Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

Cooperative Re-Engagement Controlled Trial (CoRECT)

Attachment #8

Massachusetts Standard of Care Survey

Public reporting burden of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

Massachusetts Standards of Care Survey

Cli	nic:		Da	Date Completed://						
Na	me of Person Completing	Survey:								
Со	ntact Information:									
	Teleph	Email								
1.	Do you currently have a formal, written protocol in your clinic to contact patients who have missed appointments? $1 \square Yes 0 \square No$									
	a. If Yes, has this pr mm/yy?	otocol been ı	ıpdated since	[INSERT DATE OF L	AST SURVEY]					
2.	Do you collection information regarding patient preferences for contact? 1 Yes 0 No 2a.If Yes, where is this information kept 1 Electronic health record 2 Case management record 3 Other:									
3.	. If you have a protocol please indicate how patients are contacted, when outreach is init how many attempts are made and over what time period patient contacts are attempted. you do not conduct a specific type of outreach, write "N/A[9]"									
	Modality	3i. Initiation Outreach (e every misse appointmen appointmen months)	g. after d t, if no	3ii. Frequency and Time Period (e.g. three attempts)	3iii. Time Period (ex. over 30 days)					
	3a.Telephone calls	1_Yes	0No	(# of times)	(days)					
	3b.Letters mailed to patient	1_Yes	0No	(# of times)	(days)					
	3c.Emails sent to patient	1 Yes	0No	(# of times)	(days)					

	1 Yes	0 No	(# of times)	
3d.Text message sent to patient		<u></u>	(0. 3)	(days)
3e.Notification through electronic patient portal	1_Yes	0No	(# of times)	(days)
patient portai				(days)
3f.Referral to case	1_Yes	0No	(# of times)	
manager				(days)
3g.Other	1_Yes	0No	(# of times)	(days)
	`	APRN or PA)	9 Peer	
5 Nurse case r	nanagei		10 Other:	
5 Nurse case r Since [INSERT DATE (occurred to medical, soc referral?	OF LAST SU	5 5] have any of the follo	wing changes
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