

Adolescent Self-Management



Administrator Instructions

To access the program: Click on the link below, or enter the following into your address bar.

<http://www.asmhl.org>



Enter the site-specific username and password provided to you by Marshall University Technical Assistance (MUTA) staff. Click on **LOGIN**.

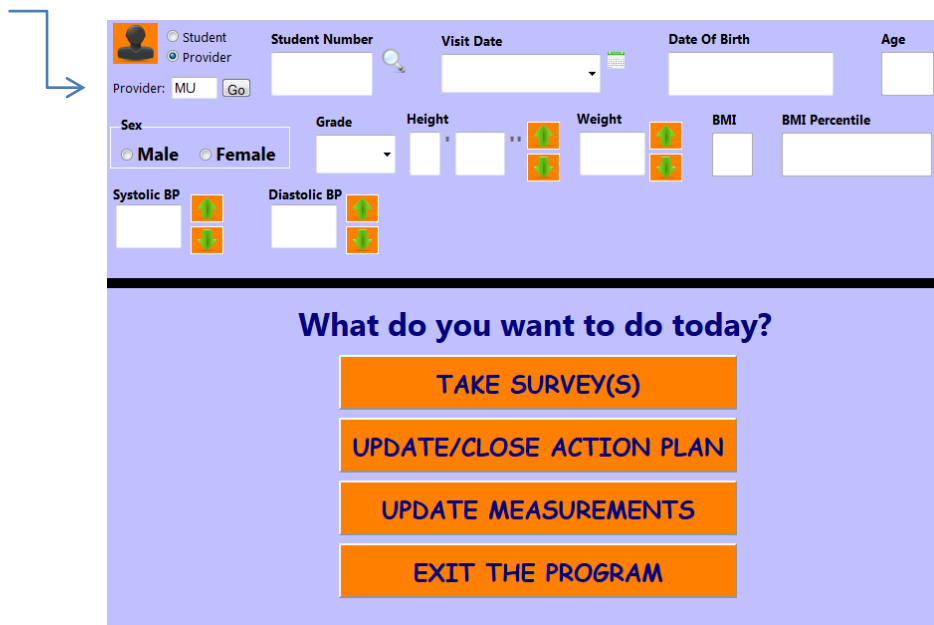
★ The MUTA assigned username and password should **NOT BE SHARED WITH ANY STUDENT**. Although personal identifiable information is not entered into the program, any student possessing the site-specific username and password could use the program from any computer with Internet access to review or manipulate the data. Students will not need to view this screen to use the program after the school staff has logged in.

★ It will be important prior to each student entry to have a staff member ensure that the student cleared their information by clicking on the EXIT **THE PROGRAM** button.

Select the **School** from the list of **Available Schools** in the drop down and hit the **Load** button. Should you serve more than one school such as a middle and high school, you can let the **MUTA** staff know your preference on how to setup your database. You will also have available to you, a **Test Site**. You can enter data into the **Test Site** at any time without affecting the student data entered into your school's dataset. You will find this useful for training or when demonstrating the program to school staff or parents. To access the **Test Site**, you can log in with the username of **TestUser** and the password **Test123**. Your "provider" credentials remain the same.



Click on the **Provider** button in the upper left corner. Enter the Provider initials as provided by the MUTA staff. Click on the **Go** button.



When logged in as the provider you will have the administrative authority to perform several functions.

The screenshot shows a web application interface for a provider. At the top, there are several input fields: a radio button for 'Student' (selected) and 'Provider', a 'Student' ID field, a 'Visit Date' dropdown, 'Date Of Birth' and 'Age' fields, a 'Sex' dropdown (Male/Female), a 'Grade' dropdown, 'Height' and 'Weight' fields with up/down arrows, 'BMI' and 'BMI Percentile' fields, and 'Systolic BP' and 'Diastolic BP' fields with up/down arrows. Below these fields is a large blue banner with the text 'What do you want to do today?'. Underneath the banner are several orange buttons: 'CHANGE SITE' (with a red arrow pointing to it), 'EXPORT', 'EXIT THE PROGRAM', 'DELETE VISIT', 'MOVE STUDENT', 'DELETE STUDENT', 'REVIEW', and 'REPORTING'.

1. **CHANGE SITE** – For sites serving more than one school, this feature allows the administrator to toggle between the schools.
2. **REVIEW** – The **Health Profile** page will appear after clicking on the review button. The page will be empty until a student ID is selected from the drop-down list. The administrator will use this feature to review the responses for each selected student, and will have the ability to print the results. Identified risks will be printed in **red font** and those requiring **immediate attention** such as **suicide** or **abuse** will be additionally noted with an *****.
3. **Export** – Data will be exported as one Excel file and will contain the responses for each student ID entered.
4. **DELETE STUDENT** – The user will need to have the Student ID already entered on the Assessment Selection page. All visits associated with the selected student will be deleted.
5. **DELETE VISIT** – The user will need to have the Student ID **and** correct visit date selected on the Assessment Selection page. The visit date selected is the one that will be deleted.
6. **MOVE STUDENT** – Use this function when a student moves between two schools.
7. **REPORTING** – This feature allows the administrator to run aggregate site-based reports for each of the three surveys.

Assessment Description (See complete list of questions for each survey at the end of this document).


1 – Healthy Lifestyles is a 12-question assessment based on evidence-based messaging that screens adolescents for nutritional choices and activity behaviors. It is endorsed by the American Academy of Pediatricians.

2 – CRAFFT is a 6-question behavioral health screening tool developed to screen adolescents for high-risk alcohol and other drug use disorders. It is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents.

3 – Risk Assessment is a 32-question screening tool developed to screen adolescents for selected high-risk child health priority issues including dental, mental and physical health screening.

ASM Scratch Pad

You may be provided with a “scratch pad” to write the current information for the student to enter into the program. If no “scratch pad” is available, you can print the forms using the page at the end of this document. It is suggested that you keep a log of the student’s name and ID as provided by you or selected by them. It is important for the student to **use the same ID for each visit**, so writing it on the scratch pad will help to make sure that the correct information is entered. For each visit, enter the current demographic and accurate measurement information, and indicate what assessment(s) should be taken or updated. Give this information to the student prior to each session on the online ASM program.

Student # _____			
Today's Date _____	Date of Birth _____		
Age _____	Grade _____	Height _____	Weight _____
Systolic BP _____		Diastolic BP _____	
PLEASE COMPLETE THE SURVEYS CHECKED BELOW:			
<input type="checkbox"/> Healthy Lifestyle	<input type="checkbox"/> Update Action Plan		
<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Update Measurements		
<input type="checkbox"/> CRAFFT			
 ADOLESCENT SELF-MANAGEMENT TOOL West Virginia School Health Technical Assistance Center Marshall University • Joan C. Edwards School of Medicine Phone: 304-691-1192 Email: info@wvshnac.org www.wvshnac.org			

Reviewing Student Responses and Survey Results

You will have the opportunity to review and print the Surveys, Action Plans and Measurement reports for each student user. Click on the **REVIEW** button.

The dashboard includes the following fields and controls:

- Student Selection:** Radio buttons for Student (selected) and Provider. Input fields for Student ID, Visit Date, Date Of Birth, and Age.
- Demographics:** Sex (Male/Female), Grade, Height, Weight, BMI, and BMI Percentile.
- Vitals:** Systolic BP and Diastolic BP.
- Central Menu:** A section titled "What do you want to do today?" containing buttons for EXIT THE PROGRAM, CHANGE SITE, EXPORT, DELETE VISIT, DELETE STUDENT, MOVE STUDENT, REVIEW (highlighted with an arrow), and REPORTING.

You will be taken to a blank screen. Using the drop down arrow next to the Student Number, select the student ID for the student you wish to review. Then select the **Assessment** and the **Date** for the **Assessment** you wish to review.

The review screen displays the following information:

- Filters:** Student Number (Sm1), Assessment (3 - Health Habits), Date (09/11/2014). Checkboxes for Show Action Plan, Show Measurements, and Show Survey Results (checked).
- Summary:** Reviewed by, Review Date, and student details: STUDENT NO Sm1, DATE 9/11/2014, DOB 9/11/2000, AGE 14, GRADE 8, SEX Female, HEIGHT 5'4", WEIGHT 133, BMI 23, BMI PERCENTILE 85th to 95th, BLOOD PRESSURE 110/90.
- Survey Table:**

#	QUESTION	YES	NO
1	Have you seen a dentist in the last 12 months?		NO
2	Do you ever smoke cigarettes, cigars, use snuff, or chew tobacco?	YES	
3	In the past year, did you drink (more than a few sips) any alcohol such as beer, wine, wine coolers, etc?	YES	
4	In the past year, did you smoke any marijuana or hashich?	YES	
- Actions:** PRINT, REVIEW, and CLOSE buttons.

The results of the Assessment will be available in the window and can be printed. Risks *on the Provider copy only* will be identified in **red**. Any responses requiring **immediate attention** such as responding “**Yes**” to the questions regarding abuse or suicide will also have an asterisk beside the **red** question.

An optional feature of the program is the ability to electronically record that you have reviewed the assessment results by clicking on the **REVIEW** button located at the bottom of each of the three **Assessment** reports and then entering your initials when prompted to do so. Your initials and date will appear as noted on the Health Profile example below.

Student Number: Sm1
 Assessment: 3 - Health Habits
 Date: 09/11/2014

Show Action Plan
 Show Measurements
 Show Survey Results

ADOLESCENT SELF-MANAGEMENT HEALTH PROFILE

CONFIDENTIAL

Reviewed by MU
 Review Date: Sep 11 2014 8:25AM

STUDENT NO Sm1 DATE 9/11/2014 DOB 9/11/2000 AGE 14 GRADE 8
 SEX Female HEIGHT 5'4" WEIGHT 133 BMI 23 BMI PERCENTILE 85th to 95th
 BLOOD PRESSURE 110/90

#	QUESTION	YES	NO
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PRINT CLOSE

You will also be able to view and print the student’s **Action Plan and Measurements**.

Student Number: Sm1
 Assessment: 3 - Health Habits
 Date: 09/11/2014

Show Action Plan
 Show Measurements
 Show Survey Results

My Action Plan Toward a Healthier Lifestyle

CONFIDENTIAL

STUDENT NO Sm1 INITIAL PLAN DATE 09/11/2014 AGE 14 GRADE 8
 SEX Female HEIGHT 5'4" WEIGHT 133 BMI 23 BMI PERCENTILE 20th to 85th
 BLOOD PRESSURE 110/90

DEMOGRAPHIC UPDATES						
DATE	HEIGHT	WEIGHT	BMI	BMI PERCENTILE	SYS BP	DIA BP
9/11/2014	5'4"	133	23	85th to 95th	110	90

In the past year, I have tried losing weight by vomiting, taking diet pills, and/or laxatives.

ISSUE: Eating Disorder

#	QUESTION	RESPONSE
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PRINT CLOSE

REPORTING – This feature allows the administrator to run aggregate site-based reports for each of the three surveys. The report is designed to reflect the data as entered on the **Initial Visit** for the student demographics, measurements, Survey responses and initial Action Plans. The report will also indicate the number of students who closed their Action Plans and the reason why.



Click on the **REPORTING** button on the Main Screen. Enter the beginning and ending dates for which you wish to run the report. Select the **Survey**. You may only select one survey at a time. If you work within more than one school, you will also have to select a **Site**.

A screenshot of a reporting form. It has a light blue background. The form contains: "Start Date:" with a text box containing "6/8/2016"; "End Date:" with a text box containing "6/8/2016"; "Survey:" with a dropdown menu showing "Healthy Lifestyles"; "Sites:" with a large empty text box; a "BACK" button; and an "EXPORT REPORT" button.

Once you have completed using the administrative features, you will want to **Exit the Program** to avoid a student using the program at the administrative level.

We welcome suggestions for making this program more useful to you. Please don't hesitate to contact us with your ideas.

Marshall University Technical Assistance

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Adolescent Self-Management Survey Questions & Action Plans

1 – Healthy Lifestyles

#	Text	Flag	Action Plan
1	I eat 5 or more servings of fruits and vegetables most days.	No	More fruits & vegetables
2	I eat dinner/supper at the table with my family at least 2 times per week.	No	No AP, Info only
3	I eat breakfast every day.	No	Eat Breakfast
4	I eat or drink at least 3 servings of milk, cheese, or yogurt a day.	No	More Dairy
5	I drink caffeinated drinks (coffee, tea, cola, energy drinks) daily.	Yes	Less Caffeine
6	I eat take-out, fast food or other restaurant food less than 2 times per week.	No	Eat Breakfast
7	I watch TV or videos, play computer games and use instant messaging less than 2 hours per day.	No	Reduce Screen Time
8	I have a TV in my bedroom.	Yes	Reduce Screen Time
9	I exercise enough to sweat and breathe hard for at least 1 hour, 3 or more times a week.	No	Increase Physical Activity
10	I drink skim/non-fat or 1% milk rather than 2% or whole milk.	No	Milk
11	I drink one or more juice, soda/pop or fruit punch a day.	Yes	Sugary Drinks
12	Do you want to take steps to be healthier?	No	Provider message

2 – CRAFFT

#	Text	Flag	Action Plan
1	Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	Yes	Driven By Someone Under Influence
2	Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	Yes	Alcohol/ Drug Use
3	Do you ever use alcohol or drugs while you are by yourself/ALONE?	Yes	Alcohol/ Drug Use
4	Do you ever FORGET things you did while using drugs/alcohol?	Yes	Alcohol/ Drug Use
5	Does your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?	Yes	Alcohol/ Drug Use
6	Have you ever gotten in TROUBLE while using alcohol/drugs?	Yes	Alcohol/ Drug Use
7	Do you want to take steps toward a healthier lifestyle?	No	Provider message

3 – Risk Assessment

#	Text	Flag	Action Plan
1	Have you seen a dentist in the last 12 months?	No	Dental Health
2	Do you ever smoke cigarettes, cigars, use snuff, or chew tobacco?	Yes	Tobacco Usage
3	In the past year, did you drink (more than a few sips) any alcohol such as beer, wine, wine coolers, etc?	Yes	Alcohol/Drug Use
4	In the past year, did you smoke any marijuana or hashish?	Yes	Alcohol/Drug Use
5	In the past year, did you use anything to get high such as illegal drugs, over-the-counter and prescription drugs, and things that you sniff or huff?	Yes	Alcohol/Drug Use
6	Over the last 4 weeks, have you had trouble sleeping, poor appetite or low energy?	Yes	Depression
7	During the past several weeks, have you often felt sad or down, as though you have nothing to look forward to?	Yes	Depression
8	Have you ever seriously thought about killing yourself, tried to kill yourself or have you purposely cut, burned or otherwise hurt yourself?	Yes	Thoughts About Killing Self
9	When you get angry, do you do violent things?	Yes	Personal Safety
10	In the past year, have you tried to lose weight by vomiting, taking diet pills or laxatives, or starving yourself?	Yes	Eating Disorder
11	Do you have at least one adult or family member who you really like and feel you can talk to?	No	Depression
12	Do you or anyone you live with have a gun, rifle, or other firearms?	Yes	Gun Safety
13	Do you feel safe at home?	No	Personal Safety
14	Do you feel safe at school?	No	Personal Safety
15	Do you always wear a helmet when you ride a bike, motorcycle, or ride an ATV?	No	Injury Prevention
16	Do you always wear a seatbelt when you ride in or drive a car, van or truck?	No	Car Safety
17	Do you use a cell phone or text while driving?	Yes	Injury Prevention
18	In the past year, have you stayed all night in jail, detention center or homeless shelter?	Yes	Personal Safety
19	Have you ever been physically, sexually, or emotionally abused?	Yes	Personal Safety
20	Do you think you may be gay, lesbian, or bi-sexual?	Yes	Sexuality
21	Have you ever had oral, vaginal, or anal intercourse? (note that if answered NO, questions 22-25 will be skipped)	Yes	Sexuality
22	If you answered yes to 21, Are you using a method to prevent pregnancy?	No	Sexuality
23	If you answered yes to 21, Do you and your partner(s) always use condoms?	No	Sexuality
24	If you answered yes to 21, Have you ever been pregnant or gotten someone pregnant?	Yes	Sexuality
25	Have you ever been pressured to have sex?	Yes	Sexuality
26	Have you ever skipped school or classes in a school day?	Yes	Academic
27	Have you been assigned to in-school, out-of-school suspension or expelled from school?	Yes	Academic
28	Have you been held back in a grade level?	Yes	Academic

29	Are you failing English or Math?	Yes	Academic
30	Have you ever seriously considered dropping out of school?	Yes	Academic
31	Do you have career or educational plans after graduation?	No	After Graduation
32	Do you want to take steps toward a healthier lifestyle?	No	Provider message