede ocurrir desde segundos a horas después de consumir opioides y puede causar la muerte

Síntomas de una sobredosis*

Verifique si: muestra signos de soñolencia, cabeceo descontrolado, sueño profundo, dificultad de despertar, o vómitos

Escuche si: La respiración es corta o lenta (1 respiración cada 5 segundos); ronquidos; sonidos de gárgaras (borboteo áspero) en la garganta, o asfixia

Observe si: muestra color azulado o grisáceo en los labios, uñas, o piel

Palpe si: la piel está sudorosa y/o pegajoso al tacto

- Si la persona tiene síntomas de una sobredosis, vea la siguiente sección: “Respondiendo a una sobredosis”

* Aun cuando la persona responda positivamente a esta acción de seguridad inicial, la persona quien le esté asistiendo debe de continuar el monitoreo de estas señales constantemente para asegurar que la persona no deje de respirar y mueran.

Recursos de sobredosis

SAMHSA Guía Prevención de Sobredosis Opioides “Toolkit”
Esta guía contiene consejos de seguridad para pacientes y recursos para familiares


Prevención de sobredosis basada en la comunidad y Localizador de programas de distribución de naloxona
Identifica programas fuera del VA que distribuyen la naloxona

- http://hopeandrecovery.org/locations/

Recetar para prevenir
Recursos y videos para el paciente que demuestran como reconocer una sobredosis y como responder, incluyendo como administrar la naloxona

- http://prescribetoprevent.org/video/

Respondiendo a una sobredosis

1. **Cheque si la persona responde**
- Mueva a la persona suavemente, con voz alta llámelo por su nombre, y masaje firmemente el esternón (hueso en el centro del pecho donde conectan las costillas) con los nudillos, cerrando la mano en un puño
- Si la persona no responde — **Administre Naloxona, Llame al 9-1-1**

2. **Administre Naloxona, Llame al 9-1-1**
- Si usted tiene el aerosol nasal de naloxona, no es necesario preparar el dispositivo (aerosol) ni probar su funcionamiento de antemano. Inserte cuidadosamente la punta del aerosol en una fosa nasal y apriete firmemente el émbolo para administrar la dosis completa.
- Si usted tiene el auto inyector de naloxona, tire el dispositivo de la caja y siga las instrucciones de voz (las instrucciones están en inglés).
- Cuando llame al 911, provea la dirección y deje saber que la persona no está respirando.

3. **La Vía Aérea Abierta**

Respiración de rescate (si observa una sobredosis)
- Aplique el protector de cara (opcional)
- Incline la cabeza hacia atrás, levante la barbilla, apriete la nariz
- Dé 1 respiración cada 5 segundos
- El pecho debe subir

Compresiones torácicas (si no observa el colapso)
- Coloque el talón de la mano sobre el centro del pecho de la persona (entre los pezones)
- Coloque la otra mano encima de la primera mano, mantenga sus codos rectos y los hombros directamente sobre las manos
- Utilice su peso corporal para empujar hacia abajo, por lo menos 2 pulgadas, a una velocidad de 100 compresiones por minuto
- Aplique el protector de cara (opcional)
- Dé 2 respiraciones por cada 30 compresiones

4. **Reconsidere naloxona**
- Si la persona no comienza a respirar dentro de 2 a 3 minutos, o responde a la primera dosis de naloxona y luego deja de respirar otra vez, dele una segunda dosis de naloxona
- Debido a que los efectos de la naloxona desaparecen en 30 a 90 minutos, asegúrese de quedarse con la persona hasta que el personal médico de emergencia tome control, o por lo menos durante 90 minutos por si la persona deja de respirar otra vez

5. **Posición de recuperación**
- Si la persona está respirando, pero está inconsciente, ponga la persona en posición lateral para prevenir que se ahogue en caso que la persona vomite

» Una sobredosis puede ocurrir desde segundos a horas después de consumir opioides y puede causar la muerte
Promoting Patient Care and Safety

THE US OPIOID OVERDOSE EPIDEMIC

The United States is in the midst of an epidemic of prescription opioid overdoses. The amount of opioids prescribed and sold in the US quadrupled since 1999, but the overall amount of pain reported by Americans hasn’t changed. This epidemic is devastating American lives, families, and communities.

More than 40 people die every day from overdoses involving prescription opioids.\(^1\)

Since 1999, there have been over 165,000 deaths from overdose related to prescription opioids.\(^1\)

4.3 million Americans engaged in non-medical use of prescription opioids in the last month.\(^2\)

PRESCRIPTION OPIOIDS HAVE BENEFITS AND RISKS

Many Americans suffer from chronic pain. These patients deserve safe and effective pain management. Prescription opioids can help manage some types of pain in the short term. However, we don’t have enough information about the benefits of opioids long term, and we know that there are serious risks of opioid use disorder and overdose—particularly with high dosages and long-term use.

249M

prescriptions for opioid pain medication were written by healthcare providers in 2013

enough prescriptions were written for every American adult to have a bottle of pills

\(^1\) Includes overdose deaths related to methadone but does not include overdose deaths related to other synthetic prescription opioids such as fentanyl.

\(^2\) National Survey on Drug Use and Health (NSDUH), 2014
NEW CDC GUIDELINE WILL HELP IMPROVE CARE, REDUCE RISKS

The Centers for Disease Control and Prevention (CDC) developed the **CDC Guideline for Prescribing Opioids for Chronic Pain** (Guideline) for primary care clinicians treating adult patients for chronic pain in outpatient settings. The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care. The Guideline was developed to:

- Improve communication between clinicians and patients about the benefits and risks of using prescription opioids for chronic pain
- Provide safer, more effective care for patients with chronic pain
- Help reduce opioid use disorder and overdose

The Guideline provides recommendations to primary care clinicians about the appropriate prescribing of opioids to improve pain management and patient safety. It will:

- Help clinicians determine if and when to start prescription opioids for chronic pain
- Give guidance about medication selection, dose, and duration, and when and how to reassess progress, and discontinue medication if needed
- Help clinicians and patients—together—assess the benefits and risks of prescription opioid use

Among the 12 recommendations in the Guideline, there are three principles that are especially important to improving patient care and safety:

- **Nonopioid therapy is preferred for chronic pain outside of active cancer, palliative, and end-of-life care.**
- **When opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose.**
- **Clinicians should always exercise caution when prescribing opioids and monitor all patients closely.**

To develop the Guideline, CDC followed a transparent and rigorous scientific process using the best available scientific evidence, consulting with experts, and listening to comments from the public and partners.

**PATIENT CARE AND SAFETY IS CENTRAL TO THE GUIDELINE**

Before starting opioids to treat chronic pain, patients should:

- Make the most informed decision with their doctors
- Learn about prescription opioids and know the risks
- Consider ways to manage pain that do not include opioids, such as:
  - Physical therapy
  - Exercise
  - Nonopioid medications, such as acetaminophen or ibuprofen
  - Cognitive behavioral therapy (CBT)

**LEARN MORE** | www.cdc.gov/drugoverdose/prescribing/guideline.html
DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

**1. OPIOIDS ARE NOT FIRST-LINE THERAPY**

Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

**2. ESTABLISH GOALS FOR PAIN AND FUNCTION**

Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

**3. DISCUSS RISKS AND BENEFITS**

Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP, AND DISCONTINUATION

**4. USE IMMEDIATE-RELEASE OPIOIDS WHEN STARTING**

When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.

**5. USE THE LOWEST EFFECTIVE DOSE**

When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥90 MME/day or carefully justify a decision to titrate dosage to ≥90 MME/day.

**6. PRESCRIBE SHORT DURATIONS FOR ACUTE PAIN**

Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.

---

**Nonpharmacologic therapies and nonopioid medications include:**

- Nonopioid medications such as acetaminophen, ibuprofen, or certain medications that are also used for depression or seizures
- Physical treatments (eg, exercise therapy, weight loss)
- Behavioral treatment (eg, CBT)
- Interventional treatments (eg, injections)

---

**Immediate-release opioids:** faster acting medication with a shorter duration of pain-relieving action

**Extended release opioids:** slower acting medication with a longer duration of pain-relieving action

**Morphine milligram equivalents (MME)/day:** the amount of morphine an opioid dose is equal to when prescribed, often used as a gauge of the abuse and overdose potential of the amount of opioid that is being given at a particular time

---

**LEARN MORE |** www.cdc.gov/drugoverdose/prescribing/guideline.html
EVALUATE BENEFITS AND HARSMS FREQUENTLY
Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

ASSESSING RISK AND ADDRESSING HARSMS

USE STRATEGIES TO MITIGATE RISK
Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MME/day), or concurrent benzodiazepine use, are present.

REVIEW PDMP DATA
Clinicians should review the patient’s history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

USE URINE DRUG TESTING
When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.

AVOID CONCURRENT OPIOID AND BENZODIAZEPINE PRESCRIBING
Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

OFFER TREATMENT FOR OPIOID USE DISORDER
Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html
Lower Back Pain
Use of Imaging Studies for Low Back Pain (LBP) describes a diverse group of disorders that affect the soft tissues and bone structures of the lower back (First five vertebrae in lumbar region). The American College of Physicians and the American Pain Society support that imaging is only necessary for patients who have severe or progressive neurologic deficits and/or signs and symptoms that suggest a serious specific underlying condition.

**Measure Description:** The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (Plain X-Ray, MRI, CT Scan) within 28 days of the diagnosis. Members 18 years of age as of January 1 of the measurement year to 50 years old as of December 31 of the measurement year.

**Epidemiology**
- One quarter of adults have at least one day of low back pain in a three-month period, with men and women being equally affected.
- Low back pain affects 80% of adults at some point in their lifetime.
- Overutilization: >25% of patients with the diagnosis were referred to imaging last year after primary diagnosis was given for back pain.
- Back pain is the most common cause of job-related disability and the leading contributor to missed work days.
- The majority of patients with a primary diagnosis of low back pain are back to their usual activities in 30 days.

**Best Practice Guidelines**
- Conduct a focused history and physical examination to help place Members with low back pain into one of three broad categories: non-specific low back pain, back pain potentially associated with radiculopathy or spinal stenosis or back pain potentially associated with another specific spinal cause. The history should include assessment of psychosocial risk factors, which predict risk for chronic disabling back pain.
- Do not routinely obtain imaging or other diagnostic tests in Members with non-specific low back pain.
- Perform diagnostic testing in Members with low back pain when severe or progressive neurologic deficits are present, or when serious underlying conditions are suspected based on history and physical examination.
- Evaluate Members with persistent low back pain and signs or symptoms of radiculopathy or spinal stenosis with MRI (preferred) or CT only if they are potential candidates for surgery or epidural steroid injection (for suspected radiculopathy).
- Provide Members with low back pain evidence-based information about their expected course, advise Members to remain active and provide information about effective self-care options.
- For Members with low back pain, consider the use of medications with proven benefits in conjunction with back care information and self-care. Assess severity of baseline pain and functional deficits and discuss potential benefits and risks before initiating therapy. Bear in mind the relative lack of long-term efficacy and safety data for extended courses of pharmacologic therapy. First-line medication options for most Members are acetaminophen or non-steroidal anti-inflammatory drugs.
• For Members who do not respond to self-care, consider the addition of non-pharmacologic therapy with proven benefits.
  o For acute LBP: spinal manipulation.
  o For chronic or subacute LBP: intensive interdisciplinary rehabilitation, exercise therapy, acupuncture, massage therapy, spinal manipulation, yoga, cognitive-behavioral therapy or progressive relaxation.

### Screening Guidelines

<table>
<thead>
<tr>
<th>Population</th>
<th>Screening recommendation</th>
<th>Comments</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Men and women 18-50 years of age with an initial diagnosis of lower back pain.</td>
<td>Do not proceed with order for imaging.</td>
<td>Analgesics and or medical advice are typically appropriate at this point.</td>
<td></td>
</tr>
<tr>
<td>Men and women 18-50 years of age with initial diagnosis of lower back pain that also possess any of the following: Cancer, recent trauma, IV drug abuse, neurologic impairment, HIV, spinal infection, major organ transplant, prolonged use of corticosteroids.</td>
<td>Imaging is clinically indicated; proceed with order.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Talking Points

• Advise Members about the risks of inactivity and weight gain related to back pain.
• Advise Members about proper posture and lifting mechanics.

### Member Education, Resources and Self-Management

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available at</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Visit: IEHP Community Resource Centers</strong></td>
<td>Find upcoming class schedules/programs related to overall health</td>
<td>For the schedule of free health and fitness classes offered by IEHP’s Community Resource Centers (San Bernardino, Riverside, Victorville), visit <a href="http://www.iehp.org/crc">www.iehp.org/crc</a> or call 1-866-228-4347 to register for classes.</td>
</tr>
</tbody>
</table>
Printed/Electronic Resources

**Reference:** Mayo Clinic

Website providing information about back pain and how to prevent it.

https://www.mayoclinic.org/diseases-conditions/back-pain/symptoms-causes/syc-20369906

**Reference:** Mayo Clinic

Website providing information about proper body mechanics and proper lifting techniques.


**Reference:** Imaging Tests For Lower Back Pain

Handout explaining proper use of imaging services for lower back pain.

Refer to PCP resource guide pocket.

**Reference:** Exercises for Low Back Pain

Handout describing simple and safe exercises to do at home for Members experiencing back pain.

Refer to PCP resource guide pocket.

References

Many things can affect your pain. These can include stress, sleep, money worries, and even the weather. When you and your doctor both understand what makes your pain worse, you can begin to work together on ways to reduce or deal with your pain “triggers.”

On this page, mark the number that most closely matches your experience with each item over the last several weeks.
Fear of Pain

No Fear | Very Afraid
---|---
1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

Using Medications as Prescribed

As Directed | Not As Directed
---|---
1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

Side Effects

None | Strong Side Effects
---|---
1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

Constipation

Normal | Irregular
---|---
1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

Sexual Activity

Satisfied | Unsatisfied
---|---
1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10
### Appetite

<table>
<thead>
<tr>
<th>Normal appetite</th>
<th>No appetite</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Mood

<table>
<thead>
<tr>
<th>Cheerful &amp; calm</th>
<th>Depressed, anxious</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Interaction/isolation

<table>
<thead>
<tr>
<th>Lots of interaction with family &amp; friends</th>
<th>Always alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Alcohol Use (drinks each day)

<table>
<thead>
<tr>
<th>None</th>
<th>1 or 2</th>
<th>3 or 4</th>
<th>5 or 6</th>
<th>7 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### Finances

<table>
<thead>
<tr>
<th>No money worries</th>
<th>Serious money worries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Registro de Vivir Mejor con Dolor

Hay muchas cosas que pueden afectar su dolor. Estas pueden ser el estrés, el sueño, preocupaciones económicas e incluso el clima. Cuándo usted y su médico hayan entendido lo que agrava el dolor, ustedes podrán comenzar a trabajar juntos sobre maneras de cómo reducir o lidiar con sus “episodios” de dolor. Este registro también está disponible en Internet, www.theacpa.org/painLog, donde tendrá la oportunidad de entrar y registrar sus niveles de dolor, estrés, actividades y más diariamente.

<table>
<thead>
<tr>
<th>Nivel de Dolor</th>
<th>Fecha</th>
<th>Nombre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sin dolor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muchísimo dolor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estrés</th>
<th>Fecha</th>
<th>Nombre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sin estrés</td>
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<td></td>
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<tr>
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<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muy estresado</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Ejercicios</th>
<th>Fecha</th>
<th>Nombre</th>
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<tbody>
<tr>
<td>Ejercicios diarios</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Sin ejercicios</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actividad</th>
<th>Fecha</th>
<th>Nombre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actividad normal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Sin actividad</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Dormir</th>
<th>Fecha</th>
<th>Nombre</th>
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<tbody>
<tr>
<td>Descanso total</td>
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</tr>
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<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Sin descanso</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Registro de Vivir Mejor con Dolor (continuación)

En estas páginas, marque el número que más se parezca a su experiencia con cada elemento en las últimas semanas.

**Miedo al Dolor**

<table>
<thead>
<tr>
<th>Sin miedo</th>
<th>Mucho miedo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

**Utilizando Medicamentos Prescritos**

<table>
<thead>
<tr>
<th>Indicado</th>
<th>No indicado</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

**Efectos Secundarios**

<table>
<thead>
<tr>
<th>Ninguno</th>
<th>Efectos secundarios graves</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

**Constipación**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Irregular</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

**Actividad Sexual**

<table>
<thead>
<tr>
<th>Satisfecho</th>
<th>No satisfecho</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>
### Apetito

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apetito normal</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sin apetito</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td>✅</td>
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### Humor

<table>
<thead>
<tr>
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<th>5</th>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animado y Calmado</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Deprimido, Ansioso</td>
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<td></td>
<td></td>
<td></td>
<td>✅</td>
<td>✅</td>
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### Interacción/Aislamiento

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mucha interacción con familia y amigos</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siempre solo</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>✅</td>
<td>✅</td>
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</table>

### Consumo de Alcohol (bebidas al día)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ninguno</td>
<td>✅</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 o 2</td>
<td></td>
<td>✅</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 o 4</td>
<td></td>
<td></td>
<td>✅</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5 o 6</td>
<td></td>
<td></td>
<td></td>
<td>✅</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 o más</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✅</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Finanzas

<table>
<thead>
<tr>
<th></th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ninguna preocupación económica</td>
<td>✅</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muchas preocupaciones económicas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✅</td>
<td>✅</td>
</tr>
</tbody>
</table>
Do you want to prevent back pain? Try a few basic exercises to stretch and strengthen your back and supporting muscles. Repeat each exercise a few times, then increase the number of repetitions as the exercise gets easier. If you’ve ever hurt your back or have other health conditions, such as osteoporosis, consult your doctor before doing these exercises.

**Knee-to-chest stretch**

Lie on your back with your knees bent and your feet flat on the floor (A). Using both hands, pull up one knee and press it to your chest (B). Tighten your abdominals and press your spine to the floor. Hold for 5 seconds. Return to the starting position (A) and repeat with the opposite leg (C). Return to the starting position and then repeat with both legs at the same time (D). Repeat each stretch two to three times — preferably once in the morning and once at night.

**Lower back rotational stretch**

Lie on your back with your knees bent and your feet flat on the floor (A). Keeping your shoulders firmly on the floor, roll your bent knees to one side (B). Hold for five to 10 seconds. Return to the starting position (C). Repeat on the opposite side (D). Repeat each stretch two to three times — preferably once in the morning and once at night.
**Lower back flexibility exercise**

Lie on your back with your knees bent and your feet flat on the floor (A). Tighten your abdominal muscles so your stomach pulls away from your waistband (B). Hold for five seconds and then relax. Flatten your back, pulling your bellybutton toward the floor (C). Hold for five seconds and then relax. Repeat. Start with five repetitions each day and gradually work up to 30.

---

**Bridge exercise**

Lie on your back with your knees bent and your feet flat on the floor (A). Keeping your shoulders and head relaxed on the floor, tighten your abdominal and gluteal muscles. Then raise your hips to form a straight line from your knees to your shoulders (B). Try to hold the position long enough to complete three deep breaths. Return to the starting position (C). Repeat. Start with five repetitions each day and gradually work up to 30.

---

**Cat stretch**

Position yourself on your hands and knees (A). Slowly arch your back, as if you're pulling your abdomen up toward the ceiling (B). Then slowly let your back and abdomen sag toward the floor (C). Return to the starting position (A). Repeat three to five times twice a day.
Seated lower back rotational stretch

Sit on an armless chair or a stool. Cross your right leg over your left leg. Bracing your left elbow against the outside of your right knee, twist and stretch to the side (A). Hold for 10 seconds. Repeat on the opposite side (B). Repeat this stretch three to five times on each side twice a day.

Shoulder blade squeeze

Sit on an armless chair or a stool (A). While maintaining good posture, pull your shoulder blades together (B). Hold for five seconds and then relax. Repeat three to five times twice a day.

(Back Exercises, 2016)

-rays, CT scans, and MRIs are called imaging tests because they take pictures, or images, of the inside of the body. You may think you need one of these tests to find out what is causing your back pain. But these tests usually don’t help. Here’s why:

The tests will not help you feel better faster.

Most people with lower-back pain feel better in about a month, whether or not they have an imaging test.

People who get an imaging test for their back pain do not get better faster. And sometimes they feel worse than people who took over-the-counter pain medicine and followed simple steps, like walking, to help their pain.

Imaging tests can also lead to surgery and other treatments that you do not need. In one study, people who had an MRI were much more likely to have surgery than people who did not have an MRI. But the surgery did not help them get better any faster.
**Imaging tests have risks.**

X-rays and CT scans use radiation. Radiation has harmful effects that can add up. It is best to avoid radiation when you can.

**Imaging tests are expensive.**

Imaging tests can cost hundreds, or even thousands, of dollars depending on the test and where you have it. Why waste money on tests when they don’t help your pain? And if the tests lead to surgery, the costs can be much higher.

**When are imaging tests a good idea?**

In some cases you may need an imaging test right away. Talk to your doctor if you have back pain with any of the following symptoms:

- Weight loss that you cannot explain
- Fever over 102° F
- Loss of control of your bowel or bladder
- Loss of feeling or strength in your legs
- Problems with your reflexes
- A history of cancer

These symptoms can be signs of nerve damage or a serious problem such as cancer or an infection in the spine.

If you do not have any of these symptoms, we recommend waiting a few weeks.
Patient Experience - Member Satisfaction Survey
The IEHP Monthly Member Satisfaction Survey is designed to capture information from IEHP Members about their experiences with health care. Survey questions are sent out between June and December. Responses are analyzed and shared at the PCP and IPA level. Surveys help identify opportunities to improve overall customer service. Members’ responses allow IEHP to target specific issues and improve Member satisfaction. The following four measures are included in IEHP’s PCP Global Quality P4P incentive program in the Patient Care Experience domain:

- Access to Care Needed Right Away
- Coordination of Care
- Rating of Personal Doctor (PCP)
- Medical Assistance with Smoking and Tobacco Use Cessation (MSC) - Advising Smokers to Quit

<table>
<thead>
<tr>
<th>CAHPS (Member satisfaction) question</th>
<th>Measure/Domain</th>
<th>Valid Response</th>
<th>Target Response</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last six months, how often did your personal Doctor seem informed and up to date about the care you got from other Doctors or other health Providers?</td>
<td>Coordination of Care</td>
<td>Never</td>
<td>Usually</td>
<td>Creation of Referral Logs: Please contact IEHP Nurse Educators for Referral Training or your Provider Service Representative for additional information.</td>
</tr>
<tr>
<td>Using any number from 0-10, where 0 is the worst personal Doctor possible and 10 is the best personal Doctor possible, what number would you use to rate your “personal Doctor”?</td>
<td>Rating of Personal Doctor (PCP)</td>
<td>0-10</td>
<td>8, 9 or 10</td>
<td>To support positive Member experience, please contact IEHP Nurse Educators or your Provider Service Representative for additional information about office visits focused on interventions road mapped to targeted CAHPS (as well as HEDIS measures).</td>
</tr>
<tr>
<td>In the last six months, when you needed care right away, how often did you get care as soon as you needed it?</td>
<td>Access to Care Needed Right Away</td>
<td>Never</td>
<td>Usually</td>
<td>To support the Member experience of timely care, refer to 2019's Access to Care Standards (Handout included). Refer to your IEHP Initial Health Assessment roster for newly assigned Members to your office.</td>
</tr>
<tr>
<td>In the last six months, how often were you advised to quit smoking or using tobacco by a doctor or other health Provider in your plan?</td>
<td>Medical Advisement: Smoking Cessation</td>
<td>Never</td>
<td>Usually</td>
<td>Encourage Members to stop smoking at every visit. Use motivational interviewing techniques for tobacco users unwilling to quit.</td>
</tr>
</tbody>
</table>
In the last six months, how often was medication recommended or discussed by a Doctor or health Provider to assist you with quitting smoking or using tobacco? (Examples: nicotine gum, patch, nasal spray, inhaler, prescription medication)

<table>
<thead>
<tr>
<th>Medical Advisement: Smoking Cessation</th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Refer to AHRQ Clinical Practice Guidelines:
https://ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf

In the last six months, how often did your Doctor or health Provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? (Examples: telephone helpline, individual or group counseling, or cessation program)

<table>
<thead>
<tr>
<th>Medical Advisement: Smoking Cessation</th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Refer to AHRQ Clinical Practice Guidelines:
https://ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf

**Background Data (NCQA, 2017)**

<table>
<thead>
<tr>
<th>Measure</th>
<th>IEHP 2018 Rate</th>
<th>NCQA Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination of Care (Usually, Always)</td>
<td>77.2%</td>
<td>&lt;25th</td>
</tr>
<tr>
<td>Rating of Personal Doctor (8, 9, or 10)</td>
<td>76.6%</td>
<td>&lt;25th</td>
</tr>
<tr>
<td>Getting Care Quickly (Usually, Always)</td>
<td>76.1%</td>
<td>&lt;25th</td>
</tr>
<tr>
<td>Medical Assistance with Smoking and Tobacco Use Cessation</td>
<td>61.38%</td>
<td>&lt;25th</td>
</tr>
</tbody>
</table>

**Recommendations**

- To support the Member’s experience of timely care, refer to Access to Care Standards. Handout included.
- Creation of Referral Logs: Please contact IEHP Nurse Educators for Referral Training or your Provider Service Representative for additional information.
- Refer to your IEHP Initial Health Assessment roster for newly assigned Members to your office.
- The five A’s of Intervention include:
  1. Ask – Identify and document tobacco use status for every Member at every visit
  2. Advise – Encourage tobacco users to quit
  3. Assess – Ensure Member is willing to make an attempt to quit
4. Assist – Utilize counseling and pharmacotherapy to help patient quit
5. Arrange – Follow up with patients within one week of quit date

## Member Education, Resources, and Self-Management

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Available at</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Location Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Visit:</strong> Urgent Care Clinics</td>
<td>Any IEHP Members needing medical attention may visit an Urgent Care Clinic</td>
<td>A listing of all Urgent Care Clinics is found on <a href="https://search.iehp.org">https://search.iehp.org</a></td>
</tr>
<tr>
<td></td>
<td>after regular business office hours and on weekends</td>
<td>or Members can contact IEHP Member Services for a verbal listing at (800) 440-IEHP (4347)</td>
</tr>
<tr>
<td><strong>Telephonic Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Visit:</strong> IEHP’s 24-Hour Nurse Advice</td>
<td>All IEHP Members can contact the IEHP 24-Hour Nurse Advice Line for medical</td>
<td>Please contact the IEHP 24-Hour Nurse Advice Line at (888) 244-4347 or (866) 577-8355 for TTY users</td>
</tr>
<tr>
<td>Line</td>
<td>advice anytime, day or night</td>
<td></td>
</tr>
<tr>
<td><strong>Printed/Electronic Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reference:</strong> IEHP’s website or IEHP’s</td>
<td>Reference guide to find all IEHP contracted Providers, offices, Urgent Care</td>
<td>Please visit <a href="https://ww3.iehp.org/">https://ww3.iehp.org/</a> or the Google Play or Apple App Store depending on your electronic device</td>
</tr>
<tr>
<td>electronic application</td>
<td>Clinics, and ERs</td>
<td></td>
</tr>
<tr>
<td><strong>Reference:</strong> Handout – Barriers to Your</td>
<td>Addresses common beliefs that may keep Members from obtaining care</td>
<td>Refer to the handout included in Member Resources Call your Provider Services</td>
</tr>
<tr>
<td>Care</td>
<td></td>
<td>Representative for copies.</td>
</tr>
<tr>
<td><strong>Reference:</strong> IEHP Nurse Advice Line</td>
<td>Handout providing the number to the Nurse Advice Line</td>
<td>Refer to the handout included in Member Resources Call your Provider Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Representative for copies.</td>
</tr>
<tr>
<td><strong>Reference:</strong> Stop Smoking Self-Care</td>
<td>Handout providing tips to help Members quit smoking</td>
<td>Refer to the handout included in Member Resources. Call your Provider Services</td>
</tr>
<tr>
<td>Guide</td>
<td></td>
<td>Representative for copies.</td>
</tr>
</tbody>
</table>
Reference: Is Smoking Putting Your Family’s Health at Risk?

Handout that explains the secondhand smoke effect

Refer to the handout included in Member Resources. Call your Provider Services Representative for copies.

Reference: Stop Smoking Module

Interactive web based module to assist Members who wish to quit smoking

IEHP.org
All IEHP.org resources for smoking cessation can be found here: https://www.iehp.org/en/members/managing-your-illness?target=0EC4A376-3D00-4E14-A872-24A5053D99B3

Talking Points
• Encourage Members to utilize the IEHP 24-Hour Nurse Advice Line or any after-hours services if needed.
• Inform Members of urgent care options for obtaining services after hours. Some services do not require an ER visit and can be addressed at an urgent care facility.
• Engage with Members about the importance of completing the annual patient experience survey.
• Encourage Members to schedule preventative care appointments.
• Encourage Members to seek follow-up care for care coordination.
• Provide support to Members by encouraging them to use all smoking cessation resources provided by IEHP.

How to Maximize Your Global Quality P4P Incentive
• Refer to the Global Quality P4P Program Guide to view Member Satisfaction Survey questions.
• Provide support and guidance for any Members that want to participate in the survey.
• Adhere to all 2018 IEHP access standards
  o Urgent visit: 48 hours
  o Routine non-urgent visits: within 10 business days
• Ensure your office after hours message includes
  o Instructions on how Members can connect to their Doctor, on-call Physician or covering nurse after hours OR
  o Connecting directly to the Doctor, on-call Physician or covering nurse
  o For emergencies, instructions to the Member to dial 9-1-1 OR
  o Go to the nearest emergency room
• Remind Members of what Urgent Care clinics are available near your office
• Remind Members of IEHP’s 24-Hour Nurse Advice Line
• Screen for tobacco use at every visit
• Assess Member’s readiness to quit using the 5A’s of Intervention
• Offer spoken and written advice, patients may benefit from notes being written down
Please refer to the current year’s PCP Global Quality P4P Program Guide for additional measure description information and code sets.

References

There are many ways to quit smoking, and tips are offered in this guide. Some people stop “cold turkey.” Others quit by using medicines or support services and resources.

You may have tried to quit for a short time in the past. Then maybe you started smoking again because it was too hard to cope with cravings, headaches, or other symptoms. Don’t give up!

**Here are Some Proven Methods to Quit Smoking:**

1. **Behavioral therapy** identifies and helps change habits that lead to smoking. You can:
   - Work with a counselor or support group to help you quit
   - Find your triggers (situations that make you want to smoke)
   - Make a plan for quitting

2. **Nicotine replacement therapy (NRT)** gives nicotine without the harmful chemicals found in tobacco. One of these may help lower your urge to smoke and help you handle withdrawal:
   - Lozenges
   - Inhalers
   - Gum or patch
   - Nasal spray

3. **Medicine could be prescribed in some cases. Talk to your Doctor.**

4. **Combination of methods. You may be more likely to quit if you:**
   - Use two methods (such as, behavioral therapy and NRT patch)
   - Talk with your Doctor to find the right approach for you
Why Should You Quit?

You can get on the path to a healthier life. The rewards are priceless – you’re taking action to improve your health and protect loved ones. After you stop smoking...

❤️ Your blood pressure and heart rate begin to drop toward a normal level – in just 20 minutes
❤️️ Your risk of heart attack drops in just one day
❤️️ You can breathe better in about two weeks
❤️️ Your risk of heart disease is cut in half within one year
❤️️ Your chances of having a stroke, cancer or other “smoker” diseases decrease the longer you don't smoke
❤️️ You help protect your loved ones and others who were exposed to your smoke – called “secondhand smoke.”

The Truth About Secondhand Smoke

The people you live (or work) with can be at risk when exposed to your smoke, known as “secondhand smoke.” Even a very small amount can hurt their health.

Secondhand smoke has more than 4,000 chemicals. More than 60 of these chemicals can cause or increase the risk for cancer, even in people who don’t smoke!

Being around secondhand smoke, even for short periods, can cause:

- Eye, nose and throat irritation
- Coughing and wheezing
- Heart disease
- More problems for people with asthma, bronchitis or allergies
- Headaches
- Dizziness
- Nausea
- Hoarseness

Pregnant women exposed to secondhand smoke are at more risk of having low birth-weight babies.

Secondhand smoke and children

Children who live with smokers have a higher risk of lung infections. Also, babies who live with smokers have a greater chance of Sudden Infant Death Syndrome (SIDS), the major cause of death in babies age 1 or younger.

Continued on page 3
Other problems for young children exposed to secondhand smoke include:
- Coughing and wheezing
- Sore throats
- More middle ear infections
- Increase in new cases of asthma
- Asthma getting worse in children who have it

What can you do to protect your family?
Of course, the best thing you can do for yourself and your family is to quit smoking. Until you do, make sure you:
- Smoke outside only – well away from other family members and pets.
- Refuse to smoke indoors – even when other family members are away. There are no safe levels of secondhand smoke.

Tips to Cope When You Feel Like Smoking
Over time, you formed habits linked to smoking (like smoking after a meal). These are called triggers. Here are tips to help you get past the triggers that lead you to smoke:
- Stay away from places where others will be smoking.
- Chew sugarless gum or eat hard candy, celery, carrots, and other healthy foods – after a meal or other trigger.
- Take a deep breath through your nose and blow out slowly through your mouth. Do this 10 times.
- Take a shower or go for a walk instead – instead of smoking first thing in the morning or after lunch.
- Drink lots of water and avoid alcohol or drinks with caffeine.
Are You Ready to Quit Smoking?
IEHP Can Help!

Visit [www.iehp.org](http://www.iehp.org). Enter “Quit Smoking” in the search bar. This will take you to resources, such as:

- A quit plan
- Online help for quitting
- Support groups

If you don’t have internet access, call us for a list of resources. Call IEHP Member Services at 1-800-440-IEHP (4347) Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347.

Start on your plan to quit smoking today!
Fill out the plan on the back page to get started on a healthier life – for you and your family.

Double Your Chances of Quitting for Good!

Call the [California Smokers’ Helpline](http://www.nobutts.org) for FREE quit-smoking services. You can work one-on-one with a counselor to set up a plan that works for you. There are also special services for pregnant women, teens, tobacco chewers, and vapers (e-cigarette users).

Call the helpline today, or visit the No Butts website at [www.nobutts.org](http://www.nobutts.org).
Resources

Quit Smoking Resources
Access more than 20 different resources on our website: www.iehp.org
You can also call IEHP Member Services at 1-800-440-IEHP (4347)
Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347.

Family Asthma Workshop
At our asthma workshop, you will:
• Learn how to explain asthma
• Follow an Asthma Action Plan
• Learn how to take asthma medicines the right way

This workshop is for:
• People diagnosed with asthma
• Caregivers of people diagnosed with asthma

How to register:
Call IEHP Health Education at 1-866-224-4347, Monday – Friday, 8am – 5pm. TTY users should call 1-800-718-4347.

IEHP Health Talk podcast
Tune in to the IEHP Health Talk podcast to learn more about asthma.
Download the podcast today!

IEHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-273-4347 (TTY: 1-800-718-4347). IEHP cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Lláme al 1-800-273-4347 (TTY: 1-800-718-4347). IEHP遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-440-4347 (TTY: 1-800-718-4347)。
### For example:

#### My Reasons Are:

- I want to be healthy for myself and my family.
- I'm tired of planning for my next cigarette.
- I want to breathe better.
- I want to avoid health problems in the future.
- I'm tired of my clothes, hair, car, and home smelling like smoke.
- I want to save money so I/my family can buy the things we want.
- I want to be healthy for myself and my family.

#### What I Will Do:

| 1. | I want to stop coughing. |
| 2. | I'm tired of planning for my next cigarette. |
| 3. | I want to be healthy for myself and my family. |
| 4. | I want to breathe better. |
| 5. | I'm tired of my clothes, hair, car, and home smelling like smoke. |
| 6. | I want to avoid health problems in the future. |
| 7. | I want to stop smoking. |

### Planning Helps Increase Your Chance of Quitting

- Make a list of reasons why you are ready to quit for good and remind yourself of these when you want to smoke.
- Clear your home, car, and other areas of things used for smoking like lighter, matches, ash trays, cigarettes, and cigars.
- Visit [www.nobuttts.org](http://www.nobuttts.org) for the step-by-step quit guide and other tools to help you quit.

**Talk to my Doctor about the best way for me to quit smoking.**
I feel fine, so that means I am fine (healthy).

Some illnesses may not always cause symptoms. That means, even if you feel well, you may have an illness and not be aware of it. Your yearly Doctor visit can help detect an illness early, before it gets worse.

At certain times in your life you may need routine screenings such as pap smears, mammograms, rectal, and prostate exams. Early diagnosis and treatment can save your life.

If you are taking medicine or following a treatment plan, follow-up checkups can make sure that your health needs are being met.

I am at a healthy weight, so I am healthy.

While obesity is a risk factor for many health problems, being at a healthy weight does not fully rule out risks. Many health problems can affect people that fall within a healthy weight range. Your ethnicity, age, lifestyle, and genetics can also be risk factors.

The flu shot will make me sick.

The flu shot is made up of a small amount of dead flu virus, just enough to allow your body to build protection. It is not enough to give you the flu. You may have flu-like symptoms after getting the flu shot, but only for 1-2 days.
Vaccines (shots) for my child can cause autism.
There has been much talk about vaccines causing autism. As stated by the Centers for Disease Control and Prevention, there is no proven link between the two. Vaccines help create antibodies that protect you from harmful diseases like measles, mumps, rubella and more. Getting vaccinated is important.

I don’t need to take all of my medicine; I am no longer feeling sick.
Your medicine is very important in keeping you healthy. Some medicines prevent problems from starting, and others stop symptoms from getting worse. For example, if you do not finish your full dose of antibiotics, there is a risk that the infection will return.

I have no way of getting to my Doctor’s office.
You may not always have a car or money for bus passes to get to where you need to be. Call IEHP Member Services to find out more about transportation options to help you get to and from your medical visits.

My Doctor doesn’t understand me, so that means he can’t help (treat) me.
If your treatment plan goes against your beliefs, talk to your Doctor about your concerns. You can also change your Doctor by calling IEHP Member Services.
If your Doctor doesn’t speak your language, you can call IEHP to ask for an interpreter.
Si me siento bien, significa que estoy bien (sano).

Es posible que algunas enfermedades no presenten síntomas. Esto significa que, aunque se sienta bien, podría tener una enfermedad y no saberlo. Su consulta anual con el Doctor puede ayudar a detectar enfermedades de manera temprana, antes de que sean más graves.

En ciertas etapas de la vida, es posible que deba realizarse evaluaciones de rutina como el examen de Papanicolaou, mamografías, exámenes del recto y de la próstata. El diagnóstico y tratamiento oportuno pueden salvar su vida.

Si usted toma medicamento o sigue un plan de tratamiento, los exámenes médicos de seguimiento pueden asegurarle que sus necesidades de salud están satisfechas.

Tengo un peso saludable, por lo tanto, estoy sano.

La obesidad es un factor de riesgo para muchos problemas de salud, pero tener un peso saludable no significa que no existan riesgos. Muchos problemas de salud pueden afectar a personas que están dentro del rango de peso saludable. Su origen étnico, edad, estilo de vida y genética también pueden ser factores de riesgo.

La vacuna contra la gripe me enfermará.

La vacuna contra la gripe está compuesta por una “pequeña cantidad de virus de la gripe muertos”, sólo los necesarios para que su cuerpo desarrolle inmunidad. No son tantos como para que se enferme de gripe. Usted podría tener síntomas similares a los de la gripe después de recibir la vacuna, pero únicamente durante 1 o 2 días.
Las vacunas para niños pueden causar autismo.
Se ha hablado mucho acerca de que las vacunas están relacionadas con el autismo. De acuerdo con lo establecido por los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention), no existen evidencias que prueben esta relación. Las vacunas ayudan a crear anticuerpos para protegerlo de enfermedades nocivas como el sarampión, las paperas y la rubéola, entre otras. Vacunarse es importante.

No necesito tomar todo el medicamento; ya no me siento enfermo.
Su medicamento es muy importante para mantenerlo saludable. Algunos medicamentos evitan que los problemas aparezcan, y otros, impiden que los síntomas empeoren. Por ejemplo, si no toma su dosis completa de antibiótico, existe el riesgo de que la infección regrese.

No tengo transporte para llegar a mis citas médicas.
Es posible que no siempre tenga un automóvil o el dinero para comprar un boleto de autobús para llegar a donde tiene que ir. Comuníquese con Servicios para Miembros de IEHP para obtener más información sobre las opciones de transporte que le ayudarán a llegar y regresar de sus consultas médicas.

Mi médico no me entiende, esto significa que no puede tratarme.
Si su plan de tratamiento va en contra de sus creencias, hable con su Doctor con respecto a sus inquietudes. Usted también puede cambiar de Doctor comunicándose con Servicios para Miembros de IEHP. Si su Doctor no habla su idioma, llame a IEHP para solicitar un intérprete.
Even if they don’t smoke, the people you live with can be at risk when exposed to your “secondhand” smoke. Even a very small amount can hurt their health.

What is Secondhand Smoke?

- Smoke that comes out of a smoker’s mouth when exhaled, plus
- Smoke from the lit end of a cigarette, cigar, or pipe

Secondhand smoke has more than 4,000 chemicals. More than 60 of these can cause or increase the risk for cancer, even in people who don’t smoke!

Being around secondhand smoke, even for short periods of time, can cause:

- Eye, nose, throat irritation
- Coughing and wheezing
- Heart disease
- More problems for people with asthma, bronchitis, or allergies
- Headaches
- Dizziness
- Nausea
- Hoarseness

Pregnant women exposed to secondhand smoke are also at more risk of having low birth-weight babies.

Secondhand Smoke and Children

Children living with smokers have a higher risk of lung infections. Also, babies living with smokers have a higher chance of dying of Sudden Infant Death Syndrome (SIDS), the major cause of death in babies age 1 or younger.

Other problems for young children exposed to secondhand smoke:

- Coughing and wheezing
- Sore throats
- More middle ear infections
- Increase in new cases of asthma
- Asthma getting worse in children who have asthma

(continued on back)
What can you do to protect your family? Of course, the best thing you can do for yourself and your family is to quit smoking. But, until you do, make sure you:

❤️ Smoke outside only – well away from other family members and pets. There are no safe levels of secondhand smoke.

❤️ Never smoke indoors even when other family members are away.

Start on your quit smoking plan today! Fill out and mail back your survey to get started on a healthier life...for you and your family.

If you want to know more about the IEHP Stop Smoking Program or any other Health Education Program, call us today at 1-800-440-4347 or 1-800-718-4347 for TTY users. For details, you can also go to iehp.org.
Access to Care Standards
Primary Care Provider

Receive 100% on IEHP’s Appointment Availability Survey by using this Quick Reference Guide!

**Appointment Standards:**

<table>
<thead>
<tr>
<th>Urgent/Emergent Visit</th>
<th>Timeframe</th>
<th>Acceptable Alternatives</th>
</tr>
</thead>
</table>
| Emergency                   | Immediate disposition of Member to appropriate care setting | • Hang up and dial 9-1-1  
• Go to the nearest Emergency Room |
| Urgent visit (including prenatal) | Within 48 hours | • Within 48 hours  
• Refer to an Urgent Care |

<table>
<thead>
<tr>
<th>Routine Visit</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-urgent, acute illness visit</td>
<td>Three business days, or as directed by physician</td>
</tr>
<tr>
<td>Routine non-urgent visit</td>
<td>Within 10 business days of request</td>
</tr>
<tr>
<td>Well Child Visit</td>
<td>Two weeks</td>
</tr>
<tr>
<td>Initial health assessment (for State Program Members Only)</td>
<td>30 Days (within 120 days of enrollment)</td>
</tr>
<tr>
<td>Initial health assessment (for State Program Members under 18 months of age only)</td>
<td>30 Days (within 60 days of enrollment)</td>
</tr>
<tr>
<td>Waiting time for a scheduled appointment</td>
<td>No longer than 1 hour</td>
</tr>
<tr>
<td>Waiting time for a “walk-in”</td>
<td>No longer than 4 hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prenatal Visit</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial prenatal visit</td>
<td>One week</td>
</tr>
<tr>
<td>Routine prenatal care</td>
<td>Two weeks or as directed by physician</td>
</tr>
</tbody>
</table>

***Urgent Care Services*** – These are health care services needed to diagnose and/or treat medical conditions that are of sufficient severity that care is needed within 48 hours, but are not emergency medical conditions.***
Access to Care Standards
Primary Care Provider

**Telephone Standards:**

<table>
<thead>
<tr>
<th>Type of Call</th>
<th>Timeframe</th>
<th>Acceptable Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Answer Time</td>
<td>Within 6 Rings</td>
<td>An automatic answering system is acceptable if it has an option to directly access a live person.</td>
</tr>
<tr>
<td>Telephone Hold Time</td>
<td>5 minutes or less</td>
<td>If a Member is placed on hold, let the Member know the reason for the delay and offer the Member the choice to wait or have their call returned.</td>
</tr>
</tbody>
</table>
| Returning Member Messages  | • Within 3 business days for a non-urgent matter  
• No later than the same day for an urgent matter  
• A minimum of three attempts must be made to return the Member’s call |                                                                                                                                                      |

**After Hours PCP Access**

- In the event a Member calls a physician’s office after hours, there must be sufficient access to information on how to proceed, either through an answering service or phone message instructions.
- IEHP provides all Members with 24 hour, seven days a week direct access to a licensed triage person through the IEHP Nurse Advice Line. Availability of the IEHP Nurse Advice Line does not supplant the requirement for PCPs and IPAs to maintain 24/7 telephone access.

**IEHP’s 24-Hour Nurse Advice Line**
1-888-244-IEHP (4347)  1-866-577-8355 TTY

<table>
<thead>
<tr>
<th>Type of Call</th>
<th>After Hours Standard</th>
<th>Acceptable Alternatives</th>
</tr>
</thead>
</table>
| Life-threatening Emergency   | Immediate transfer of Member to appropriate care setting.                           | Recording or verbally instruct the Member to:  
• Hang up and dial 9-1-1   
• Go to the nearest Emergency Room                                                                                     |
| Urgent Non-Life threatening  | Have Member stay on the line to be connected to an on-call physician, or provide a phone number to reach the on-call physician. | • Take a message and call back same day  
• Connect or transfer to an on call provider                                                                 |
| Non-Urgent                  | Provide instructions for the Member on how to contact or speak with the on-call physician or covering nurse. | • Take a message and call back within 3 business days.  
• Refer to the IEHP Nurse Advise Line                                                                                   |

Updated 07-2017
General Resources
FREE

Health & Fitness Classes
IEHP COMMUNITY RESOURCE CENTER

YOGA/ZUMBA FOR ALL

HEALTH EDUCATION

COOKING CLASSES/MEAL PLANNING

LEARN HOW TO CONTROL DIABETES

OUR DOORS ARE OPEN TO ALL

❤️ No pre-registration needed
❤️ Open to IEHP Members and the public
❤️ Learn about IEHP benefits and programs

VISIT THE IEHP COMMUNITY RESOURCE CENTER

805 West 2nd Street, Suite C
San Bernardino, CA 92410
(at Marshalls Plaza)

3590 Tyler Street, Suite 101
Riverside, CA 92503
(across from Galleria at Tyler)

2353 Mariposa Road, Suites C-2 & C-3
Victorville, CA 92395
(near Vallarta Supermarkets)

Monday – Friday, 9am – 6pm and Saturday, 10am – 2pm

For our schedule of free health and fitness classes, visit www.iehp.org/crc or call 1-866-228-4347.

IEHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-440-4347 (TTY: 1-800-718-4347). IEHP cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-440-4347 (TTY: 1-800-718-4347). IEHP 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-440-4347 (TTY: 1-800-718-4347).

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Sign up for health and fitness classes today.

Patient: ____________________________

Doctor: ____________________________  Date: ____________

Take this form to one of the IEHP Community Resource Centers. Sign up and complete the following classes:

☐ IEHP Member Orientation – Learn how to use your IEHP benefits, ways to get care, and more.

☐ Fitness Classes – Get moving with our fun, free exercise classes, like Zumba and Yoga.

☐ Asthma Management – Learn ways to manage your asthma, so you can enjoy an active life.

☐ Healthy Cooking/Nutrition – Prepare and enjoy healthy, delicious and affordable meals.

For the full schedule of free classes, visit www.iehp.org/crc or call 1-866-228-4347.

IEHP Community Resource Center
• 805 West 2nd Street, Suite C, San Bernardino, CA 92410 (at Marshalls Plaza)
• 3590 Tyler Street, Suite 101, Riverside, CA 92503 (across from Galleria at Tyler)
• 12353 Mariposa Road, Suites C-2 & C-3, Victorville, CA 92395 (near Vallarta Supermarkets)

Monday – Friday, 9am – 6pm and Saturday, 10am – 2pm

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Inscríbase hoy mismo a las clases sobre salud y sesiones de ejercicio.

Paciente: __________________________________________

Doctor: ___________________________ Fecha: ____________

Lleve este formulario al Centro de Recursos para la Comunidad de IEHP. Inscríbase y elija las clases que desea tomar:

☐ Orientación para Miembros de IEHP – Aprenda a utilizar sus beneficios de IEHP, entérese cómo recibir atención médica y más.

☐ Sesiones de Ejercicio – Actívese, aprenda y diviértase al máximo con nuestras sesiones de ejercicio gratuitas – ofrecemos Zumba y Yoga.

☐ Control del Asma – Aprenda diferentes opciones para controlar el asma y disfrute de una vida activa.

☐ Nutrición/Cocina Saludable – Prepare y disfrute alimentos saludables, deliciosos y económicos.

Si desea conocer el horario completo de las clases gratuitas, visite www.iehp.org/crc o llame al 1-866-228-4347.

Centro de Recursos para la Comunidad de IEHP

• 805 West 2nd Street, Suite C, San Bernardino, CA 92410 (en Marshall Plaza)
• 3590 Tyler Street, Suite 101, Riverside, CA 92503 (frente a Galleria at Tyler)
• 12353 Mariposa Road, Suites C-2 & C-3, Victorville, CA 92395 (cerca de Vallarta Supermarkets)

Lunes – Viernes, 9am – 6pm y Sábado, 10am – 2pm
IEHP Smart Care is a phone application that Members can use to check eligibility, view IEHP Member ID, access health records, and more.

Encourage Members to create online accounts so they can take advantage of this feature. Refer to https://members.iehp.org/App/Account/Register to create their online account today.

The IEHP Smart Care app is available for download for Apple devices in iTunes App Store and for Android devices in Google Play.
This Job aid details the step to access Global Quality P4P PCP Program Guide online and search for content using keyboard commands.

2.0 Procedures

2.1 Accessing PCP Program Guide

a) From your desktop, select Internet Explorer and type https://iehp.org/ into your address bar and press enter.

b) once on IEHP website, Click on For Providers drop down and select Pay for Performance (P4P).

c) Once screen has loaded select Global Quality P4P Program Tab, Notice: two are labeled for P4P program guide, Please select the guide labeled 2019 IEHP Global Quality P4P Program Guide PCP.
d) Once you select a guide, a task bar will pop up on the bottom. Select Open to open Program guide.

2.2 Navigating P4P Program Guide

a) To search by measure, Press Ctrl + F and a search bar will open in the upper right corner just below the tools, comment, and share tabs.

b) In search bar type open ( and the 3 letter measure code and hit enter, measure should pull up as shown below.

c) To search other documents within guide Open Page Thumbnail and select table of contents on page 2. Locate content you would like to view and input page number into current page tab and press enter.
Rosters

Click the “Rosters” button located on the left navigation panel.
Roster (Continued)
Rosters (Continued)

Helpful features available in Roster pages

- Print and download Rosters to CSV
- All columns can be sorted alphabetically by ascending and descending orders
- Sort in PCP NPI and IPA Affiliation

Assigned Roster

IEHP Eligibility Provided On: Thursday, Aug 2, 2018 10:12:9 AM
Verification Number: 10129139
* Due to retroactivity, this information may change daily. Therefore, should not be used as a companion tool for capitation payments.

<table>
<thead>
<tr>
<th>PCP</th>
<th>PCP NPI</th>
<th>IPA</th>
<th>Hospital ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Member: 5,313

Member/IEHP ID/Phone
<table>
<thead>
<tr>
<th>Address</th>
<th>Gender/Lang</th>
<th>Age/DOB/SSN</th>
<th>Plan/Co-Pay</th>
<th>Cnty</th>
<th>Eff Date</th>
<th>Thru</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Historical Data Form - Submission Guide

Historical Data Form:

The Historical Data form found on the following page is for submissions of visits, procedures or services to close quality gaps in care as reflected on the Preventative Care Rosters that cannot be submitted via claims or encounters (e.g. services received prior to IEHP Membership, historical surgical procedures, etc.). Any form submitted without appropriate proof of service documentation or any form that doesn’t include Member name, DOB and date of service will NOT be processed.

Lab/radiology results for Members active with IEHP on the date of the test from the following sources do not require submission as IEHP receives this information directly:

<table>
<thead>
<tr>
<th>LabCorp</th>
<th>RadNet</th>
<th>Quest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loma Linda</td>
<td>ARMC</td>
<td>RUHS</td>
</tr>
</tbody>
</table>

Monthly Submission Status Report:

A monthly status report is sent to the to the Provider Fax Number on record at IEHP for the previous month’s submissions. For example: The monthly status report sent on February 25th would include all provider submissions received by IEHP during the month of January.

Recommended Actions:

1. Regularly review the IEHP Preventative Care Rosters at https://providers.iehp.org to confirm data has been received by IEHP and showing a status of “compliant”. A green checkmark (☑) indicates that IEHP has received records confirming the Member has completed the needed screening, lab, or immunization

2. Please allow up to 4 months processing time for data submitted via claims/encounters, lab results, or the Historical Supplemental Data process to reflect on the IEHP Provider Portal Preventative Care Rosters at https://providers.iehp.org.

3. Prior to submitting data using the Historical Data Form, review the Preventative Care Rosters on the IEHP Provider Portal to confirm IEHP has NOT received the data previously. Duplicate submissions may ultimately be rejected or disregarded.

4. If it is identified that data was submitted and it is not reflected on the IEHP Preventative Care Rosters as expected and it has been more than 4 months since the original date of service, please provide specific examples to your assigned Provider Services Representative for the IEHP data integration team to research.
HISTORICAL DATA FORM

Cover sheet MUST be accompanied with the supporting medical record documentation.

<table>
<thead>
<tr>
<th>Measure Category</th>
<th>Test Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>□ Mammogram</td>
</tr>
<tr>
<td></td>
<td>□ History of Mastectomy</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>□ PAP ONLY</td>
</tr>
<tr>
<td></td>
<td>□ PAP AND HPV [co-testing]</td>
</tr>
<tr>
<td></td>
<td>□ History of Total/Complete Hysterectomy [NO residual cervix]</td>
</tr>
<tr>
<td>Diabetes Care</td>
<td>□ HbA1c Results (in-office Point of Care Testing)</td>
</tr>
<tr>
<td></td>
<td>□ Urine Protein/Urine Microalbumin</td>
</tr>
<tr>
<td></td>
<td>□ Dilated Retinal Exam with Results</td>
</tr>
<tr>
<td>Child &amp; Adult Wellness Visits</td>
<td>□ Well Child Visits in the First 15 Months of Life</td>
</tr>
<tr>
<td></td>
<td>□ Well Child Visits in the 3-6 Years of Life</td>
</tr>
<tr>
<td></td>
<td>□ Adolescent Well Child Visits</td>
</tr>
<tr>
<td></td>
<td>□ Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents</td>
</tr>
<tr>
<td></td>
<td>□ Initial Health Assessment</td>
</tr>
<tr>
<td></td>
<td>□ Immunizations Note: Immunizations submitted through the CAIR2 website (<a href="https://cair.cdph.ca.gov">https://cair.cdph.ca.gov</a>) do not require a Historical Data Form Submission</td>
</tr>
<tr>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>□ Group A Streptococcus (Strep) Test – Throat</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>□ Colonoscopy</td>
</tr>
<tr>
<td>Chlamydia Screening in Women</td>
<td>□ Test for Chlamydia</td>
</tr>
</tbody>
</table>

Member Information

Member Name: ____________________________________________________________
IEHP ID #: ___________________________ DOB: ____________________________

Provider Information

Provider Name: ________________________________________________________
IEHP Provider #: ___________________________ Address: ________________________
City: ___________________________ State: ___________ Zip: ___________
Provider Phone #: ___________________________ Provider Fax #: ___________________________

PLEASE FAX TO: (909) 477-8568
Attn: Inland Empire Health Plan - Quality Informatics [HEDIS] Department

Last Rev: 07-10-2019
Connect IE is a FREE one-stop interactive website that is ideal for Providers in the Inland Empire. It makes it easy for you to put your patients in touch with community resources 24/7.

**How Connect IE works:** It links Providers and their patients with hundreds of local resources. Visit [www.ConnectIE.org](http://www.ConnectIE.org) from your computer or mobile device and start searching!

With **Connect IE** you can find:

- Housing services
- Food pantries
- Other low-cost or free programs
- Job training
- Transportation
- Other low-cost or free programs

**Benefits of Connect IE:** It provides instant access to programs located in every zip code in the Inland Empire. With **Connect IE**, you can refer patients to resources needed on the spot!

**Why use Connect IE?** It helps you improve the health of your community. When you link people to social services and resources they need, their health could improve. This assists those patients whose health is negatively affected by social instability, economic conditions or other factors.

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**To sign up for training**, please send your clinic’s name, address and contact information to: Inland Empire Health Information Organization (IEHIO), at info@iehio.org or call (951) 368-1009.

**To order Connect IE cards for patients:** Please contact Leah Westvig, IEHIO Admin. Assistant, at lwestvig@iehio.org or call (951) 686-3342, ext. 332.

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**Connect Your Patients to Needed Resources**

**PROVIDERS**

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Sources: https://www.cdc.gov/nchhstp/socialdeterminants/definitions.html
Electronic Preventive Services Selector (ePSS)

The ePSS is a FREE web-based tool that health care teams can utilize to help offer screening, counseling and preventive services related to the measures discussed in this Resource Guide. This tool is based on current evidence-based recommendations of the U.S. Preventive Services Task Force (USPSTF) and can be searched by specific characteristics such as age, sex, and selected behavioral risk factors.

Available for download at: https://epss.ahrq.gov/PDA/index.jsp.

This tool is available for use through the web and for download in an application format for selected devices.
PCP Resource Guide

P.O. Box 1800
Rancho Cucamonga, CA
91729-1800

To learn more, call IEHP Provider Relations at (909) 890-2054
Monday – Friday, 8am – 5pm
or email ProviderServices@iehp.org
www.iehp.org

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www.iehp.org

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