Form Approved
OMB No. 0930-0269
Expiration Date 09-30-2007

DATE: |__|__| |__|__| |2|0|__|__| START TIME: |__|__| : |__|__| END TIME: |__|__| : |__|__|
MR_MO MR_DY MR_YR MR_START MR_END

MOTHER'S ID# |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
MR_MOM

EVALUATION PHASE: Intake |__|1 Delivery |__|2 3-months |__|3 6-months |__|4 Discharge |__|6
MR_INTERVIEW_TYPE

PERSON COMPLETING |_____| GRANT# TI |__|__|__|__|__|
MR_INTERVIEWER MR_SITE

MEDICAL RECORD AUDIT

If information should be present and is not, check NOT PRESENT for that chart. If information or a response to the information is present, rate the quality of the information/response with SUPERIOR, SATISFACTORY, and UNACCEPTABLE. Check NOT APPLICABLE to score items that do not apply to a given chart.

Only check one response per question per chart.

WOMEN

	Superior	Satisfactory	Unacceptable	Not Present	Not Applicable
MR_W01 1. Appropriate past medical history	☐3	☐2	☐1	☐-9	☐-1
MR_W02 2. Completed history and physical	☐3	☐2	☐1	☐-9	☐-1
MR_W03 3. Allergies and adverse drug reactions	☐3	☐2	☐1	☐-9	☐-1
MR_W04 4. Diagnoses of existing health concerns	☐3	☐2	☐1	☐-9	☐-1
MR_W05 5. Mammograms	☐3	☐2	☐1	☐-9	☐-1
MR_W06 6. Pap smear and Gyne/Pelvic	☐3	☐2	☐1	☐-9	☐-1
MR_W07 7. Clinical breast exams	☐3	☐2	☐1	☐-9	☐-1
MR_W08 8. Laboratory and other tests (glucose, cholesterol, electrolytes)	☐3	☐2	☐1	☐-9	☐-1
MR_W09 9. Treatment consistent with diagnoses	☐3	☐2	☐1	☐-9	☐-1
MR_W10 10. Health education about diagnoses	☐3	☐2	☐1	☐-9	☐-1
MR_W11 11. Health counseling about managing chronic disease	☐3	☐2	☐1	☐-9	☐-1
MR_W12 12. Numbers of visits to health care provider	☐3	☐2	☐1	☐-9	☐-1
MR_W13 13. Evidence that client aware of her state of health and has a plan for changing or maintaining it	☐3	☐2	☐1	☐-9	☐-1
MR_W14 14. Client shows improvement in state of health with diagnoses	☐3	☐2	☐1	☐-9	☐-1

CHILDREN

Please document the actual numbers of the information being requested below. Record the child's ID on top of each column. (If more than four children are treated, attach additional sheets.)

1. If child born to mother while she is in treatment:

	CHILD |__|__|	CHILD |__|__|	CHILD |__|__|	CHILD |__|__|
Apgar score	|__|__| MR_APGAR	|__|__| MR_APGAR	|__|__| MR_APGAR	|__|__| MR_APGAR
MR_HEAD_CIRCUMF Head circumference	|__|__|.|__| CM ☐1 IN ☐2 MR_UNIT_CIRCUMF	|__|__|.|__| CM ☐1 IN ☐2 MR_UNIT_CIRCUMF	|__|__|.|__| CM ☐1 IN ☐2 MR_UNIT_CIRCUMF	|__|__|.|__| CM ☐1 IN ☐2 MR_UNIT_CIRCUMF
MR_BIRTH_LENGTH Length at birth	|__|__|.|__| CM ☐1 IN ☐2 MR_UNIT_LENGTH	|__|__|.|__| CM ☐1 IN ☐2 MR_UNIT_LENGTH	|__|__|.|__| CM ☐1 IN ☐2 MR_UNIT_LENGTH	|__|__|.|__| CM ☐1 IN ☐2 MR_UNIT_LENGTH
MR_BIRTH_WEIGHT Birth weight	|__|__|.|__| KG ☐1 LB ☐2 MR_UNIT_WEIGHT	|__|__|.|__| KG ☐1 LB ☐2 MR_UNIT_WEIGHT	|__|__|.|__| KG ☐1 LB ☐2 MR_UNIT_WEIGHT	|__|__|.|__| KG ☐1 LB ☐2 MR_UNIT_WEIGHT
MR_GESTATION_AGE Gestational age	|__|__|.|__|__| in weeks	|__|__|.|__|__| in weeks	|__|__|.|__|__| in weeks	|__|__|.|__|__| in weeks
MR_DRUG_SCREEN Drug screen	|__| negative screen |__| MR_COCAINE |__| MR_METHADONE |__| MR_OTH_OPIATES |__| MR_MARIJUANA |__| MR_METHAMPH |__| MR_ALCOHOL |__| MR_NICOTINE |__| MR_OTHER_POSITIVE MR_POSITIVE_OTH ______________ ______________	|__| negative screen |__| MR_COCAINE |__| MR_METHADONE |__| MR_OTH_OPIATES |__| MR_MARIJUANA |__| MR_METHAMPH |__| MR_ALCOHOL |__| MR_NICOTINE |__| MR_OTHER_POSITIVE MR_POSITIVE_OTH ______________ ______________	|__| negative screen |__| MR_COCAINE |__| MR_METHADONE |__| MR_OTH_OPIATES |__| MR_MARIJUANA |__| MR_METHAMPH |__| MR_ALCOHOL |__| MR_NICOTINE |__| MR_OTHER_POSITIVE MR_POSITIVE_OTH ______________ ______________	|__| negative screen |__| MR_COCAINE |__| MR_METHADONE |__| MR_OTH_OPIATES |__| MR_MARIJUANA |__| MR_METHAMPH |__| MR_ALCOHOL |__| MR_NICOTINE |__| MR_OTHER_POSITIVE MR_POSITIVE_OTH ______________ ______________

2. This section is for any treated children. Please check the appropriate positive or negative (YES or NO) response. Record the child's ID on top of each column. (If more than four children are treated, attach additional sheets.)

	CHILD |__|__|	CHILD |__|__|	CHILD |__|__|	CHILD |__|__|
MR_C02 2. Immunizations up to date..	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
MR_C03 3. Appropriate past medical history.............................	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
MR_C04 4. Completed history and physical	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
MR_C05 5. Allergies and adverse drug reactions	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
MR_C06 6. Diagnoses of existing health concerns	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
MR_C07 7. Laboratory and other tests......................................	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
MR_C08 8. Treatment consistent with diagnoses	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
MR_C09 9. Health education to mother about diagnoses...........	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
MR_C10 10. Health counseling to mother about managing chronic illness	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
MR_C11 11. Numbers of visits to health care provider.................	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
MR_C12 12. Evidence that mother/child aware of child's state of health and has a plan for changing or maintaining it .	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0
MR_C13 13. Child shows improvement in state of health with diagnoses..	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0	Yes ☐1 No ☐0