Advantage eClinical

Advantage eClinical

- ($sitecode)

Eligibility Review (EL2)

Version: 1.05; 01-20-23

Segment *(PROTSEG)*: A
Visit Number *(VISNO)*:

Date of assessment:*(ELRASMDT)* _____ *(mm/dd/yyyy)*

Screening Inclusion Criteria

1. Which clinic do you go to?*(ELCLINIC)* ☐ 01-Clinic 1 ☐ 02-Clinic 2
2. Which clinic do you go to?*(ELCLINIC)* ☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3
3. Which clinic do you go to?*(ELCLINIC)*
4. Who is your primary care provider?
   For research assistant only: select the corresponding provider ID from the dropdown list, based on the name the patient participant just gave. Remember you can double check you are selecting the correct provider ID from the provider look-up report.
   (ELSTEPCP)
   Provider ID: PXXXXXXXX-PROVIDERID / PXXXXXXX1-PROVIDERID1
   (ELPCPNOP) ☐ 01- Provider not participating
5. Do you have access to a phone that can receive text messages and phone calls? *[Must be "Yes"](ELPHNTXT)* ☐ 0-No ☐ 1-Yes
6. Do you have access to the internet at least once per week, via a phone, tablet, and/or computer? *[Must be "Yes"](ELINTNT)* ☐ 0-No ☐ 1-Yes
7. Are you currently following a diet plan to lose weight?*(ELDIETPL)* ☐ 0-No ☐ 1-Yes
8. Do you currently pay for any fitness services such as a gym membership, classes, etc.?*(ELGYMFIT)* ☐ 0-No ☐ 1-Yes
9. Have you been receiving medication for opioid use disorder such as buprenorphine (Suboxone) or Vivitrol (which is a once per month injection), or have you been engaged in a methadone treatment program in the past 30 days? *[Must be "No"](ELOUDMED)* ☐ 0-No ☐ 1-Yes
10. Are you currently receiving opioid pain medications for end of life care? *[Must be "No"]* ☐ 0-No ☐ 1-Yes

    Opioid pain medications include medications like morphine (MS-Contin), oxycodone (OxyContin, Percocet), hydrocodone (Vicodin), methadone, codeine, tramadol (Ultram) and similar pain medications that require a prescription from a medical provider.(ELOPIEOL)
11. Do you have definite and irreversible plans to leave the area or stop receiving care at this primary care clinic within the next 12 months? *[Must be "No"]* ☐ 0-No ☐ 1-Yes

    Definite and irreversible means you have already accepted a job in another area or have a plane ticket to your next location.(ELLEAVE)
12. If you decide to enroll in the study, would you be willing to provide contact information for one or more of your family members, friends, or any individuals who could help us reach you in case we have trouble getting in touch? *[Must be "Yes"](ELCNTACT)* ☐ 0-No ☐ 1-Yes
13. Are you pregnant? *[Must be "No" or "N/A"](ELPREGNT)* ☐ 00-No ☐ 01-Yes ☐ 96-N/A
14. Is the patient participant still eligible for the study?*(ELSTLELG)* ☐ 0-No ☐ 1-Yes

Composite International Diagnostic Interview

*The following questions are about opioids. **'OPIOIDS'** include opioid pain medications, illegal opioid drugs like heroin and fentanyl, and medications used for addiction treatment like methadone and buprenorphine (Suboxone). Opioid pain medications include medications like morphine (MS-Contin), oxycodone (OxyContin, Percocet), hydrocodone (Vicodin, Norco), methadone, codeine, tramadol (Ultram) and similar pain medications that require a prescription from a medical provider.*

These questions refer to the past 12 months, meaning starting from today and going back to one year ago. Please answer 'yes' or 'no' to each question. If you do not understand the question, I am only able to read it back to you. This survey should take about 10 minutes to complete. Please remember that all of your responses are confidential, and will not be seen by anyone outside of the research team, including your medical providers.

15. Was there ever a time in the last 12 months when your use of OPIOIDS frequently interfered with your work or responsibilities at school, on a job, or at home? *(KEY PHRASE: interfered with your work or school)(ELINTERF)* ☐ 0-No ☐ 1-Yes

16. Was there ever a time in the last 12 months when your use of OPIOIDS caused arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?*(ELARGMNT)* ☐ 0-No ☐ 1-Yes

17. Did you continue to use OPIOIDS even though it caused problems with these people?
(KEY PHRASE: caused problems with family or friends)(ELPEOPLE) ☐ 0-No ☐ 1-Yes

18. Were there times in the last 12 months when you were often under the influence of OPIOIDS in situations where you could have gotten hurt - for example when riding a bicycle, driving, operating a machine, or anything else?
(KEY PHRASE: occurred in situations where you could have gotten hurt)
(ELHURT) ☐ 0-No ☐ 1-Yes

19. In the last 12 months, were you arrested or stopped by the police more than once because of driving under the influence of OPIOIDS or because of your behavior while you were under the influence of OPIOIDS?
(KEY PHRASE: resulted in problems with the police)(ELPOLICE) ☐ 0-No ☐ 1-Yes

20. Was there ever a time in the last 12 months when you often had such a strong desire to use OPIOIDS that you couldn't stop using or found it difficult to think of anything else?
(KEY PHRASE: you had a strong and irresistible urge to use OPIOIDS)
(ELDIFSTP) ☐ 0-No ☐ 1-Yes

21. In the last 12 months, did you ever need larger amounts of OPIOIDS to get an effect, or did you ever find that you could no longer get high on the amount you used to use?
(KEY PHRASE: you needed larger amounts of OPIOIDS to get an effect)
(ELNEEDMR) ☐ 0-No ☐ 1-Yes

22. Was there ever a time in the last 12 months when you stopped, cut down, or went without using OPIOIDS and then experienced withdrawal symptoms?
(KEY PHRASE: you experienced withdrawal symptoms from OPIOIDS)
(ELEXPWDL) ☐ 0-No ☐ 1-Yes

23. Did you ever have times in the last 12 months when you used OPIOIDS to keep from having withdrawal symptoms?
(KEY PHRASE: you used OPIOIDS to keep from feeling physical problems)
(ELSTPWDL) ☐ 0-No ☐ 1-Yes

24. Did you ever have times in the last 12 months when you used OPIOIDS even though you planned not to or when you used a lot more than you intended?
(KEY PHRASE: you used when you planned not to or you used more than you planned)(ELUSEMR) ☐ 0-No ☐ 1-Yes

25. Were there times in the last 12 months when you used OPIOIDS more frequently or for more days in a row than you intended?
(KEY PHRASE: you used more frequently than you intended)(ELMORFRQ) ☐ 0-No ☐ 1-Yes

26. Were there times in the last 12 months when you tried to stop or cut down on your use of OPIOIDS and found that you were not able to do so?
(KEY PHRASE: you tried but weren't able to stop or cut down using)(ELNOSTOP) ☐ 0-No ☐ 1-Yes

27. In the last 12 months, did you ever have several days or more when you spent so much time using or getting over the effects of OPIOID use that you had little time for anything else?
(KEY PHRASE: you spent periods of several days doing little more than using or getting over the effects of using)(ELNOTIME) ☐ 0-No ☐ 1-Yes

28. In the last 12 months, was there ever a time when you gave up or greatly reduced important activities because of your OPIOID use - for example, sports, work, or seeing friends and family?
(KEY PHRASE: you gave up or greatly reduced important activities because of your use)(ELGAVEUP) ☐ 0-No ☐ 1-Yes

29. In the last 12 months, did you ever continue to use OPIOIDS when you knew you had a serious physical or emotional problem that might have been caused by or made worse by using OPIOIDS?
(KEY PHRASE: you continued to use even though it caused or worsened physical or emotional problems)(ELOPIPRB)
(ELCIDISC) ☐ 0-No ☐ 1-Yes

CIDI Score: [ ] *(xx)*

Prisoner Status Assessment

The next set of questions will ask you about any current involvement with the criminal justice system, as our study is not able to enroll persons who the Office for Human Research Protections considers a prisoner. Your information will be kept confidential and will not be shared with your provider. These questions are asked of all participants.

30. Are you currently being made to stay in an institution (such as a substance use treatment program), by sentence of a court, due to a criminal or civil proceeding? *(ELINST)* ☐ 0-No ☐ 1-Yes
31. Are you currently being detained while awaiting trial, arraignment, or sentencing? *(ELTRIAL)* ☐ 0-No ☐ 1-Yes
32. Are you currently being detained as an alternative to criminal prosecution or incarceration in a jail or prison?*(ELDETALT)* ☐ 0-No ☐ 1-Yes
33. Are you currently under house arrest, such that you are escorted to treatment or, upon discharge from treatment, you will be escorted to jail, prison, or any inpatient overnight facility as required by law?*(ELPROBHA)* ☐ 0-No ☐ 1-Yes

For the Research Coordinator -- do not ask the patient participant:

34. Does the participant meet the definition of "prisoner" by any local or state regulations?*(ELPRISON)* ☐ 0-No ☐ 1-Yes
35. Are there any other factors that may cause harm or increase risk to the patient participant or close contacts or preclude the patient participant's full adherence with or completion of the study? *[Must be "No"](ELHARM)* ☐ 0-No ☐ 1-Yes
36. Is the patient participant able to understand the basic study procedures described in English, in the written consent form? *[Must be "Yes"](ELENGLSH)* ☐ 0-No ☐ 1-Yes
37. Is the patient participant able to provide informed consent? *[Must be "Yes"] (ELCNSNT)* ☐ 0-No ☐ 1-Yes
38. Is patient participant eligible for enrollment into the study?*(ELSTELIG)* ☐ 0-No ☐ 1-Yes
39. If patient participant is eligible, will they be enrolled into the study?*(ELSTENRO)* ☐ ☐
    a. If "No", specify:*(ELNOENRN)*

    04-Unable to contact
    05-Time commitment
    00-No longer interested in participating in the study
    02-Judgment of site/research staff
    92-COVID-19: Illness
    *Additional Options Listed Below

        1. If "Other", specify:*(ELNOERSP)*
40. What type of consent was obtained for the patient participant prior to the PCP visit?*(ELCNSTTY)* ☐ 01-Verbal ☐ 02-Written/Electronic
    a. Date of consent:*(ELCNSTDT)* *(mm/dd/yyyy)*

    Please assign the following script materials during the patient participant's PCP visit:*(ELSCRIPT)*

    Comments:*(ELRCOMM)*

Additional Selection Options for EL2

If "No", specify:
93-COVID-19: Public health measures
94-COVID-19: Other
99-Other

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0101A (ENR)

Version: 1.00; 02-21-24

1. Date participant agreed to continue eligibility screening:*(STARTDT)* _____ *(mm/dd/yyyy)*
2. Unique survey ID:*(S01UQID)* _____
3. Which PCP brief advice script/video doctor could the participant be assigned to according to the Healthy Living Eligibility Report?*(S01ADVIC)* ☐ 01-Illicit ☐ 02-Prescribed
   Comments:*(S01COMM)*

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Provider Eligibility Review (PCP)

Version: 2.00; 06-18-21

Provider study ID *(PCPID)*:

Eligibility Review

Date PCP eligibility assessed:*(PCELGDT)* *(mm/dd/yyyy)*

1. What is the name of the provider?*(PCPCPNAM)*
2. Is the PCP currently providing care to approximately 4 or more adult patients (18 years or older) who are receiving chronic opioid treatment and/or have risky opioid use? ☐ 0-No ☐ 1-Yes
   Chronic opioid treatment is defined as having at least three opioid prescriptions, at least 21 days apart, in the past six months, with EHR documentation of active opioid prescription within the 60 days prior to screening. For PCPs who practice in a team, the care of patients receiving chronic opioid treatment may be shared with other team members who also meet criteria for participation in the study.(PCOPI)
3. Is the PCP's total patient volume approximately 40 or more adult patients (18 years or older) per week on a typical week (excluding vacation and inpatient rounding weeks)? ☐ 0-No ☐ 1-Yes

(PCPVOL)

Screening Survey

[hyperlink1]

Eligibility for Randomization into Study

4. Is the provider eligible for randomization into the study?*(PCELIG)* ☐ 0-No ☐ 1-Yes
5. If provider is eligible, have they provided signed informed consent and will they be randomized into the study?*(PCICFRAN)* ☐ 0-No ☐ 1-Yes
   a. If "No", specify:*(PCNORAND)*

   04-Unable to contact
   05-Time commitment
   00-No longer interested in participating in the study
   02-Judgment of site/research staff
   92-COVID-19: Illness
   *Additional Options Listed Below

   1. If "Other", specify:*(PCNORNSP)*

   b. If "Yes", date of informed consent:*(PCICFDT)* *(mm/dd/yyyy)*

Post Randomization Surveys

Baseline Assessment Survey

[hyperlink2]

End of Intervention Survey

Check this box if it's time to send the End of Intervention Survey:*(PCENDINT)* ☐ 01-

[hyperlink3]

Post-Randomization Dropout

6. Indicate the reason the provider withdrew early from the study:*(PCWITDRW)*

   10-Plans to leave the practice
   11-Reduced patient panel
   00-No longer interested in participating in the study
   02-Judgement of site/research staff
   99-Other

   a. If "Other", specify:*(PCWTDRSP)*

   b. Date of early withdrawal:*(PCWTDRDT)* *(mm/dd/yyyy)*

   Comments:*(PCPCOMM)*

Additional Selection Options for PCP

Provider study ID *(PCPID)* (key field):
PXXXXXXXX-PROVIDERID
PXXXXXXX1-PROVIDERID1
If "No", specify:
93-COVID-19: Public health measures
94-COVID-19: Other
99-Other

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Protocol Deviation (PDV)

Version: 5.01; 03-15-24

Date of deviation *(PDDATE)*:
Protocol deviation number *(PDSEQNO)*:

1. Is this deviation related to one or more participants?*(PDPPTREL)* ☐ ☐
   a. If "Yes", how many participants?*(PDPRELNO)*

01-1
02-2
03-3
04-4
05-5
*Additional Options Listed Below

Select related participants:

Participant ID 1:*(PDPPT01)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 2:*(PDPPT02)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 3:*(PDPPT03)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 4:*(PDPPT04)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 5:*(PDPPT05)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 6:*(PDPPT06)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 7:*(PDPPT07)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 8:*(PDPPT08)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 9:*(PDPPT09)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 10:*(PDPPT10)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 11:*(PDPPT11)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 12:*(PDPPT12)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 13:*(PDPPT13)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 14:*(PDPPT14)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 15:*(PDPPT15)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 16:*(PDPPT16)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 17:*(PDPPT17)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 18:*(PDPPT18)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 19:*(PDPPT19)* 9999999999999-DUMMYPARTICIPANTID
Participant ID 20:*(PDPPT20)* 9999999999999-DUMMYPARTICIPANTID

2. Date deviation identified:*(PDVDATE)* _____ *(mm/dd/yyyy)*

3. Deviation type:*(PDTYPE)*

010-INFORMED CONSENT/ASSENT PROCEDURES
01A--- No consent/assent obtained
01B--- Unauthorized assessments and/or procedures conducted prior to obtaining informed consent/assent
01C--- Non IRB approved/outdated/obsolete informed consent/assent documents used
01Y--- Other major informed consent/assent procedures issues (specify)
*Additional Options Listed Below

a. If "Other", specify:*(PDTYPSP)*

4. Reason for Protocol Deviation: *(select all that apply)*

a. Research staff error:*(PDRSSTFF)* ☐ 0-No ☐ 1-Yes
b. Hospital error:*(PDRSHSP)* ☐ 0-No ☐ 1-Yes
c. Facility (e.g., hospital, clinic) error:*(PDRSHSP)* ☐ 0-No ☐ 1-Yes
d. Laboratory error:*(PDRSLAB)* ☐ 0-No ☐ 1-Yes
e. Pharmacy error:*(PDRSPHRM)* ☐ 0-No ☐ 1-Yes
f. Equipment/supply failure:*(PDRSEQSP)* ☐ 0-No ☐ 1-Yes
g. Issue with Advantage eClinical (e.g., system down, system glitch):*(PDRSEDC)* ☐ 0-No ☐ 1-Yes
h. Participant unable to comply:*(PDRSPTNC)* ☐ 0-No ☐ 1-Yes
i. Participant refusal:*(PDRSPTRF)* ☐ 0-No ☐ 1-Yes
j. Investigator/study decision:*(PDRSINDC)* ☐ 0-No ☐ 1-Yes
k. Other:*(PDRSOTHR)* ☐ 0-No ☐ 1-Yes
1. If "Other", specify:*(PDRSOTSP)*

5. Is this deviation related to COVID-19?*(PDCVD19)* ☐ 0-No ☐ 1-Yes
6. Brief description of what occurred:*(PDDESCPT)*
7. Was/will there be corrective action for this event?*(PDCORRNY)* ☐ 0-No ☐ 1-Yes
a. If "No", describe why corrective action was not or will not be taken:*(PDNOCRSP)*
b. If "Yes", which of the following corrective actions were taken: *(select all that apply)*
1. Participant consent/reconsent was/will be obtained: *(PDCACNST)* ☐ 0-No ☐ 1-Yes
2. Research staff corrected/will correct error(s) and/or completed/will complete document(s):*(PDCASTCR)* ☐ 0-No ☐ 1-Yes
3. Participant corrected/will correct error(s) and/or completed/will complete document(s):*(PDCAPTCR)* ☐ 0-No ☐ 1-Yes
4. Document(s) was/will be moved to correct file location(s): *(PDCADCMV)* ☐ 0-No ☐ 1-Yes
5. Participant was/will be withdrawn from study:*(PDCAPTWD)* ☐ 0-No ☐ 1-Yes
6. Study drug administration was/will be halted:*(PDCADGSP)* ☐ 0-No ☐ 1-Yes
7. Study assessment was/will be performed or repeated: *(PDCAASAD)* ☐ 0-No ☐ 1-Yes
8. Other:*(PDCAOTHR)* ☐ 0-No ☐ 1-Yes
1. **1.** If "Other", specify:*(PDCAOTSP)*

c. As needed or requested, provide additional details about the corrective action plan:*(PDCAPSP)*

8. Brief description of the plan to prevent recurrence: *(select all that apply)*

a. Complete local retraining:*(PDPLPTRN)* ☐ 0-No ☐ 1-Yes
1. If "Complete location retraining", specify:*(PDPLPSP)*
b. Revise local SOP(s):*(PDPLPRV)* ☐ 0-No ☐ 1-Yes
c. Recalibrate/fix or replace faulty equipment/supplies:*(PDPLPEQ)* ☐ 0-No ☐ 1-Yes
d. Remove and/or replace incorrect/outdated document(s) from file(s)*(PDPLPDOC)* ☐ 0-No ☐ 1-Yes
e. No site action needed:*(PDPLPNAN)* ☐ 0-No ☐ 1-Yes
f. Other:*(PDPLPOTH)* ☐ 0-No ☐ 1-Yes
1. If "Other", specify:*(PDPLPOSP)*

9. Is this deviation reportable to your IRB?*(PDIRBREP)* ☐ 0-No ☐ 1-Yes
10. Is this deviation reportable to the IRB of record?*(PDIRBREP)* ☐ 0-No ☐ 1-Yes
    a. If "Yes", will the IRB be notified at the time of continuing review? *(PDIRBCON)* ☐ 0-No ☐ 1-Yes
    b. If "Yes", date of planned submission:*(PDIRBPDT)* _____ *(mm/dd/yyyy)*
    c. If "No", date of actual submission:*(PDIRBADT)* _____ *(mm/dd/yyyy)*

Comments:*(PDVCOMM)*

Additional Selection Options for PDV

Protocol deviation number *(PDSEQNO)* (key field):
01-1st Protocol Deviation of the day
02-2nd Protocol Deviation of the day
03-3rd Protocol Deviation of the day
04-4th Protocol Deviation of the day
05-5th Protocol Deviation of the day
06-6th Protocol Deviation of the day
07-7th Protocol Deviation of the day
08-8th Protocol Deviation of the day
09-9th Protocol Deviation of the day
10-10th Protocol Deviation of the day
If "Yes", how many participants?
06-6
07-7
08-8
09-9
10-10
11-11
12-12
13-13
14-14
15-15
16-16
17-17
18-18
19-19
20-20

Deviation type:
01Z--- Other informed consent/assent procedures issues (specify)
020-INCLUSION/EXCLUSION CRITERIA
02A--- Ineligible participant enrolled/inclusion/exclusion criteria not met or eligibility not fully ass
02B--- Ineligible participant randomized/inclusion/exclusion criteria not met or eligibility not fully a
02Z--- Other inclusion/exclusion criteria issues (specify)
040-LABORATORY ASSESSMENTS
04Y--- Other laboratory assessment issues - Minor (specify)
04Z--- Other laboratory assessments issues - Major (specify)
050-STUDY PROCEDURES/ASSESSMENTS
05A--- Study assessment/procedures not followed in accordance with study protocol
05B--- Inappropriate unblinding
05Z--- Other study procedures/assessments issues (specify)
060-ADVERSE EVENT
06A--- AE not reported
06B--- SAE not reported
06C--- AE/SAE reported out of protocol specified reporting timeframe
06D--- AE/SAE not elicited, observed and/or documented as per protocol
06E--- Safety assessment (e.g., labs, ECG, clinical referral to care) not conducted per protocol
06Z--- Other adverse events issues (specify)
070-RANDOMIZATION PROCEDURES
07A--- Stratification error
07Z--- Other randomization procedures issues (specify)
080-STUDY MEDICATION MANAGEMENT
08A--- Medication not dispensed/administered in accordance with the study protocol
08B--- Participant use of protocol prohibited medication

08Z--- Other study medication management issues (specify)
090-STUDY BEHAVIORAL INTERVENTION
09A--- Study behavioral intervention was not provided/performed as per protocol
09Z--- Other study behavioral intervention issues (specify)
100-STUDY DEVICES
10A--- Study devices dispensed to ineligible participant
10Z--- Other study devices issues (specify)
110-SAFETY EVENT
11A--- Safety event not reported
11B--- Safety event reported out of protocol specified reporting timeframe
11C--- Safety event not elicited, observed and/or documented as per protocol
11D--- Safety event assessment not conducted per protocol
11Z--- Other safety event issues (specify)
990-OTHER SIGNIFICANT DEVIATIONS
99A--- Destruction of study materials without prior authorization from sponsor
99B--- Breach of Confidentiality
99Y--- Other significant deviations issues - Minor (specify)
99Z--- Other significant deviations issues - Major (specify)

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Recruitment Log (RCL)

Version: 6.00; 01-20-23

Week start date *(WEEKSTDT)*:

Use this log to document all recruitment efforts for the study. The RC/RA should only record initial contact with patients; do not include follow-up recruitment efforts to the same patient. Each box represents one day of recruitment for each mode of contact (i.e., letter, text message, patient portal message, etc.) in aggregate form. The log should be entered into eClinical on a weekly basis.

Date	Total Number of Unique Patients Contacted (aggregate #)	Clinic	Clinic	Clinic	Mode of Contact	Comments
(RCDATE01) *(mm/dd/yyyy)*	*(RCNPAT01)* *(xxxx)*	*(RCCLIN01)* ☐ 01-Clinic 1 ☐ 02-Clinic 2	*(RCCLIN01)* ☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	*(RCCLIN01)*	*(RCMODE01)*	*(RCCOMM01)*
(RCDATE02) *(mm/dd/yyyy)*	*(RCNPAT02)* *(xxxx)*	*(RCCLIN02)* ☐ 01-Clinic 1 ☐ 02-Clinic 2	*(RCCLIN02)* ☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	*(RCCLIN02)*	*(RCMODE02)*	*(RCCOMM02)*
(RCDATE03) *(mm/dd/yyyy)*	*(RCNPAT03)* *(xxxx)*	*(RCCLIN03)* ☐ 01-Clinic 1 ☐ 02-Clinic 2	*(RCCLIN03)* ☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	*(RCCLIN03)*	*(RCMODE03)*	*(RCCOMM03)*
(RCDATE04) *(mm/dd/yyyy)*	*(RCNPAT04)* *(xxxx)*	*(RCCLIN04)* ☐ 01-Clinic 1 ☐ 02-Clinic 2	*(RCCLIN04)* ☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	*(RCCLIN04)*	*(RCMODE04)*	*(RCCOMM04)*
(RCDATE05) *(mm/dd/yyyy)*	*(RCNPAT05)* *(xxxx)*	*(RCCLIN05)* ☐ 01-Clinic 1 ☐ 02-Clinic 2	*(RCCLIN05)* ☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	*(RCCLIN05)*	*(RCMODE05)*	*(RCCOMM05)*
(RCDATE06) *(mm/dd/yyyy)*	*(RCNPAT06)* *(xxxx)*	*(RCCLIN06)* ☐ 01-Clinic 1 ☐ 02-Clinic 2	*(RCCLIN06)* ☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	*(RCCLIN06)*	*(RCMODE06)*	*(RCCOMM06)*
(RCDATE07) *(mm/dd/yyyy)*	*(RCNPAT07)* *(xxxx)*	*(RCCLIN07)* ☐ 01-Clinic 1 ☐ 02-Clinic 2	*(RCCLIN07)* ☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	*(RCCLIN07)* 01-Clinic 1 02-Clinic 2 03-Clinic 3 04-Clinic 4 05-Clinic 5 06-Clinic 6	*(RCMODE07)* 01-Patient portal message 02-Letter 03-Text message 04-Phone call 05-Approach in clinic	*(RCCOMM07)*

(RCDATE08) (mm/dd/yyyy)	(RCNPAT08) (xxxx)	(RCCLIN08)	(RCCLIN08)	(RCCLIN08)	(RCMODE08)	(RCCOMM08)
		☐ 01-Clinic 1 ☐ 02-Clinic 2	☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	01-Clinic 1 02-Clinic 2 03-Clinic 3 04-Clinic 4 05-Clinic 5 06-Clinic 6	01-Patient portal message 02-Letter 03-Text message 04-Phone call 05-Approach in clinic	
(RCDATE09) (mm/dd/yyyy)	(RCNPAT09) (xxxx)	(RCCLIN09)	(RCCLIN09)	(RCCLIN09)	(RCMODE09)	(RCCOMM09)
		☐ 01-Clinic 1 ☐ 02-Clinic 2	☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	01-Clinic 1 02-Clinic 2 03-Clinic 3 04-Clinic 4 05-Clinic 5 06-Clinic 6	01-Patient portal message 02-Letter 03-Text message 04-Phone call 05-Approach in clinic	
(RCDATE10) (mm/dd/yyyy)	(RCNPAT10) (xxxx)	(RCCLIN10)	(RCCLIN10)	(RCCLIN10)	(RCMODE10)	(RCCOMM10)
		☐ 01-Clinic 1 ☐ 02-Clinic 2	☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	01-Clinic 1 02-Clinic 2 03-Clinic 3 04-Clinic 4 05-Clinic 5 06-Clinic 6	01-Patient portal message 02-Letter 03-Text message 04-Phone call 05-Approach in clinic	
(RCDATE11) (mm/dd/yyyy)	(RCNPAT11) (xxxx)	(RCCLIN11)	(RCCLIN11)	(RCCLIN11)	(RCMODE11)	(RCCOMM11)
		☐ 01-Clinic 1 ☐ 02-Clinic 2	☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	01-Clinic 1 02-Clinic 2 03-Clinic 3 04-Clinic 4 05-Clinic 5 06-Clinic 6	01-Patient portal message 02-Letter 03-Text message 04-Phone call 05-Approach in clinic	
(RCDATE12) (mm/dd/yyyy)	(RCNPAT12) (xxxx)	(RCCLIN12)	(RCCLIN12)	(RCCLIN12)	(RCMODE12)	(RCCOMM12)
		☐ 01-Clinic 1 ☐ 02-Clinic 2	☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	01-Clinic 1 02-Clinic 2 03-Clinic 3 04-Clinic 4 05-Clinic 5 06-Clinic 6	01-Patient portal message 02-Letter 03-Text message 04-Phone call 05-Approach in clinic	
(RCDATE13) (mm/dd/yyyy)	(RCNPAT13) (xxxx)	(RCCLIN13)	(RCCLIN13)	(RCCLIN13)	(RCMODE13)	(RCCOMM13)
		☐ 01-Clinic 1 ☐ 02-Clinic 2	☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	01-Clinic 1 02-Clinic 2 03-Clinic 3 04-Clinic 4 05-Clinic 5 06-Clinic 6	01-Patient portal message 02-Letter 03-Text message 04-Phone call 05-Approach in clinic	
(RCDATE14) (mm/dd/yyyy)	(RCNPAT14) (xxxx)	(RCCLIN14)	(RCCLIN14)	(RCCLIN14)	(RCMODE14)	(RCCOMM14)
		☐ 01-Clinic 1 ☐ 02-Clinic 2	☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	01-Clinic 1 02-Clinic 2 03-Clinic 3 04-Clinic 4 05-Clinic 5 06-Clinic 6	01-Patient portal message 02-Letter 03-Text message 04-Phone call 05-Approach in clinic	
(RCDATE15) (mm/dd/yyyy)	(RCNPAT15) (xxxx)	(RCCLIN15)	(RCCLIN15)	(RCCLIN15)		(RCCOMM15)
		☐ 01-Clinic 1 ☐ 02-Clinic 2	☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	01-Clinic 1 02-Clinic 2 03-Clinic 3 04-Clinic 4 05-Clinic 5 06-Clinic 6	01-Patient portal message 02-Letter 03-Text message 04-Phone call 05-Approach in clinic	

(RCDATE16) (mm/dd/yyyy)	(RCNPAT16) (xxxx)	(RCCLIN16)	(RCCLIN16)	(RCCLIN16)		(RCCOMM16)
		☐ 01-Clinic 1 ☐ 02-Clinic 2	☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	01-Clinic 1 02-Clinic 2 03-Clinic 3 04-Clinic 4 05-Clinic 5 06-Clinic 6	01-Patient portal message 02-Letter 03-Text message 04-Phone call 05-Approach in clinic	
(RCDATE17) (mm/dd/yyyy)	(RCNPAT17) (xxxx)	(RCCLIN17)	(RCCLIN17)	(RCCLIN17)		(RCCOMM17)
		☐ 01-Clinic 1 ☐ 02-Clinic 2	☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	01-Clinic 1 02-Clinic 2 03-Clinic 3 04-Clinic 4 05-Clinic 5 06-Clinic 6	01-Patient portal message 02-Letter 03-Text message 04-Phone call 05-Approach in clinic	
(RCDATE18) (mm/dd/yyyy)	(RCNPAT18) (xxxx)	(RCCLIN18)	(RCCLIN18)	(RCCLIN18)		(RCCOMM18)
		☐ 01-Clinic 1 ☐ 02-Clinic 2	☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	01-Clinic 1 02-Clinic 2 03-Clinic 3 04-Clinic 4 05-Clinic 5 06-Clinic 6	01-Patient portal message 02-Letter 03-Text message 04-Phone call 05-Approach in clinic	
(RCDATE19) (mm/dd/yyyy)	(RCNPAT19) (xxxx)	(RCCLIN19)	(RCCLIN19)	(RCCLIN19)		(RCCOMM19)
		☐ 01-Clinic 1 ☐ 02-Clinic 2	☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	01-Clinic 1 02-Clinic 2 03-Clinic 3 04-Clinic 4 05-Clinic 5 06-Clinic 6	01-Patient portal message 02-Letter 03-Text message 04-Phone call 05-Approach in clinic	
(RCDATE20) (mm/dd/yyyy)	(RCNPAT20) (xxxx)	(RCCLIN20)	(RCCLIN20)	(RCCLIN20)		(RCCOMM20)
		☐ 01-Clinic 1 ☐ 02-Clinic 2	☐ 01-Clinic 1 ☐ 02-Clinic 2 ☐ 03-Clinic 3	01-Clinic 1 02-Clinic 2 03-Clinic 3 04-Clinic 4 05-Clinic 5 06-Clinic 6	01-Patient portal message 02-Letter 03-Text message 04-Phone call 05-Approach in clinic	

Comments:*(RCLCOMM)*