

Mister B/FAITH-CRC TRACKING FORM

Recruitment date: / /	Recruitment Location:	<input type="checkbox"/> Van Present	Study Enrollment: <input type="checkbox"/> FAITH-CRC <input type="checkbox"/> Mister B
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PATIENT INFORMATION

Participant's First Name:		Last Name:	Study ID:	Randomization Number (Mr. B):
Did they complete? <input type="checkbox"/> Audio Consent <input type="checkbox"/> Medical Release	Reason not signed?	Date of Birth: Randomization Group:	/ /	
Street address:				Home phone no.: ()
City:	State:	ZIP Code:	Secondary phone no.: ()	
Contact Verified? <input type="checkbox"/> Verified	Best time to contact:			

SECONDARY CONTACT INFORMATION

Name of local friend or relative (not living at same address):	Relations hip to patient:	Home phone no.: ()
Name of local friend or relative (not living at same address):	Relations hip to patient:	Home phone no.: ()

PCP/INSURANCE INFORMATION

Does he have a primary care physician?:	<input type="checkbox"/> Has PCP	PCP Affiliation:
PCP Name:	PCP Phone: ()	PCP Address
<input type="checkbox"/> Has Insurance <input type="checkbox"/> Has HIP <input type="checkbox"/> Has Magnacare	Insurance Name:	

BASELINE INFORMATION

Status:	<input type="checkbox"/> Consented ONLY/Needs Baseline	<input type="checkbox"/> Consented/Partially completed baseline	<input type="checkbox"/> Consented/Completed Baseline	<input type="checkbox"/> Completed Baseline AND First Intervention
Baseline Location:		Baseline date: / /	Baseline Time:	Interviewer Initials:
Notes from Baseline:				Did the participant have a critical BP reading? <input type="checkbox"/> Yes (fill out AE log!) <input type="checkbox"/> No
Paid for?	<input type="checkbox"/> \$5 Consent (F-CRC ONLY)	<input type="checkbox"/> \$15/\$20 Baseline Interview	<input type="checkbox"/> \$10 First Intervention Session	<input type="checkbox"/> \$10 Disc/Accult Survey
FAITH-CRC ONLY:		LHE Session Date: / /	LHE Name:	
FAITH-CRC ONLY:		Referred by LHE? <input type="checkbox"/>	LHE Name:	LHE Paid \$5 Referral Incentive? <input type="checkbox"/>