

## STOMACH CANCER PREVENTION STUDY ENCOUNTER REPORT

**Participant UID:** Click or tap here to enter text.

**Arm:** Choose an item.

**CHW Name:** Choose an item.

**Date of Report:** Click or tap to enter a date.

**Encounter Date:** Click or tap to enter a date.

**Encounter Type:** ☐ Initial Enrollment (Baseline Survey) ☐ Check-in ☐ H. pylori Session ☐ Medication Adherence  
☐ Healthy Eating Session ☐ Alcohol Reduction Session ☐ Smoking Cessation Session  
☐ Physical Activity Session ☐ 2-month Follow-up Survey ☐ 6-month Follow-up Survey  
☐ CHW Evaluations

**Contact Method:** ☐ In-person ☐ Phone Call

**Time:** Click or tap here to enter text.

**Location:** Click or tap here to enter text.

### **Instructions:**

**Please check off completed tasks if applicable.**

- ☐ Obtain Consent
- ☐ Complete Survey
- ☐ Give Pt \$25 gift card
- ☐ Confirm mailing address and preference for \$25 gift card
- ☐ Confirm receipt of \$25 gift card
- ☐ Conduct education session
- ☐ Set short-term action plan with participant
- ☐ Review short-term action plan/goals from last encounter with participant
- ☐ Schedule next encounter
- ☐ Other (specify): Click or tap here to enter text.

**Summary: Describe in detail what occurred or what was discussed during the participant encounter. Please note the following if they occurred.**

- *Reason for the contact*
- *Problems/barriers/challenges faced by participant*
- *Actions taken or recommendations provided by the CHW*
- *Any other outcomes/activities/matters discussed or observations*

Click or tap here to enter text.

**Follow-up of Short-term Action Plan set from Last Encounter**

- Review the participant's short term action plan that was developed from last encounter. Ask: "How is it going with your plan? Be sure to recognize success and partial success, and to trouble shoot barriers.
- Select "Not applicable" if participant did not have an action plan/goal from a previous meeting with you. For example, it is not applicable if this is your first encounter with the participant.

☐ Set Goal(s): Click or tap here to enter text.

☐ Not applicable

Check One: ☐ Success

☐ Partial Success

☐ No Success/Did not Try

Description of progress with plan (be sure to note barriers):

Click or tap here to enter text.

**Development of Current Short-term Action Plan**

- ☐ Remember to take medicines
- ☐ Eat a healthy diet
- ☐ Be physically active
- ☐ Quit or reduce smoking or alcohol: Click or tap here to enter text.
- ☐ Other (describe): Click or tap here to enter text.

**Record of Current Participant Plan:**

What I will do (e.g. go for a 15 min walk): Click or tap here to enter text.

When I will do it (e.g. in the morning after breakfast): Click or tap here to enter text.

Where I will do it (e.g around the block): Click or tap here to enter text.

How often will I do it (e.g. M, W, F): Click or tap here to enter text.

What might get in the way of my plan (e.g too cold outside): Click or tap here to enter text.

What I can do about it (e.g. use the treadmill in the community center: Click or tap here to enter text.

**Participant's Confidence Level in Reaching Goal:** Choose an item.

[Note: Use Brief Action Planning Guide to revise Participant Plan until confidence is greater than 7.]

**Follow-up Plan**

Next Meeting Scheduled for:

Date: Click or tap to enter a date. Time: Click or tap here to enter text.

Reason for Next Encounter: Click or tap here to enter text.

Method of Contact: ☐ In person ☐ Phone Call

Location: Click or tap here to enter text.