**NIPA Wave 3 Baseline Chart Review Survey**

[Instructions: Please complete this chart review for 16 patient charts (8 female, 8 male) using the randomization scheme for the 6-month baseline period of September 1, 2016 – February 28, 2017, for who received a dose of HPV vaccine OR were eligible to receive a dose.]

This baseline chart review should be completed and submitted via REDCap. Please use your Baseline Patient Tracking Log to note which patient charts you are entering into REDCap, and your Baseline Patient Tally Form to document both those NOT DUE for HPV vaccine as well as those who are DUE for HPV vaccine.

**Process:**

1) **GENERATE** a list of ALL 11-17 year old patient visits at the clinic seen September 1, 2016 – February 28, 2017.
   a. **Refer:** to the Baseline Randomization Scheme given to you by the NIPA Project Team to identify the starting patient for each measurement period.

2) **REVIEW** your list of consecutive patient visits until you have captured 8 adolescents (4 female, 4 male) who were due for HPV vaccine at the beginning of the visit. If you get to the end of the measurement period and have not identified 8 eligible patients, go to the beginning of the measurement period to complete the review. If you are not able to identify 8 eligible patients in the measurement period, then stop review.
   a. **Refer:** to the Baseline Patient Tally Form to track your review. See tally form instructions.
   b. **Refer:** to the Baseline Patient Tracking Log to record your chart information. See Baseline Patient Tracking Log instructions.

**Exclusions:**

1. DO NOT select patients from a different measurement period. Do this for every measurement period until you have reached 96 patient charts total (48 female, 48 male) for baseline.
2. EXCLUDE patients for whom gender identity is not available or clearly defined.

**NOTE:** Measurement Period is defined as 2 periods within a given calendar month,
- **Period A:** Days 1-14
- **Period B:** Days 15-31

**Your initials:** _________

Was the patient eligible to receive HPV vaccine at this visit?

☐ Yes
§ No
§ No more eligible patients for this measurement period
[If NO: Please exclude this patient and select the chart of a patient who is eligible for HPV vaccine to review.]

Section A: Patient Demographics

Age, in years, at visit: ________

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 (specify) ________

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

Insurance status:
☐ Public
☐ Private
☐ Uninsured
☐ Unknown

Section B: Patient HPV Vaccine History

Enter the doses of HPV vaccine that the patient had received PRIOR TO THE START of the visit being reviewed.

Dose 1: Received?
☐ Yes
☐ No

Age, in years, of receipt of dose 1? ________

Was a 2nd dose received?
☐ Yes
No

Age, in years, of receipt of dose 2? ________

Was a 3rd dose received?

☐ Yes
☐ No

[If YES: Are you sure this patient is eligible for chart review if they had completed the series prior to this visit?]

Age, in years, of receipt of dose 3? ________

Section C: Patient Visit

Visit type:

☐ Well care
☐ Acute
☐ Chronic care
☐ Nurse only
☐ Other (specify)________

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

☐ Yes
☐ No

[If NO – and Section B lists no doses: Prior to this visit, the patient received no doses. Are you sure they didn’t receive their 1st dose at this visit?]

[If NO – and Section B lists 1 dose: Prior to this visit, the patient received 1 dose. Are you sure they didn’t receive their 2nd dose at this visit?]

[If NO – and Section B lists 2 doses: Prior to this visit, the patient received 2 doses. Are you sure they didn’t receive their 3rd dose at this visit?]

If yes, which dose?

☐ 1st Dose
☐ 2nd Dose
☐ 3rd Dose

[If YES, 1st dose – which is already entered in Section B: Prior to this visit, the patient received 1 dose. Are you sure they didn’t receive their 2nd dose at this visit?]

[If YES, 2nd dose – which is already entered in Section B: Prior to this visit, the patient received 2 doses. Are you sure they didn’t receive their 3rd dose at this visit?]

If NO, reason the patient did not receive HPV vaccination at this visit:

☐ Up to date on HPV vaccination at time of visit
 inability 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

☐ Other (specify)_________________

☐ Not documented/unclear

**Section D: Chart Notes**

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

_____________________________________________________________________________________

_____________________________________________________________________________________