AFIX RCT Check-In Protocol  
March 26, 2015

A. Recruitment & Tracking Form  
1. Tell me about how recruitment is going so far.  
   • About how many clinics have you contacted?  
   • How many visits have you scheduled?  
   • How many clinics have declined? Why have they declined?

2. Let’s take a look at your tracking form.  
   ➢ Look for skipped clinics.  
   ➢ Look for number of contacts.  
   ➢ Look for reasons for declining participation.  
   ➢ Look for time between target dates and activity dates.

B. AFIX visits  
3. Out of all the AFIX visits you’ve conducted so far, tell me about one that went really well.

4. Now tell me about the AFIX visit that has been the most challenging.

   POSSIBLE PROMPTS  
   • How many visits have you made since our last meeting?  
   • How many providers/what kind of providers were at each visit?  
   • How were the visits received?  
   • How long have visits been lasting?  
   • Any challenges with doing the steps in the protocol?  
     o Introduce QI/communication AFIX rationale.  
     o Understand the QI context (i.e., listen to providers).  
     o Share AFIX report card.  
     o Set QI goal.  
     o Select QI strategies.  
     o Create an Action Plan.  
   • Any issues with completing the report card? Coverage estimates seem credible?  
   • Any technical difficulties with webinar?  
   • Any questions about CMEs?

C. Data collection  
5. Let’s take a look at your data collection spreadsheet.  
   ➢ Look for empty cells that should have data.  
   ➢ Look for data in cells that should be empty.  
   ➢ Look at number of patients assessed.  
   ➢ Check credibility of coverage estimates.  
   ➢ Check to see that study ID number/study arm matches tracking form.  
   ➢ Look for similar progress across study arms.

6. Let’s take a look at some examples of completed report cards.  
   ➢ Check to see if coverage estimates look credible.
7. Any questions about data collection?
   - Spreadsheets
   - Provider surveys
   - Time logs (including new personnel who should be receiving)

D. Control clinics
8. Tell me about other HPV vaccine-related programs you are currently implementing in your state.

9. Any concerns about how these programs might affect our study?

10. Any concerns about registry cleaning (e.g., deletion of duplicate records, etc.)?