INSTRUMENT 7 RANDOM ASSIGNMENT ADDITION TO nFORM



PRIMARY RANDOM ASSIGNMENT

Primary Random Assignment Form
STREAMS OMB #:XXX-XXXX EXPIRATION: XX-XX-XXXX
STREAM logo Today's Date: mm/dd/yyyy
1. Study ID:
2. Name:
3. Date of Birth: (mm) (dd) (yyyy)
4. Gender:
5. Site:
6. How was the client referred to the program? Mark all that apply. Program's intake or outreach staff Program's partner agency Other community agency Court order Word of mouth Advertisement, flyer, or other public announcement Client does not remember Other (please specify):
7. Gift Card Number: Filter as you type 8. Filter on: Spouse name ▼ Jane Smith
Partner/Spouse Select Partner/Spouse ▼ First choice is "Not yet available in STREAMS"
Save & return to previous

NOTE

Gray boxes signify fields that are pre-filled but editable

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If no matches, grid is replaced with text "No duplicates found"

RANDOM ASSIGNMENT RESULTS

