

# Attachment B: Direct Observations Field Notes Form

This document should be used to record observations of workflow and care coordination within the clinic. Please record the time and other relevant factors contributing to care coordination workflows. If you have any questions about recording your observations, please contact your site leader.

Name of Observer:

Name of Clinic:

Date of Observation:

<b>Time</b>	<b>Notes</b> Free text observations of CC work	<b>Comments</b> Optional: circle relevant domain or add analytical memo
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