Middle School Audit Form (Version 2.2 7/2008)

 $Table\ I-Annual\ Risk\ Assessment\ and\ Physical\ Examination$

| Student – unique ID number | Gender 0=male 1=female | Age in years | Marker: Had risk assessment in past 12 months 0= no risk assessment 1=risk assessment | Marker: Had physical exam in past 12 months 0=no exam 1= exam |
|---|------------------------|--------------|---|---|
| (There must be 20 rows in this column for every chart) | | | | |
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| Total | 0= 1= | | 0= 1= | 0= 1= |
| Measurement 1= 0-25% of charts with both markers documented 2=26-50% of charts with both markers documented 3=51-75% of charts with both markers documented 4= 71-95% of charts with both markers documented 5= >95% of charts with both markers documented | | | | |

Table II: Asthma

| Student- Unique ID Number | Gender 0=male 1=female | Age in Years | Marker: Asthma Classification 0=asthma not classified 1=asthma classified | Marker: Number of visits with asthma identified as well controlled (*)/Number of visits since asthma plan in place |
|---|------------------------------|-----------------|---|--|
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| Total | 0= 1= | | 0= 1= | |
| Measurement 1= 0-40% of charts have asthma classified 2=41-60% of charts have asthma classified 3=>60-100% have asthma classified and 20-50% of visits identify asthma as well controlled 4=>60-100% have asthma classified and 51-75% of visits identify asthma as well controlled 5=>60-100% have asthma classified and >75% of visits identify asthma as well controlled | | | | |

^(*) Symptoms < 2x/week, night awakenings < 2x/month, no interference with normal activity, SABA use <2x/week, peak flow/FEV >80% predicted, 0-1 exacerbation req. PO steroids/yr.

Table III: Tobacco Use

| Unique student ID | Gender | Age in | Marker: | Marker: students using tobacco | Marker: students using | Marker: documented |
|-----------------------|----------|--------|------------------|--------------------------------|------------------------|--------------------|
| Number | 0 =Male | Years | documentation of | received documentation of | tobacco adherent to | reduced use or |
| | 1=Female | | tobacco screen | intervention plan | intervention plan | cessation |
| | | | 0=no | 0=no | 0=no | 0=no |
| | | | 1=yes | 1=yes | 1=yes | 1=yes |
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| Total | | | 0= | 0= | 0= | 0= |
| | | | 1= | 1= | 1= | 1= |
| Measurement | | | | | | |
| 1= 0-50% receive | | | | | | |
| intervention | | | | | | |
| 2= 51-95% receive | | | | | | |
| intervention | | | | | | |
| 3= >95% receive | | | | | | |
| intervention | | | | | | |
| 4= Above plus 50- | | | | | | |
| 100% adherent to plan | | | | | | |
| 5= Above plus 1-20% | | | | | | |
| report smoking | | | | | | |
| cessation | | | | | | |
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Table IV: Substance Use

| Unique student ID Number | Gender 0 =Male 1=Female | Age in Years | Marker: documentation of substance abuse screen 0=no 1=yes | Marker: students at high risk of substance abuse with documented intervention plan 0=no 1=yes | Marker: students at high risk adherent to intervention plan 0=no 1=yes | Marker: documented level of risk or abuse at follow-up 0=no 1=yes |
|---|-------------------------------|-----------------|---|---|--|---|
| | | | 1-yes | 1-yes | | |
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| Total | | | 0= 1= | 0= 1= | 0= 1= | 0= 1= |
| Measurement 1= 0-50% screened for abuse 2= 51-95% " 3= >95" 4= Above plus 50-100% of those evaluated with evidence of intervention plan or referral 5= Above plus 1-10% report reduced use in follow up visit | | | | | | |

Table V: Chlamydia Screening

| Unique student ID Number | Gender 0 =Male 1=Female | Age in Years | Marker: sexually active students screened 0=no 1=yes | Marker: appropriate assessment and treatment consistent with CDC guidelines 0=no 1=yes | Marker: documented risk reduction 0=no 1=yes |
|--|-------------------------------|-----------------|---|--|--|
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| Total | | | 0= 1= | 0= 1= | 0= 1= |
| Measurement 1= 0-50% with appropriate assessment and treatment consistent with CDC guidelines 2= 51-95%" 3= >95%" 4= Above plus 25-50% report reduced risk at next visit 5= Above plus > 50% report reduced risk at next visit | | | | | |

Table VI: Immunizations

| Gender 0=male | Age in Years | Marker- Students are fully immunized according to recommendations from | Marker- Students are being brought up to date and on schedule |
|------------------|--------------------|--|--|
| 1=female | | Practices | 0= no 1=yes |
| | | 1=yes | |
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| 0= | | 0= | 0= 1= |
| | | | |
| | 0=male 1=female | 0=male 1=female Years 1=female O= | 0=male 1=female Years according to recommendations from Advisory Committee on Immunization Practices 0= no 1=yes 0= 0= 0= |

Table VII: Risk for Type 2 Diabetes

| Student- Unique ID Number | Gender 0=male 1=female | Age in Years | Marker: Student appropriately identified as at risk based on BMI 0= no 1=yes | Marker: Student identified as at risk has focused family history in medical record 0=no 1=yes | Marker: Student identified as at risk has documentation of appropriate laboratory testing 0=no 1=yes | Marker: Student with abnormal lab test has treatment initiated 0=no 1=yes |
|---|------------------------------|-----------------|--|---|--|---|
| Total | 0= 1= | | 0= 1= | 0= 1= | 0= 1= | 0= 1= |
| Measurement 1= 0-60% of charts have student appropriately identified as at risk based on BMI 2=61-100% of charts have student appropriately identified as at risk plus family history of additional risk factors on record 3=Above plus 60% of students at risk have documentation of appropriate laboratory testing 4=Above plus >60% with documentation of appropriate laboratory testing 5=Above plus 100% of students with abnormal lab test have treatment initiated | | | | | | |

Table VIII: Poor School Performance

| Student- Unique ID Number | Gender | Age in | Marker: | Marker: Students at high risk | Marker: Students with recent |
|---|------------|--------|--------------------|---------------------------------|---------------------------------|
| Student- Onique ID Number | 0=male | Years | Documentation of | for school failure are assessed | change or poor school |
| | 1=female | 1 cars | school performance | for medical, behavioral and | performance with plan, referral |
| | 1-iciliaic | | 0-=no | mental health problems | and follow-up |
| | | | 1=yes | 0=no | 0=no |
| | | | 1=yes | | |
| | | | | 1=yes | 1=yes |
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| Total | 0= | | 0= | 0= | 0= |
| 76 | 1= | | 1= | 1= | 1= |
| Measurement | | | | | |
| 1=0-60% of charts document student's | | | | | |
| school performance | | | | | |
| 2=0-90% of charts with documentation of | | | | | |
| school performance and 50% with | | | | | |
| difficulties assessed for medical, behavioral | | | | | |
| and mental health problems | | | | | |
| 3=Above plus 51-95% with difficulties | | | | | |
| assessed for medical, behavioral and mental | | | | | |
| health problems | | | | | |
| 4=Above plus >95% with difficulties | | | | | |
| assessed for medical, behavioral and mental | | | | | |
| health problems | | | | | |
| 5=Above plus >75% have evidence of plan | | | | | |
| and referral for academic services | | | | | |

Table IX Depression

| Unique student ID Number | Gender 0 =Male 1=Female | Age in Years | Marker: Documentation of depression screening 0= no 1= yes | Marker: Documented referral to qualified mental health provider in SBHC, school or community 0=no 1= yes | Marker: Documentation of follow up 0=no 1=yes | Marker: Student at risk of suicide has documented safety plan and referral for suicide risk assessment 0=no 1=yes |
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| Total | | | 0= 1= | 0= 1= | 0= 1= | 0= 1= |
| Measurement 1=0-50% have documented screening, referral and follow-up 2=51-75% " 3=76-90%" plus <100% document safety plan & referral for suicide assessement 4=Above plus 100% document safety plan and referral for suicide assessment 5=100% document follow up, plus 100% document safetly plan & referral for suicide assessment | | | | | | |

Table X: Psychological Trauma

| Table 21. I Sychological I Taumie | | | | |
|-----------------------------------|------------|--------|--|--------------------------|
| Student- Unique ID Number | Gender | Age in | Marker: Documented referral to qualified mental health | Marker: Documentation of |
| | 0=male | Years | provider in SBHC, school or community | follow-upl |
| | 1=female | | 0 = no | 0=no |
| | 1 10111111 | | 1= yes | 1=yes |
| | | | 1- yes | 1-yes |
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| Total | 0= | | 0= | 0= |
| | 1= | | 1= | 1= |
| Measurement | | | | |
| 1= 0-50% have documentation of | | | | |
| | | | | |
| referral | | | | |
| 2=51-95%" | | | | |
| 3=>95%" | | | | |
| 4=Above, plus 25-50% have | | | | |
| documentation of follow-up | | | | |
| 5=Above, plus >50% have | | | | |
| documentation of follow-up | | | | |
| documentation of follow-up | | | | 1 |
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Table XI: Oral Health

| Student- Unique ID Number | Gender 0=male 1=female | Age in Years | Marker- Student fluoridation status (water vs supplement) noted in chart 0-=no 1=yes | Marker – Student in unfluoridated community taking fluoride supplement 0=no 1=yes | Marker- Documentation of annual dental visit 0=no 1=yes | Marker- students without annual dental visit with documentation of dental referral 0=no 1=yes |
|---|------------------------------|-----------------|---|---|---|---|
| | | | | | | |
| | | | | | | |
| Total | 0- | | 0= | 0= | 0- | 0= |
| Measurement 1= 0-60% of students with appropriate fluoride treatment 2= 0-90% of students with appropriate fluoride treatment and 0-50% with annual dental visit or referral to dental care 3=Above plus 51-75% with annual dental visit or referral to dental care 4=Above plus 76-95% with annual dental visit or referral 5=Above plus >95% with annual dental visit or referral | 0= 1= | | 0= 1= | 0= 1= | 0= 1= | 0= 1= |