Figure W3. Checklist Used by Fieldworkers While Observing Outpatient Encounters To Document Preventive Service Delivery

ENCOUNTER OBSERVATION CHECKLIST

PRACTICE ID	CLINICIAN ID	PATIENT ID	AGE	OBSERVATION DATE

REASON(S) FOR VISIT	1	2	REASON(S) FOR VISIT	1	2
Acute problem			HCM		
Acute FUp problem			Employment physical		
Chronic problem			Pre-op physical		
Prenatal/OB care					

1 = primary reason for encounter; 2 = secondary reason

CHIEF COMPLAINTS

FINAL DIAGNOSES

	GENERAL SCREENING EXAMS*
	Height/length (Est)
	Weight (Est)
	Blood pressure
	Vision screen
	Hearing screen
	Eye exam for strabismus
	Complete skin exam
	Complete mouth exam
	Thyroid exam
	Heart exam
	Carotid bruits
	Pulses
	Pelvic exam
	Testicular exam
	Digital rectal exam
	GENERAL SCREENING TESTS*
	Pap smear
	HIV test/counseling
	Gonorrhea test
	Chlamydia test
	Syphilis test
	Non-fasting total cholesterol
	Non-fasting HDL cholesterol
	Fasting lipoprotein analysis
	Thyroid function tests
	Rubella antibodies/vaccination history
	Hemoglobinopathy testing
	Blood glucose
	PSA
	Hct/hgb
	Blood lead screening
	Urinalysis
	TB skin test
	ECG (stationary)
	ECG exercise stress test
	FOBT at home
	FOBT in office
	Sigmoidoscopy
	Bone mineral content test

*Check only if done for asymptomatic screening

	Ophthalmology consult/glaucoma test
	Other (list)
	TOBACCO HISTORY
	Identify tobacco use status
	[1] None [2] Smoke [3] Smokeless [4] Other
	Identify parental smoking status
	Take tobacco use history
	TOBACCO COUNSELING
	Primary prevention for adolescents
	Discuss effect of parental smoking
	Advise patient/parent to quit
	TOBACCO CESSATION
	Assess stage of readiness for change
	Initiate approprate guidance for change
	Discuss different cessation techniques
	Discuss adjunct behavior modification
	Discuss barriers/resources to cessation
	Use past experience at cessation
	Utilize pharmacologic aids
	Discuss rewards for change
	Set quit date
	Arrange a follow-up contact
	BREAST CA HISTORY
	Personal history of breast cancer
	Family history of breast cancer
	Identify pre/post-menopausal FH
	Identify patient knows how to do SBE
	Identify patient does monthly SBE
	BREAST CA SCREENING
	Clinical breast exam
	Clinical breast exam recommended
	Mammogram recommended
	BREAST CA COUNSELING
	Encourage patient to do monthly SBE
	Teach patient to do monthly SBE
	CHEMOPROPHYLAXIS
	Folate prophylaxis
	Hormone replacement therapy/counsel
	Aspirin therapy
	Fluoride supplementation

	GENERAL COUNSELING
	Diet: nutritional intake
	Diet: weight loss
	Regular physical activity
	Alcohol use
	Illicit drug use
	Sexual practices: STD prevention
	Sexual practices: contraception
	Injury prevention: safety seats/belts
	Injury prevention: violence, abuse
	Injury prevention: other
	Dental health
	Skin protection from sunlight
	Skin self exam
	Monthly self testicular exam
	Living will, advance directives, etc.
	Functional status 65+
	Depression/suicide
	Assess risk of lead exposure
	IMMUNIZATIONS
	Tetanus-diphtheria booster (Td)
	Diphtheria-Tetanus-Pertussis (DTP)
	Oral polio vaccine (OPV)
	Haemophilus influenzae B (HIB)
	Hepatitis B vaccine (HBV)
	Hepatitis A vaccine (HAV)
	Measles-Mumps-Rubella (MMR)
	Varicella vaccine (VZV)
	Influenza vaccine
	Pneumococcal vaccine
	Recommend next immunizations
	FOLLOW-UP
	Arrange follow-up HCM
	PATIENT ED MATERIALS
	Written patient ed materials given (list)

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NOTES: