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**

			Interviewer's best guess		
#	**Time**	**For each patient in waiting area**	**Age**	**Gender**	**Race**
		[ ] Did not approach – Reason → [ ] Ineligible – circle one: age, new patient [ ] Completed questionnaire, ID _______ Refused – Reason [ ] Before appt., elig. unk. [ ] Before appt., eligible [ ] After appt., eligible **EHR practices only, if refused survey:** [ ] Refused F.G. – Reason: _____	[ ] 18 - 64 [ ] 65+	[ ] Female [ ] Male	[ ] Hisp/Latino [ ] White [ ] Afr Amer. [ ] Asian [ ] Other
			Notes to remember R for after appt:		
		[ ] Did not approach – Reason [ ] Ineligible – circle one: age, new patient [ ] Completed questionnaire, ID _______ Refused – Reason [ ] Before appt., elig. unk. [ ] Before appt., eligible [ ] After appt., eligible **EHR practices only, if refused survey:** [ ] Refused F.G. – Reason: _____	[ ] 18 - 64 [ ] 65+	[ ] Female [ ] Male	[ ] Hisp/Latino [ ] White [ ] Afr Amer. [ ] Asian [ ] Other
			Notes to remember R for after appt:		
		[ ] Did not approach – Reason [ ] Ineligible – circle one: age, new patient [ ] Completed questionnaire, ID _______ Refused – Reason [ ] Before appt., elig. unk. [ ] Before appt., eligible [ ] After appt., eligible **EHR practices only, if refused survey:** [ ] Refused F.G. – Reason: _____	[ ] 18 - 64 [ ] 65+	[ ] Female [ ] Male	[ ] Hisp/Latino [ ] White [ ] Afr Amer. [ ] Asian [ ] Other
			Notes to remember R for after appt:		
		[ ] Did not approach – Reason [ ] Ineligible – circle one: age, new patient [ ] Completed questionnaire, ID _______ Refused – Reason [ ] Before appt., elig. unk. [ ] Before appt., eligible [ ] After appt., eligible **EHR practices only, if refused survey:** [ ] Refused F.G. – Reason: _____	[ ] 18 - 64 [ ] 65+	[ ] Female [ ] Male	[ ] Hisp/Latino [ ] White [ ] Afr Amer. [ ] Asian [ ] Other
			Notes to remember R for after appt:		
		[ ] Did not approach – Reason [ ] Ineligible – circle one: age, new patient [ ] Completed questionnaire, ID _______ Refused – Reason [ ] Before appt., elig. unk. [ ] Before appt., eligible [ ] After appt., eligible **EHR practices only, if refused survey:** [ ] Refused F.G. – Reason:_____	[ ] 18 - 64 [ ] 65+	[ ] Female [ ] Male	[ ] Hisp/Latino [ ] White [ ] Afr Amer. [ ] Asian [ ] Other
			Notes to remember R for after appt:		