NIPA Intervention Retrospective Chart Audit
PRE/POST Chart Review Questions

Instructions: Please complete this chart audit for the 50 patient charts (25 female, 25 male) designated for you to review in the order suggested on your randomization protocol. If a patient chart selected reflects multiple visits to the practice within the 9-month period from [startmonth] [startyear] to [endmonth] [endyear], please document ALL of these visits. Please exclude patients for whom gender identity is not available or clearly defined. Note: The calculator in your Patient Log identifies eligibility dates for each patient based on birth date and vaccine dose date(s).

Pre Post
__________________________________

Please enter your initials:
__________________________________

Section A: Patient Demographics
Site
__________________________________
__________________________________
__________________________________
__________________________________
__________________________________
__________________________________
__________________________________
__________________________________

Gender:
○ Male
○ Female

Race (mark all that apply):
□ White
□ Black/African American
□ American Indian/Alaska Native
□ Asian
□ Native Hawaiian/Pacific Islander
□ Unknown/Not noted
□ Other

Please specify other race(s):
__________________________________

Ethnicity:
○ Hispanic/Latino
○ Not Hispanic/Latino
○ Unknown/Not noted

Insurance status:
○ Public
○ Private
○ Uninsured
○ Unknown

Section B: Patient Visits (Patient Immunization History)
Dose 1 Received?
○ Yes
○ No

Age of receipt of dose 1?
__________________________________

Dose 2 Received?
○ Yes
○ No

Age of receipt of dose 2?
__________________________________
Dose 3 Received?

- Yes
- No

Age of receipt of dose 3?

Section C: Patient Visits

Visit 1

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No

Select “no” for a patient that is up-to-date with HPV vaccine

Age, in years, at visit 1:

Visit 1 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

- Yes
- No

(If patient was due for a dose)

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

- Yes
- No
- Not Applicable

(If patient did not receive vaccine at visit)

Reason the patient did not receive HPV vaccination at this visit:

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine:

Add another visit for this patient?

- Yes
- No

Visit 2

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No

Age, in years, at visit 2:

Visit 2 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

- Yes
- No
Have two months or more elapsed since dose 1 of HPV vaccine was administered?

- Yes
- No
- Not Applicable

Reason the patient did not receive HPV vaccination at this visit:

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine:

Add another visit for this patient?

- Yes
- No

Visit 3

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No

Age, in years, at visit 3:

Visit 3 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

- Yes
- No

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

Reason the patient did not receive HPV vaccination at this visit:

Please specify other reason for no vaccine:

Add another visit for this patient?

- Yes
- No

Visit 4

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No
Age, in years, at visit 4: 
__________________________________

Visit 4 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

- Yes
- No

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

- Yes
- No
- Not Applicable

Reason the patient did not receive HPV vaccination at this visit:

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine:
__________________________________

Add another visit for this patient?

- Yes
- No

Visit 5

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No

Age, in years, at visit 5: 
__________________________________

Visit 5 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

- Yes
- No

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

- Yes
- No
- Not Applicable
Reason the patient did not receive HPV vaccination at this visit:

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine:

Add another visit for this patient?

Visit 6

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No

Age, in years, at visit 6:

Visit 6 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

- Yes
- No

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

- Yes
- No
- Not Applicable

Reason the patient did not receive HPV vaccination at this visit:

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine:

Add another visit for this patient?

Visit 7

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No

Age, in years, at visit 7:
### Visit 7 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

- ____________________________

Did the patient receive a dose of HPV vaccine at this visit?

- Yes
- No

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

- Yes
- No
- Not Applicable

Reason the patient did not receive HPV vaccination at this visit:

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine:

- ____________________________

Add another visit for this patient?

- Yes
- No

### Visit 8

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No

Age, in years, at visit 8:

- ____________________________

### Visit 8 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

- ____________________________

Did the patient receive a dose of HPV vaccine at this visit?

- Yes
- No

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

- Yes
- No
- Not Applicable
Reason the patient did not receive HPV vaccination at this visit:

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine:

Add another visit for this patient?

Visit 9

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No

Age, in years, at visit 9:

Visit 9 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

- Yes
- No

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

- Yes
- No
- Not Applicable

Reason the patient did not receive HPV vaccination at this visit:

Please specify other reason for no vaccine:

Add another visit for this patient?

Visit 10

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No

Age, in years, at visit 10:
Visit 10 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

- Yes
- No

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

- Yes
- No
- Not Applicable

Reason the patient did not receive HPV vaccination at this visit:

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine:

Add another visit for this patient?

- Yes
- No

Visit 11

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No

Age, in years, at visit 11:

Visit 11 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

- Yes
- No

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

- Yes
- No
- Not Applicable
Reason the patient did not receive HPV vaccination at this visit:

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine:

Add another visit for this patient?

Yes  No

Visit 12

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

Yes  No

Age, in years, at visit 12:

Visit 12 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

Yes  No

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

Yes  No  Not Applicable

Reason the patient did not receive HPV vaccination at this visit:

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine:

Add another visit for this patient?

Yes  No

Visit 13

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

Yes  No

Age, in years, at visit 13:
Visit 13 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

- Yes
- No

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

- Yes
- No
- Not Applicable

Reason the patient did not receive HPV vaccination at this visit:

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine:

Add another visit for this patient?

- Yes
- No

Visit 14

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No

Age, in years, at visit 14:

Visit 14 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

- Yes
- No

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

- Yes
- No
- Not Applicable
Reason the patient did not receive HPV vaccination at this visit:

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine:

Add another visit for this patient?

- Yes
- No

Visit 15

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No

Age, in years, at visit 15:

Visit 15 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

- Yes
- No

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

- Yes
- No
- Not Applicable

Reason the patient did not receive HPV vaccination at this visit:

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine:

Add another visit for this patient?

- Yes
- No

Visit 16

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No

Age, in years, at visit 16:
Visit 16 type:

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

Reason the patient did not receive HPV vaccination at this visit:

Please specify other reason for no vaccine:

Add another visit for this patient?

Visit 17

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

Age, in years, at visit 17:

Visit 17 type:

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

Have two months or more elapsed since dose 1 of HPV vaccine was administered?
Reason the patient did not receive HPV vaccination at this visit:

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine:

Add another visit for this patient?

Visit 18

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No

Age, in years, at visit 18:

Visit 18 type:

- Well care
- Acute
- Chronic care
- Nurse only
- Other

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

- Yes
- No

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

- Yes
- No
- Not Applicable

Reason the patient did not receive HPV vaccination at this visit:

Please specify other reason for no vaccine:

Add another visit for this patient?

Visit 19

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

- Yes
- No

Age, in years, at visit 19:
Confidential

Visit 19 type:

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

Have two months or more elapsed since dose 1 of HPV vaccine was administered?

Reason the patient did not receive HPV vaccination at this visit:

Please specify other reason for no vaccine:

Add another visit for this patient?

Visit 20

According to the eligibility date given by the calculator in your Patient Log, was the patient eligible to receive HPV vaccine at this visit date?

Age, in years, at visit 20:

Visit 20 type:

Please specify other visit type:

Did the patient receive a dose of HPV vaccine at this visit?

Have two months or more elapsed since dose 1 of HPV vaccine was administered?
Reason the patient did not receive HPV vaccination at this visit:

- Refused/declined
- Postponed/deferred to later date/visit
- Unable to obtain consent for vaccine (parent/guardian not present/unreachable)
- Contraindication to HPV vaccine: 1. Life-threatening allergic reaction after a previous dose of HPV vaccine or to any component of HPV vaccine 2. Pregnant female 3. Moderate or severe illness
- Vaccine Not available
- Other
- Not documented/unclear

Please specify other reason for no vaccine:

__________________________________

Did the patient have another visit within the timeframe?

- Yes
- No

Please tell how many more visits, so that more space can be created to add them. Thank you.

__________________________________

Section D: Chart Notes

Any additional comments/concerns that you would like to convey?

__________________________________
For tracking purposes, please write down the REDCap Patient ID ([record_id]) on your Patient Log