

Quality Incentive Program

Prevention and Wellness Survey | Fiscal Year 2026-27

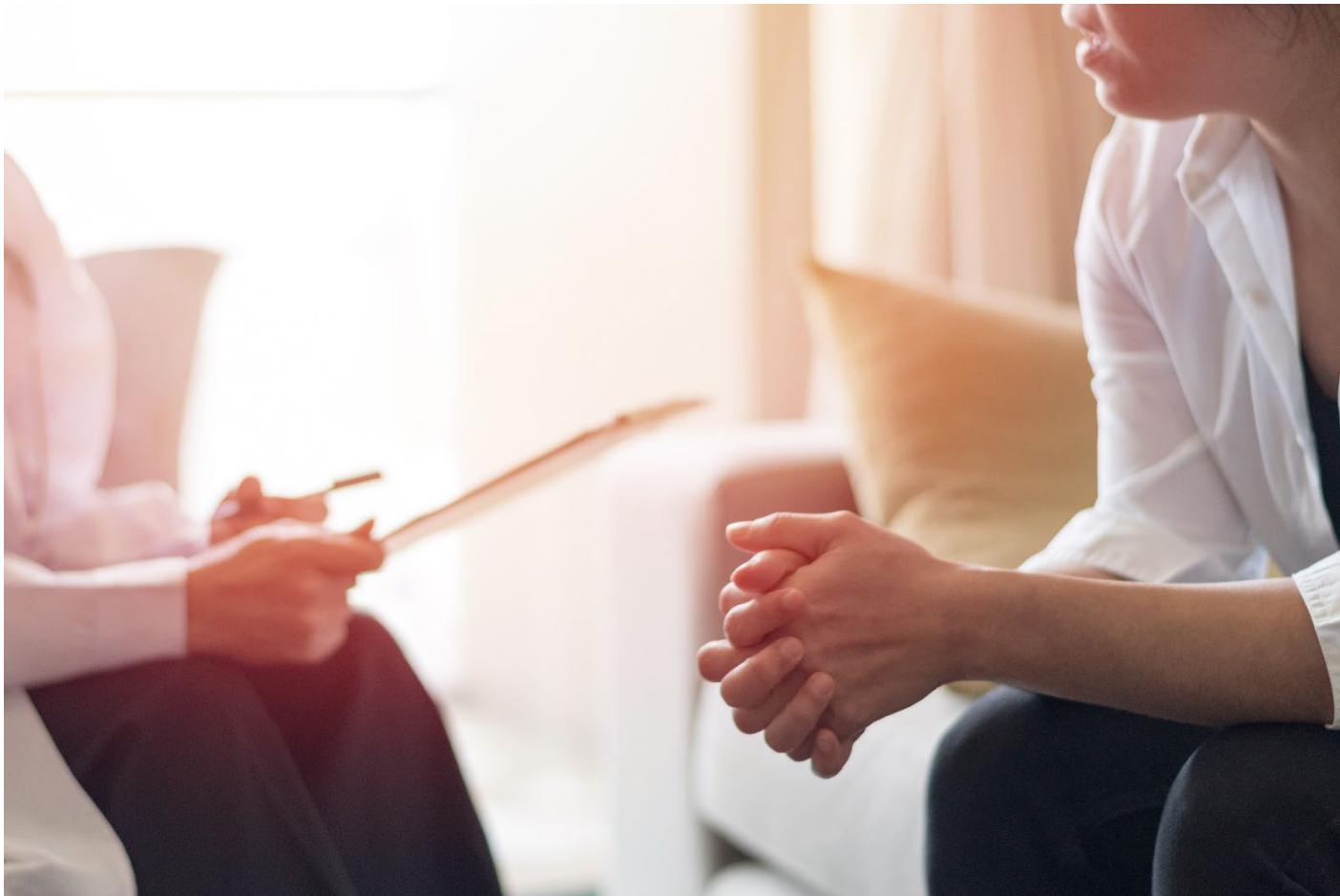


TABLE OF CONTENTS

SECTION 1: PREVENTION & WELLNESS – ADULT QUESTIONS	2
1.1 - Physical Exam.....	2
1.2 - Dental Exam.....	2
1.3 - Cervical Cancer Screening	3
1.4 - Breast Cancer Screening	4
1.5 - Colorectal Screening.....	4
SECTION 2: PREVENTION & WELLNESS – CHILD QUESTIONS	6
2.1 - Wellness Visit.....	6
2.2 - Vision Exam	7
2.3 - Dental Exam.....	7
2.4 Immunizations	8

SECTION 1: PREVENTION & WELLNESS – ADULT QUESTIONS

1.1 - PHYSICAL EXAM

- 1) Do you have data to report on [Name]’s most recent Physical Exam?
 - a. Yes
 - b. No
- 2) **[If response to #1 is No]** Please choose the option that best explains why you are unable to report on [Name]’s most recent Physical Exam:
 - a. The Physical Exam was declined by the individual/a family member/a legal guardian.
 - b. We were unable to find a medical provider to complete the Physical Exam.
 - c. This is a new Name, and we do not yet have access to their medical records.
 - d. Other, please explain:
- 3) **[If response to #1 is Yes]** Did [Name] receive a Physical Exam between July 1, 2024 – June 30, 2025?
 - a. Yes
 - b. No
- 4) **[If response to #3 is No]** Please choose the option that best explains why [Name] did not receive a Physical Exam between July 1, 2024 – June 30, 2025:
 - a. The Physical Exam was declined by the individual/a family member/a legal guardian.
 - b. We were unable to find a medical provider to complete the Physical Exam.
 - c. This is a new Name, and we do not yet have access to their medical records.
 - d. Other, please explain:

1.2 - DENTAL EXAM

- 1) Do you have data to report on [Name]’s most recent Dental Exam?
 - a. Yes
 - b. No
- 2) **[If response to #1 is No]** Please choose the option that best explains why you are unable to report on [Name]’s most recent Dental Exam:
 - a. The Dental Exam was declined by the individual/a family member/a legal guardian.
 - b. We were unable to find a medical provider to complete the Dental Exam.
 - c. This is a new Name, and we do not yet have access to their medical records.
 - d. Other, please explain:

3) **[If response to #1 is Yes]** Did [Name] receive a Dental Exam between July 1, 2024 – June 30, 2025?

- Yes
- No

4) **[If response to #3 is No]** Please choose the option that best explains why [Name] did not receive a Dental Exam between July 1, 2024 – June 30, 2025:

- The Dental Exam was declined by the individual/a family member/a legal guardian.
- We were unable to find a medical provider to complete the Dental Exam.
- This is a new Name, and we do not yet have access to their medical records.
- Other, please explain:

1.3 - CERVICAL CANCER SCREENING

This set of questions is to be displayed for female residents aged 21 – 65.

1) Do you have data to report on [Name]’s most recent Cervical Cancer Screening?

- Yes
- No

2) **[If response to #1 is No]** Please choose the option that best explains why you are unable to report on [Name]’s most recent Cervical Cancer Screening:

- A Cervical Cancer Screening was medically contraindicated.
- A Cervical Cancer Screening was declined by the individual/a family member/a legal guardian.
- We were unable to find a medical provider to complete the Cervical Cancer Screening.
- This is a new Name, and we do not yet have access to their medical records.
- Other, please explain:

3) **[If response to #1 is Yes]** Did [Name] receive a Cervical Cancer Screening between July 1, 2024 – June 30, 2025?

- Yes
- No

4) **[If response to #3 is No]** Please choose the option that best explains why [Name] did not receive a Cervical Cancer Screening between July 1, 2024 – June 30, 2025:

- A Cervical Cancer Screening was medically contraindicated.
- The Cervical Cancer Screening was declined by the individual/family member/ legal guardian.
- We were unable to find a medical provider to complete the Cervical Cancer Screening.
- This is a new Name, and we do not yet have access to their medical records.
- Other, please explain:

1.4 - BREAST CANCER SCREENING

This set of questions is to be displayed for female residents aged 50 – 74.

- 1) Do you have data to report on [Name]'s most recent Breast Cancer Screening?
 - a. Yes
 - b. No
- 2) **[If response to #1 is No]** Please choose the option that best explains why you are unable to report on [Name]'s most recent Breast Cancer Screening:
 - a. A Breast Cancer Screening was medically contraindicated.
 - b. A Breast Cancer Screening was declined by the individual/family member/legal guardian.
 - c. We were unable to find a medical provider to complete the Breast Cancer Screening.
 - d. This is a new Name, and we do not yet have access to their medical records.
 - e. Other, please explain:
- 3) **[If response to #1 is Yes]** Did [Name] receive a Breast Cancer Screening between July 1, 2024 – June 30, 2025?
 - a. Yes
 - b. No
- 4) **[If response to #3 is No]** Please choose the option that best explains why [Name] did not receive a Breast Cancer Screening between July 1, 2024 – June 30, 2025:
 - a. A Breast Cancer Screening was medically contraindicated.
 - b. The Breast Cancer Screening was declined by the individual/family member/legal guardian.
 - c. We were unable to find a medical provider to complete the Breast Cancer Screening.
 - d. This is a new Name, and we do not yet have access to their medical records.

1.5 - COLORECTAL SCREENING

This set of questions is to be displayed for male and female residents aged 45 – 75.

- 1) Do you have data to report on [Name]'s most recent Colorectal Cancer Screening?
 - a. Yes
 - b. No
- 2) **[If response to #1 is No]** Please choose the option that best explains why you are unable to report on [Name]'s most recent Colorectal Screening:
 - a. A Colorectal Screening was medically contraindicated.
 - b. A Colorectal Screening was declined by the individual/family member/legal guardian.
 - c. We were unable to find a medical provider to complete the Colorectal Screening.
 - d. This is a new Name, and we do not yet have access to their medical records.
 - e. Other, please explain:

3) **[If response to #1 is Yes]** Please indicate the type of Colorectal Screening last received by [Name]:

- a. Stool-based test
- b. Flexible sigmoidoscopy
- c. Colonoscopy

4) **[If response to #3 is Stool-based test]** Did [Name] receive a Stool-based Colorectal Screening between July 1, 2024 – June 30, 2025?

- a. Yes
- b. No

5) **[If response to #3 is Flexible Sigmoidoscopy]** Did [Name] receive a Flexible Sigmoidoscopy Colorectal Screening between July 1, 2020 – June 30, 2025?

- a. Yes
- b. No

6) **[If response to #3 is Colonoscopy]** Did [Name] receive Colonoscopy between July 1, 2015 – June 30, 2025?

- a. Yes
- b. No

7) **[If response to #4 is No]** Please choose the option that best explains why [Name] did not receive a Stool-based Colorectal Screening between July 1, 2024 – June 30, 2025:

- a. A Stool-based Colorectal Screening was medically contraindicated.
- b. The Stool-based Colorectal Screening was declined by individual/family member/legal guardian.
- c. We were unable to find a medical provider to complete the Stool-based Colorectal Screening.
- d. This is a new Name, and we do not yet have access to their medical records.
- e. Other, please explain:

8) **[If response to #5 is No]** Please choose the option that best explains why [Name] did not receive Flexible Sigmoidoscopy Colorectal Screening between July 1, 2020 – June 30, 2025:

- a. A Flexible Sigmoidoscopy Colorectal Screening was medically contraindicated.
- b. A Flexible Sigmoidoscopy Colorectal Screening was declined by the individual/a family member/a legal guardian.
- c. We were unable to find a medical provider to complete a Flexible Sigmoidoscopy Colorectal Screening.
- d. This is a new Name, and we do not yet have access to their medical records.
- e. Other, please explain:

9) **[If response to #6 is No]** Please choose the option that best explains why [Name] did not receive a Colonoscopy between July 1, 2015 – June 30, 2025:

- a. A Colonoscopy was medically contraindicated.
- b. The Colonoscopy was declined by the individual/a family member/a legal guardian.
- c. We were unable to find a medical provider to complete Colonoscopy.
- d. This is a new Name, and we do not yet have access to their medical records.
- e. Other, please explain:

SECTION 2: PREVENTION & WELLNESS – CHILD QUESTIONS

2.1 - WELLNESS VISIT

The recommended number of Wellness Visits will update based on each resident's age.

1) Do you have data to report on [Name]’s most recent Wellness Visit?

- a. Yes
- b. No

2) **[If response to #1 is No]** Please choose the option that best explains why you are unable to report on [Name]’s most recent Wellness Visit:

- a. A Wellness Visit was declined by a family member/legal guardian.
- b. We were unable to find a medical provider to complete the Wellness Visit.
- c. This is a new resident, and we do not yet have their medical records.
- d. Other, please explain:

3) **[If response to #1 is Yes]** Did [Name] attend [recommended #] Wellness Visits between July 1, 2024 – June 30, 2025?

- a. Yes
- b. No

4) **[If response to #3 is No]** Please choose the option that best explains why [Name] did not complete the recommended number of Wellness Visit in the last year:

- a. The Wellness Visit was declined by a family member/ a legal guardian.
- b. We were unable to find a medical provider to complete the Wellness Visit.
- c. This is a new resident, and we do not yet have access to their medical records.
- d. Other, please explain:

2.2 - VISION EXAM

The recommended number of Vision Exams will update based on each resident's age.

- 1) Do you have data to report on [Name]'s most recent Vision Exam?
 - a. Yes
 - b. No
- 2) **[If response to #1 is No]** Please choose the option that best explains why you are unable to report on [Name]'s most recent Vision Exam:
 - a. A Vision Exam was declined by a family member/legal guardian.
 - b. We were unable to find a medical provider to complete the Vision Exam.
 - c. This is a new resident, and we do not yet have their medical records.
 - d. Other, please explain:
- 3) **[If response to #1 is Yes]** Did [Name] attend [recommended #] Vision Exam between [recommended timeframe]?
 - a. Yes
 - b. No
- 4) **[If response to #3 is No]** Please choose the option that best explains why [Name] did not complete the recommended number of Vision Exam in the last year:
 - a. The Vision Exam was declined by a family member/ a legal guardian.
 - b. We were unable to find a medical provider to complete the Vision Exam.
 - c. This is a new resident, and we do not yet have access to their medical records.
 - d. Other, please explain:

2.3 - DENTAL EXAM

- 1) Do you have data to report on [Name]'s most recent Dental Exam?
 - a. Yes
 - b. No
- 2) **[If response to #1 is No]** Please choose the option that best explains why you are unable to report on [Name]'s most recent Dental Exam:
 - a. A Dental Exam was declined by a family member/legal guardian.
 - b. We were unable to find a medical provider to complete the Dental Exam.
 - c. This is a new resident, and we do not yet have their medical records.
 - d. Other, please explain:
- 3) **[If response to #1 is Yes]** Did [Name] complete 2 or more Dental Exams between July 1, 2024 – June 30, 2025?
 - a. Yes
 - b. No

4) **[If response to #3 is No]** Please choose the option that best explains why [Name] did not complete the recommended number of Dental Exam in the last year:

- a. The Dental Exam was declined by a family member/ a legal guardian.
- b. We were unable to find a medical provider to complete the Dental Exam.
- c. This is a new resident, and we do not yet have access to their medical records.
- d. Other, please explain:

2:4 IMMUNIZATIONS

The type and recommended number of immunizations will update based on each resident's age. This section will ask about the following immunizations: IPV, DTaP, Hepatitis B, Varicella, MMR, Hib, and Tdap.

1) Do you have data to report on [Name]'s most recent [immunization]?

- a. Yes
- b. No

2) **[If response to #1 is No]** Please choose the option that best explains why you are unable to report on [Name]'s most recent [immunization]:

- a. The [immunization] is medically contraindicated.
- b. The [immunization] was declined by a family member/legal guardian.
- c. We were unable to find a medical provider to complete the [immunization].
- d. This is a new resident, and we do not yet have their medical records.
- e. Other, please explain:

3) **[If response to #1 is Yes]** Did [Name] receive [recommended #] dose(s) of [immunization] before 06/30/2025?

- a. Yes
- b. No

4) **[If response to #3 is No]** Please choose the option that best explains why [Name] did not receive the recommended number of doses of [immunization]:

- a. The [immunization] is medically contraindicated.
- b. The [immunization] was declined by a family member/legal guardian.
- c. We were unable to find a medical provider to complete the [immunization].
- d. This is a new resident, and we do not yet have their medical records.
- e. Other, please explain:

Questions?

Office of Quality Assurance

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