

**PATIENT PERCEPTIONS OF THE DELIVERY OF HEALTH CARE
THROUGH THE USE OF AN ELECTRONIC HEALTH RECORD**

Patient Recruitment Log

Interviewer Name: _____

Date: ____/____/____

Practice Name: _____

Practice Location: _____

Practice number: _____

EHR or Paper?

Sheet Number: ____ of ____ for this practice

#	Time	For each patient in waiting area	Interviewer's best guess		
			Age	Gender	Race
		<input type="checkbox"/> Did not approach - Reason → <input type="checkbox"/> Ineligible - circle one: age, new patient <input type="checkbox"/> Completed questionnaire, ID _____ Refused - Reason: <input type="checkbox"/> Before appt., elig. unk. <input type="checkbox"/> Before appt., eligible <input type="checkbox"/> After appt., eligible	<input type="checkbox"/> 18 - 64 <input type="checkbox"/> 65+	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Hisp/Latino <input type="checkbox"/> White <input type="checkbox"/> Afr Amer. <input type="checkbox"/> Asian <input type="checkbox"/> Other
<div style="border: 1px solid black; padding: 2px;"> EHR practices only, if refused survey: <input type="checkbox"/> Refused F.G. - Reason: _____ </div>			Notes to remember R for after appt:		
		<input type="checkbox"/> Did not approach - Reason: <input type="checkbox"/> Ineligible - circle one: age, new patient <input type="checkbox"/> Completed questionnaire, ID _____ Refused - Reason: <input type="checkbox"/> Before appt., elig. unk. <input type="checkbox"/> Before appt., eligible <input type="checkbox"/> After appt., eligible	<input type="checkbox"/> 18 - 64 <input type="checkbox"/> 65+	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Hisp/Latino <input type="checkbox"/> White <input type="checkbox"/> Afr Amer. <input type="checkbox"/> Asian <input type="checkbox"/> Other
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