

CHAMP Chart Review Adolescent Well Visits: 12–21 Year-Olds		
IRR <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Did child transfer into the practice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient ID Number:	DOB(MM/DD/YYYY):	City(correct spelling/case):
Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance(Code):	Description other insurance:
Health Supervision Visit Information:		Last Calendar Year
Health supervision visit in last calendar year?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not in practice
If Yes HSV in last year, proceed with data from HSV. If No/Not in practice, stop.		
BMI percentile (number only, not % sign):		
Weight status		<input type="checkbox"/> Underweight <input type="checkbox"/> Healthy <input type="checkbox"/> Overweight <input type="checkbox"/> Obese <input type="checkbox"/> Not documented
Nutrition Assessment		
Nutritional counseling given?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Activity Assessment		
Physical activity counseling given?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Adolescent Development		
Was adolescent/parent/family asked about concerns (general)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was any developmental concern noted by adolescent, parent/family or provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If a developmental concern was noted, what was the type of concern? (Check all that apply.)		<input type="checkbox"/> Physical development <input type="checkbox"/> Social competence <input type="checkbox"/> School competence <input type="checkbox"/> Emotional-well being <input type="checkbox"/> Risk reduction <input type="checkbox"/> Injury prevention
Were developmental strengths identified?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Tobacco Use Assessment		
Was adolescent tobacco use assessed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If adolescent tobacco use assessed, was tobacco use identified?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Activity Assessment		
Was adolescent sexual activity assessed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If sexually active, was adolescent screened for chlamydia?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refusal documented
Alcohol and Drug Use Assessment		
Was adolescent alcohol and/or drug use assessed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If alcohol and/or drug use assessed, what was primary alcohol and/or drug use assessment method? (Priority order: CRAFFT, Informal, Previously identified)		<input type="checkbox"/> CRAFFT screening tool <input type="checkbox"/> Informal assessment <input type="checkbox"/> Previously identified
Mental Health Assessment		
Was adolescent depression assessed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If adolescent depression assessed, what was primary depression assessment method? (Priority order: PHQ2, PHQ-9 or PHQa, Informal, Previously identified, Not documented)		<input type="checkbox"/> PHQ2 <input type="checkbox"/> PHQ-9 or PHQa <input type="checkbox"/> Informal assessment <input type="checkbox"/> Previously identified <input type="checkbox"/> Not documented
Safety/Violence Assessment		
Was adolescent safety/violence assessed? (Includes family/partner violence, fighting, helmet and seat belt use, alcohol while driving, gun access, bullying, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No