

**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;"> <b>EHR practices only, if refused survey:</b>  <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
		<div style="border: 1px solid black; padding: 2px;"> <b>EHR practices only, if refused survey:</b>  <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
		<div style="border: 1px solid black; padding: 2px;"> <b>EHR practices only, if refused survey:</b>  <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
		<div style="border: 1px solid black; padding: 2px;"> <b>EHR practices only, if refused survey:</b>  <input type="checkbox"/> Refused F.G. - Reason: _____                     </div>	Notes to remember R for after appt:		