# CHAMP Chart Review Adolescent Well Visits: 12–21 Year-Olds

<table>
<thead>
<tr>
<th>IRR</th>
<th>Yes</th>
<th>No</th>
<th>Gender</th>
<th>M</th>
<th>F</th>
<th>Did child transfer into the practice?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient ID Number:</td>
<td></td>
<td></td>
<td>DOB (MM/DD/YYYY):</td>
<td></td>
<td></td>
<td>City (correct spelling/case):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>Yes</td>
<td>No</td>
<td>Insurance (Code):</td>
<td></td>
<td></td>
<td>Description of other insurance:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Health Supervision Visit Information:
- Health supervision visit in last calendar year? | Yes | No | Not in practice |

### If Yes HSV in last year, proceed with data from HSV. If No/Not in practice, stop.

#### Last Calendar Year
- **BMI percentile (number only, not % sign):**
- **Weight status:** Underweight | Healthy | Overweight | Obese | Not documented

### Nutrition Assessment
- Nutritional counseling given? | Yes | No |

### Physical Activity Assessment
- Physical activity counseling given? | Yes | No |

### Adolescent Development
- **Was adolescent/parent/family asked about concerns (general)?** | Yes | No |
- **Was any developmental concern noted by adolescent, parent/family or provider?** | Yes | No |
- **If a developmental concern was noted, what was the type of concern?**
  - Physical development
  - Social competence
  - School competence
  - Emotional-well being
  - Risk reduction
  - Injury prevention

### Were developmental strengths identified? | Yes | No |

### Tobacco Use Assessment
- **Was adolescent tobacco use assessed?** | Yes | No |
- **If adolescent tobacco use assessed, was tobacco use identified?** | Yes | No |

### Sexual Activity Assessment
- **Was adolescent sexual activity assessed?** | Yes | No |
- **If sexually active, was adolescent screened for chlamydia?** | Yes | No | Refusal documented

### Alcohol and Drug Use Assessment
- **Was adolescent alcohol and/or drug use assessed?** | Yes | No |
- **If alcohol and/or drug use assessed, what was primary alcohol and/or drug use assessment method?**
  - CRAFFT screening tool
  - Informal assessment
  - Previously identified

### Mental Health Assessment
- **Was adolescent depression assessed?** | Yes | No |
- **If adolescent depression assessed, what was primary depression assessment method?**
  - PHQ2
  - PHQ-9 or PHQa
  - Informal assessment
  - Previously identified
  - Not documented

### Safety/Violence Assessment
- **Was adolescent safety/violence assessed?** | Yes | No |
- (Includes family/partner violence, fighting, helmet and seat belt use, alcohol while driving, gun access, bullying, etc.)