Study ID: «StudyId» ParticipantID

ICARE
Improved Cardiovascular Risk Reduction to Enhance Rural Primary Care

Enrollment Form

Baseline Only

Patient's Name: _____ *(last)* _____ *(first)*

Date Consented: ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy)

Date Administered: ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy)

Primary Provider: _____

Primary Provider Phone: _____ - _____ - _____

Primary Provider Fax: _____ - _____ - _____

Section I: Patient Contact Information

Address:

_____ *(street)*

_____ *(city, state)*

_____ *(zip code)*

Phone Numbers (list as many as the patient will provide):

- Home: _____ - _____ - _____
- Cell: _____ - _____ - _____
  - Text Messaging: **Yes** **No**
- Work: _____ - _____ - _____

Email: _____

Preferred Contact *(circle all that apply)*: **Home** **Cell** **Work** **Email**

Study ID: «StudyId»

Section I: Contact Information *(continued)*

Alternative Contact:

- Name: _____
- Relationship: _____
- Phone: _____ - _____ - _____

Section II: Demographics

INSTRUCTIONS (to be read to the subject):

"The first questions ask for some basic information about you."

(Research nurse is to check the box corresponding to the subject's answers.)

datdob_d

Birthdate: "What is your date of birth?" ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy)

Gender: ☐ M ☐ F intGender

I. Patient Race "Please tell me which of the following racial groups best represent you." (check all that apply)

☐ Black or African American intRaceBlack
☐ American Indian or Alaska native intRaceAmerIndian
☐ Native Hawaiian or Other Pacific Islander intRaceHawaiian
☐ Asian intRaceAsian
☐ White or Caucasian intRaceWhite
☐ Unknown/Not Reported intRaceUnknown

II. Patient Ethnicity "Please tell me which of the following ethnic groups best represent you."

☐ Hispanic/Latino intEthnicity
☐ Non-Hispanic/Non-Latino
☐ Unknown/Not Reported

III. Education "Please tell me the highest grade you completed or the highest degree you have received." (Check only one):

☐ 1- 5
☐ 6- 8
☐ 9- 12
☐ 2-year technical or associate degree
☐ 4-year BA or BS degree
☐ Masters degree
☐ Doctoral degree

intEducationCompleted

Study ID: «StudyId»

Section II: Demographics *(continued)*

IV. Insurance Status "Please tell me what kind of insurance is the primary payer for your healthcare." (Please check only one, the primary insurer.)

☐ Private insurance (Employer/Group)
☐ Private insurance (Self-insured) intInsuranceStatus
☐ Medicare
☐ Medicaid
☐ None/Self-pay
☐ Free care

V. Insurance Coverage for Prescriptions "Do you have insurance coverage for prescriptions?"

☐ Yes
☐ No intPrescriptionInsurance

VI. Annual Household Income "Can you please tell me which category best represents your total annual household income?"

☐ <$10,000
☐ $10, 000-$24, 999
☐ $25,000- $39,999
☐ $40,000-$54,999
☐ $55,000-$79,999
☐ $80,000-$99,999
☐ $100,000 or greater
☐ Refused to answer

intHouseholdIncome

VII. Marital Status "Can you please tell me which category best represents your current marital status?"

☐ Never married
☐ Married
☐ Divorced or separated
☐ Widowed

intMaritalStatus

VIII. Smoking Status "Have you ever smoked? If so, are you currently smoking or are you an ex-smoker?"

☐ Never smoked intEverSmoked
☐ Current smoker

"If you are currently smoking, please tell me the total number of years you have smoked and the approximate number of cigarettes that you smoke each day."

Number of years smoked: __ __ intCurrentYearsSmoked

Number of cigarettes smoked per day: __ __ intCurrentCigsPerDay

☐ Ex-smoker "If you are an ex-smoker, how many years ago did you quit? Also, how many years did you smoke and approximately how many cigarettes did you smoke each day?"

Years since quit:

☐ < 5 years
☐ 5-14 years intExYearsSinceQuit
☐ ≥ 15 years

Number of years smoked: __ __ intExYearsSmoked

Number of cigarettes smoked per day: __ __ intExCigsPerDay

ParticipantID

Diagnosed Conditions and Care Management

Visit: ☐ Baseline visit ☐ 12 month visit ☐ 36 months (medical record review)

Date administered: _ _ / _ _ / _ _ _ _ *(mm/dd/yyyy)*

Section A. Diagnosed Conditions (check all that apply)

1. Ask the subject the following question at the baseline and 12 month visits:
   "Please tell me if you have ever had any of the following medical conditions."
2. Document any of the following diagnosed conditions using the patient's responses and their medical record.
3. Complete questions associated with each diagnosed condition using the patient's responses and their medical record.
4. Report source of information and if the diagnosis has occurred since the last visit. **MR data trumps patient responses**.

Check each diagnosed condition that the subject reports or has documented in the medical record, and answer related questions.	MR or patient reported? (circle all that apply)	Check below if dx occurred since last visit (complete only at 12 month visit and for 36 month medical record review)
intHypertension ☐ **HYPERTENSION**	MR Patient	intHypertensionReported
Most recent chart recorded blood pressure: intHypertensionRecentSys __ __ __ / __ __ __ mmHg intHypertensionRecentDia	MR Only	☐ New dx since last visit
Date of most recent chart recorded blood pressure: datHypertensionRecentBP_d __ __ / __ __ / __ __ __ __	intHyperlipidemiaReported	
☐ **HYPERLIPIDEMIA** intHyperlipidemia	MR Patient	☐ New dx since last visit
intCHF ☐ **CONGESTIVE HEART FAILURE**	MR Patient	intCHFReported
Is there a documented Ejection Fraction (EF) in the chart? ☐ Yes ☐ No intCHFEjectionFrac	MR Only	☐ New dx since last visit
Most recent chart recorded EF: _ _% intCHFEjectionFracPercent		
EF Date: __ __ / __ __ / __ __ __ __ datCHFEjectionFracPercent_d		

	Check each diagnosed condition that the subject reports or has documented in the medical record, and answer related questions.	MR or patient reported? (circle all that apply)	Check below if dx occurred since last visit (complete only at 12 month visit and for 36 month medical record review)
intCAD	☐ **CORONARY ARTERY DISEASE**	MR Patient intCADReported	
intCADDyspnea	Is there documentation the provider asked the patient about dyspnea (shortness of breath)? ☐ Yes ☐ No	MR Only	
intCADChestPain	Is there documentation the provider asked the patient about chest pain? ☐ Yes ☐ No	MR Only	
intCADAnginaFree	Is the patient angina-free (free of chest pain)? ☐ Yes ☐ No	intCADAnginaFreeReported MR Patient	☐ New dx since last visit
intCADTwoMeds	Is the patient prescribed at least two anti-anginal medications (Drug Codes: 200s, 400s, 900s, or Ranolazine)? ☐ Yes ☐ No	MR Patient intCADTwoMedsReported	
intCADAMICABG	Has the patient experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation in the past 12 months? **OR** does the patient have chronic stable angina (CSA)? ☐ Yes ☐ No	MR Patient	intCADAMICABGReported
intCADEarlyOutputProgram	o If yes, has the patient participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis? ☐ Yes ☐ No	MR Patient	intCADEarlyOutputProgramReported
intCADReferred	o If no, has the patient been referred to such a program? ☐ Yes ☐ No	MR Patient	intCADReferredReported

	Check each diagnosed condition that the subject reports or has documented in the medical record, and answer related questions.	MR or patient reported? (circle all that apply)	Check below if dx occurred since last visit (complete only at 12 month visit and for 36 month medical record review)
intAFIB	☐ **ATRIAL FIBRILLATION**	MR Patient intAFIBReported	
intAFIBAnticoag	Is the patient currently on anticoagulation (Drug Codes: 5001, 5003, 5004, 5201, 5202, 5301, 5401) **OR** has the patient been assessed for the need of anticoagulation? ☐ Yes ☐ No	MR Patient intAFIBAnticoagReported	☐ New dx since last visit
intAFIBWarfarinINR	If the patient is on warfarin, has an INR been recorded an average of at least every 2 months (6 times) for the last year? ☐ Yes ☐ No ☐ Not on warfarin	MR Only	
intHeartAttack	☐ **HEART ATTACK**	MR Patient intHeartAttackReported	☐ New dx since last visit
intStrokeTIA	☐ **STROKE OR TIA**	MR Patient intStrokeTIAReported	☐ New dx since last visit
intPAD	☐ **PERIPHERAL ARTERY DISEASE**	intPADReported MR Patient	☐ New dx since last visit
intAsthma	☐ **ASTHMA (Excluding: exercise induced asthma)** Is the patient exactly 50 years old: ☐ Yes ☐ No	intAsthmaReported MR Patient	☐ New dx since last visit
intCOPD	☐ **COPD** intAsthmaPatient50YearsOld	MR Patient intCOPDReported	☐ New dx since last visit

Check each diagnosed condition that the subject reports or has documented in the medical record, and answer related questions.	MR or patient reported? (circle all that apply)	Check below if dx occurred since last visit (complete only at 12 month visit and for 36 month medical record review)
intDiabetes ☐ **DIABETES**	MR Patient	intDMReported
intDMLessEqual75 Is the patient ≤75 years old? ☐ Yes ☐ No If **yes** answer **all** of the following questions:		
intDMEyeExam Have they received a dilated eye exam in the past 12 months? ☐ Yes ☐ No	MR Patient	intDMEyeExamReported
intDMUrineScreening Have they received urine protein screening (microalbumin laboratory value) in the past 12 months? ☐ Yes ☐ No intDMMicroalbumin o Microalbumin value: _____ mg/g	MR Only	☐ New dx since last visit
Have they received an HbA1c test in the past 12 months? ☐ Yes ☐ No intDMA1cTestPast12Months decDMA1cValue o HbA1c value: ____ . ___ %	MR Only	
Have they received an LDL cholesterol test in the past 12 months? ☐ Yes ☐ No intDMLDLTestPast12Months intDMLDLValue o LDL value: _____ mg/dL	MR Only	
intDMFootExam Have they received a foot examination in the past 12 months? ☐ Yes ☐ No	MR Patient	intDMFootExamReported
intDMPneumoniaVacc Has the patient received a pneumonia immunization? ☐ Yes ☐ No	MR Patient	intDMPneumoniaVaccReported
intCKD ☐ **CHRONIC KIDNEY DISEASE**	MR Patient	intCKDReported ☐ New dx since last visit

Check each diagnosed condition that the subject reports or has documented in the medical record, and answer related questions.	MR or patient reported? (circle all that apply)	Check below if dx occurred since last visit (complete only at 12 month visit and for 36 month medical record review)
intSeizures ☐ **SEIZURES/OTHER NEUROLOGICAL DISORDER**	MR Patient	intSeizuresReported ☐ New dx since last visit
intLiverDisease ☐ **LIVER DISEASE**	MR Patient	intLiverDiseaseReported ☐ New dx since last visit
intDepression ☐ **DEPRESSION**	MR Patient	intDepressionReported ☐ New dx since last visit
intAnxiety ☐ **ANXIETY**	MR Patient	intAnxietyReported ☐ New dx since last visit
intArthritisDJDPain ☐ **ARTHRITIS/DJD/CHRONIC PAIN**	MR Patient	intArthritisDJDPainReported ☐ New dx since last visit

Section B. Preventive Care & Lifestyle.

Complete for <u>all subjects</u> using the MR. May use patient responses where designated.

1. Is a plan on how to achieve or maintain ideal body weight within the past 6 months documented in the patient's MR? (Can include 'lifestyle modification' plans, including diet and exercise) ☐ Yes ☐ No intBodyWeightPlans

2. Does the patient use tobacco? ☐ Yes; MR ☐ Yes; Patient ☐ Yes; Both MR and patient ☐ No intUsesTobacco_R092014

   i. If yes, is there documentation in the MR of:
      1. Assessing tobacco use? ☐ Yes ☐ No intAssessingTobaccoUse_R092014
      2. Advising on the risk of tobacco use? ☐ Yes ☐ No intAdviseRiskTobaccoUse_R092014
      3. Assessing the willingness to quit? ☐ Yes ☐ No intAssessWillingnessQuit_R092014

   ii. If yes, are they currently using nicotine replacement (patch, gum, lozenge, inhaler), buproprion, or Chantix® (varenicline)?
   ☐ Yes; MR ☐ Yes; Patient ☐ Yes; Both MR and patient ☐ No intNicotineReplacement_R092014

3. Is there documentation of tobacco screening in the MR? ☐ Yes ☐ No intTobaccoScreening_R092014

   i. Date of most recent screening __ __ / __ __ / __ __ __ __ datMostRecentTobScreeing_d

4. Is there documentation in the MR that the patient been asked how much alcohol they drink at least once in the previous 24 months?
   ☐ Yes ☐ No **intAskedAlcohol**
5. Has the patient received an influenza immunization during the most recent flu season (September-February)?
   ☐ Yes; MR ☐ Yes; Patient ☐ Yes; Both MR and patient ☐ No **intReceivedInfluenzaImm_R092014**
6. Is the patient ≥ 65 years old? ☐ Yes ☐ No **int65OrOlder**
   i. If yes, have they received a pneumonia immunization?
      ☐ Yes; MR ☐ Yes; Patient ☐ Yes; Both MR and patient ☐ No **intPneumoniaVacc**

Diagnosed Conditions and Care Management
Baseline Visit

Section A. Patient-Reported Conditions and Care Management

1. Date administered: ___ ___ / ___ ___ / ___ ___ ___ ___ (MM/DD/YYYY)

Ask the subject whether they have each of the following conditions.

"Please tell me if you have ever had any of the following medical conditions. Have you ever had …." ***Answers to all questions are required.***	**Patient Response**	
	YES	**NO**
2. Hypertension or high blood pressure? intHypertension_rev_pat	❒	❒
3. Hyperlipidemia or high cholesterol? intHyperlipidemia_rev_pat	❒	❒
4. Congestive heart failure? intCHF_rev_pat	❒	❒
5. Coronary artery disease? intCAD_rev_pat	❒	❒
6. Atrial fibrillation or A.Fib? intAFIB_rev_pat	❒	❒
7. Heart attack? intHeartAttack_rev_pat	❒	❒
8. Stroke or TIA? intStrokeTIA_rev_pat	❒	❒
9. Peripheral artery disease? intPAD_rev_pat	❒	❒
10. Asthma? (excluding: exercise induced asthma) intAsthma_rev_pat	❒	❒
11. COPD? intCOPD_rev_pat	❒	❒
12. Diabetes? intDiabetes_rev_pat	❒	❒
13. Chronic kidney disease? intCKD_rev_pat	❒	❒
14. Seizures or other neurological disorder? intSeizures_rev_pat	❒	❒
15. Liver disease? intLiverDisease_rev_pat	❒	❒
16. Depression? intDepression_rev_pat	❒	❒
17. Anxiety? intAnxiety_rev_pat	❒	❒
18. Arthritis, degenerative joint disease, or chronic pain?	❒	❒

intArthritisDJDPain_rev_pat

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Ask the patient the following questions:	YES	NO
19. "Are you free of chest pain?" intCADAnginaFree_rev_pat	❒	❒
20. "Have you ever experienced an acute myocardial infarction (heart attack), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation in the past 12 months? **OR** do you have chronic stable angina?" intCADAMICABG_rev_pat intCADEarlyOutputProgram_rev_pat	❒	❒
21. "Have you participated in a cardiac rehabilitation program?"	❒	❒
22. "Have you ever been referred to such a program? intCADReferred_rev_pat	❒	❒
23. "Have you received a dilated eye exam in the past 12 months? intDMEyeExam_rev_pat	❒	❒
24. "Have you received a foot examination in the past 12 months?" intDMFootExam_rev_pat	❒	❒
25. "Have you received a pneumonia immunization?" intPneumoniaVacc_rev_pat	❒	❒
26. "Do you use tobacco?" intUsesTobacco_R092014_rev_pat	❒	❒
27. "Are you currently using nicotine replacement (patch, gum, lozenge, inhaler), buproprion, or Chantix® (varenicline)?" intNicReplace_R092014_rev_pat	❒	❒
28. "Have you received an influenza immunization during the most recent flu season (September-February)?" intInfluenzaImm_R092014_rev_pat	❒	❒

Study ID: «StudyId»

Section B. Medical Record-Reported Conditions and Care Management

For each question below, check "YES" if the condition is documented in the patient's medical record and "NO / NOT PRESENT" if it is not. *Answers to all questions below are required.*	Answer from the Medical Record	
	YES	NO / NOT PRESENT
1. Hypertension? intHypertension_rev_mr	❒	❒
2. Hyperlipidemia? intHyperlipidemia_rev_mr	❒	❒
3. Congestive heart failure? intCHF_rev_mr	❒	❒
4. Coronary artery disease? intCAD_rev_mr	❒	❒
5. Atrial fibrillation? intAFIB_rev_mr	❒	❒
6. Heart attack (myocardial infarction)? intHeartAttack_rev_mr	❒	❒
7. Stroke or TIA? intStrokeTIA_rev_mr	❒	❒
8. Peripheral artery disease? intPAD_rev_mr	❒	❒
9. Asthma? *(excluding exercise induced asthma)* intAsthma_rev_mr	❒	❒
intCOPD_rev_mr **(#A1)** COPD? *(Addendum #1 - added after form was finalized)*	❒	❒
10. Diabetes? intDiabetes_rev_mr	❒	❒
11. Chronic kidney disease? intCKD_rev_mr	❒	❒
12. Seizures/other neurological disorder? intSeizures_rev_mr	❒	❒
13. Liver disease? intLiverDisease_rev_mr	❒	❒
14. Depression? intDepression_rev_mr	❒	❒
15. Anxiety? intAnxiety_rev_mr	❒	❒
16. Arthritis/DJD/chronic pain? intArthritisDJDPain_rev_mr	❒	❒

Study ID: «StudyId»

For each question below, answer the question using the medical record or check "YES" if the answer <u>is documented in the patient's medical record</u> and "NO / NOT PRESENT" if it is not. *Answers to all main questions (e.g., 17, 18, 19, …) are required.*	**Answer from the Medical Record** intHypertensionRecentDia_rev_mr
17. Most recent chart recorded blood pressure	intHypertensionRecentSys_rev_mr ___ ___ ___ / ___ ___ ___ **mmHg**
18. Date of most recent chart recorded blood pressure	datHypertensionRecentBP_mr_d ___ ___ / ___ ___ / ___ ___ ___ ___ *(MM/DD/YYYY)*
19. Is there a documented Ejection Fraction (EF) in the chart?	❒ YES ➔ ***Go to 19a*** intCHFEjectionFrac_rev_mr ❒ NO / NOT PRESENT ➔ ***Skip to 20***
19a. Most recent chart recorded EF:	____ ____ **%** intCHFEjectionFracPercent_rev_mr
19b. EF date:	datCHFEjectionFracPercent_mr_d ___ ___ / ___ ___ / ___ ___ ___ ___ *(MM/DD/YYYY)*
20. Is there documentation the provider asked the patient about dyspnea (shortness of breath)?	❒ YES intCADDyspnea_rev_mr ❒ NO / NOT PRESENT
21. Is there documentation the provider asked the patient about chest pain?	❒ YES intCADChestPain_rev_mr ❒ NO / NOT PRESENT
22. Is the patient angina-free (free of chest pain)?	❒ YES intCADAnginaFree_rev_mr ❒ NO / NOT PRESENT
23. Is the patient prescribed at least two anti-anginal medications (Drug Codes: 200s, 400s, 900s, or Ranolazine)?	**OBSOLETE – DO NOT ANSWER**
24. Has the patient experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation in the past 12 months? **OR** does the patient have chronic stable angina (CSA)?	intCADAMICABG_rev_mr ❒ YES ❒ NO / NOT PRESENT
25. Has the patient participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis?	❒ YES intCADEarlyOutputProgram_rev_mr ❒ NO / NOT PRESENT
26. Has the patient been referred to such a program?	❒ YES intCADReferred_rev_mr ❒ NO / NOT PRESENT

Study ID: «StudyId»

For each question below, answer the question using the medical record or check "YES" if the answer <u>is documented in the patient's medical record</u> and "NO / NOT PRESENT" if it is not. *Answers to all main questions (e.g., 17, 18, 19, …) are required.*	**Answer from the Medical Record**
27. Is the patient currently on anticoagulation (Drug Codes: 5001, 5003, 5004, 5201, 5202, 5301, 5401) **OR** has the patient been assessed for the need of anticoagulation?	intAFIBAnticoag_rev_mr ❒ YES ❒ NO / NOT PRESENT
28. If the patient is on warfarin, has an INR been recorded an average of at least every 2 months (6 times) for the last year?	intAFIBWarfarinINR_rev_mr ❒ YES ❒ NO / NOT PRESENT ❒ NOT ON WARFARIN
29. Has the patient received a dilated eye exam in the past 12 months?	intDMEyeExam_rev_mr ❒ YES ❒ NO / NOT PRESENT
30. Has the patient received urine protein screening (microalbumin laboratory value) in the past 12 months?	intDMUrineScreening_rev_mr ❒ YES ➔ ***Go to 30a*** ❒ NO / NOT PRESENT ➔ ***Skip to 31***
30a. Microalbumin value: intDMMicroalbumin_rev_mr	_____ **mg/g**
31. Have they received an HbA1c test in the past 12 months? intDMA1cTestPast12Months_rev_mr	❒ YES ➔ ***Go to 31a*** ❒ NO / NOT PRESENT ➔ ***Skip to 32***
31a. HbA1c value:	_____ . _____ **%** decDMA1cValue_rev_mr
32. Have they received an LDL cholesterol test in the past 12 months? intDMLDLTestPast12Months_rev_mr	❒ YES ➔ ***Go to 32a*** ❒ NO / NOT PRESENT ➔ ***Go to 33***
32a. LDL value: intDMLDLValue_rev_mr	_____ **mg/dL**
33. Have they received a foot examination in the past 12 months? intDMFootExam_rev_mr	❒ YES ❒ NO / NOT PRESENT
34. Has the patient received a pneumonia immunization? intDMPneumoniaVacc_rev_mr	❒ YES ❒ NO / NOT PRESENT
35. Is a plan on how to achieve or maintain ideal body weight within the past 6 months documented in the patient's MR? (Can include 'lifestyle modification' plans, including diet and exercise)	intBodyWeightPlans_rev_mr ❒ YES ❒ NO / NOT PRESENT
36. Does the patient use tobacco?	❒ YES intUsesTobacco_R092014_rev_mr ❒ NO / NOT PRESENT

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For each question below, answer the question using the medical record or check "YES" if the answer <u>is documented in the patient's medical record</u> and "NO / NOT PRESENT" if it is not. *Answers to all main questions (e.g., 17, 18, 19, …) are required.*	**Answer from the Medical Record**
37. Is there documentation in the MR of assessing tobacco use?	❒ YES intAssessTobUse_R092014_rev_mr ❒ NO / NOT PRESENT
38. Is there documentation in the MR of advising on the risk of tobacco use?	❒ YES intAdviseTobUse_R092014_rev_mr ❒ NO / NOT PRESENT
39. Is there documentation in the MR of assessing the willingness to quit?	❒ YES intWillingQuit_R092014_rev_mr ❒ NO / NOT PRESENT
40. Is the patient currently using nicotine replacement (patch, gum, lozenge, inhaler), buproprion, or Chantix® (varenicline)?	❒ YES intNicReplace_R092014_rev_mr ❒ NO / NOT PRESENT
41. Is there documentation of tobacco screening in the MR? intTobaccoScreen_R092014_rev_mr	❒ YES ➔ ***Go to 41a*** ❒ NO / NOT PRESENT ➔ ***Skip to 42***
41a. Date of most recent screening	datTobScreen_d ___ ___ / ___ ___ / ___ ___ ___ ___ *(MM/DD/YYYY)*
42. Is there documentation in the Medical Record that the patient has been asked how much alcohol they drink at least once in the previous 24 months?	❒ YES intAskedAlcohol_rev_mr ❒ NO / NOT PRESENT
43. Has the patient received an influenza immunization during the most recent flu season (September-February)?	❒ YES intInfluenzaImm_R092014_rev_mr ❒ NO / NOT PRESENT

Study ID: «StudyId» ParticipantID

Medication Reconciliation

Study Visit: ○ Baseline ○ 12 months **Date Administered:** _ _ / _ _ / _ _ _ _ (mm/dd/yyyy)

List all drug allergies: _____ or check ☐ No allergies intDrugAllergiesNone

1. List medications that are either a) documented in the **patient's medical record** prior to patient visit AND/OR b) reported by the patient during the study visit. ONLY include **antihypertensive agents**, **hyperglycemic agents**, **cholesterol agents**, **asthma agents** and **anticoagulants/antiplatelet agents**

   INSTRUCTIONS (to be read to the subject): "Please tell me what medications you are taking for **high blood pressure, high cholesterol, high blood sugars, asthma or thinning your blood**." Ask about missed doses in the past week and how well it works.

	Medication Name & Code	In the EMR	EMR Strength	EMR Directions for Use	Reported by Patient	Patient Reported Strength	Patient Reported Directions for Use	# Doses Missed in Past Week	How well does it work?
1.	MedicationName _____ Code: intFKMedCodeId __ __ __ __	intMedInEMR ☐ Yes ☐ No	EMRReportedStrength intFKMedicationDoseUnitId MedDoseUnit	MedFrequency intCKMedicationFrequencyId decMedicationDose	intReportedByPatient ☐ Yes ☐ No	PatientReportedStrength		strDosesMissedPastWeek	intHowWellWorks **Well Okay Not Well**
2.	_____ Code: __ __ __ __	☐ Yes ☐ No			☐ Yes ☐ No				**Well Okay Not Well**
3.	_____ Code: __ __ __ __	☐ Yes ☐ No			☐ Yes ☐ No				**Well Okay Not Well**
4.	_____ Code: __ __ __ __	☐ Yes ☐ No			☐ Yes ☐ No				**Well Okay Not Well**
5.	_____ Code: __ __ __ __	☐ Yes ☐ No			☐ Yes ☐ No				**Well Okay Not Well**
6.	_____ Code: __ __ __ __	☐ Yes ☐ No			☐ Yes ☐ No				**Well Okay Not Well**

Study ID: «StudyId»

	Medication Name & Code	In the EMR	EMR Strength	EMR Directions for Use	Reported by Patient	Patient Reported Strength	Patient Reported Directions for Use	# Doses Missed in Past Week	How well does it work?
7.	_____ **Code: __ __ __ __**	☐ Yes ☐ No			☐ Yes ☐ No				**Well Okay Not Well**
8.	_____ **Code: __ __ __ __**	☐ Yes ☐ No			☐ Yes ☐ No				**Well Okay Not Well**
9.	_____ **Code: __ __ __ __**	☐ Yes ☐ No			☐ Yes ☐ No				**Well Okay Not Well**
10.	_____ **Code: __ __ __ __**	☐ Yes ☐ No			☐ Yes ☐ No				**Well Okay Not Well**
11.	_____ **Code: __ __ __ __**	☐ Yes ☐ No			☐ Yes ☐ No				**Well Okay Not Well**
12.	_____ **Code: __ __ __ __**	☐ Yes ☐ No			☐ Yes ☐ No				**Well Okay Not Well**
13.	_____ **Code: __ __ __ __**	☐ Yes ☐ No			☐ Yes ☐ No				**Well Okay Not Well**
14.	_____ **Code: __ __ __ __**	☐ Yes ☐ No			☐ Yes ☐ No				**Well Okay Not Well**
15.	_____ **Code: __ __ __ __**	☐ Yes ☐ No			☐ Yes ☐ No				**Well Okay Not Well**
16.	_____ **Code: __ __ __ __**	☐ Yes ☐ No			☐ Yes ☐ No				**Well Okay Not Well**

Study ID: «StudyId» intMedsBotherYou

. INSTRUCTIONS (to be read to the subject): "Do any of your medications **bother you** in any way?" **YES** _____ **NO** _____

i) If YES, please fill out the following for each bothersome medication, asking the subject "**how much** does it bother you?"

Medication Name	A Lot	Some	A Little	In what way does it bother you?
intFKICARECodeIdBother_1	☐	intBotherHowMuch_1 ☐	☐	strBotherHow_1
intFKICARECodeIdBother_2	☐	intBotherHowMuch_2 ☐	☐	strBotherHow_2
intFKICARECodeIdBother_3	☐	intBotherHowMuch_3 ☐	☐	strBotherHow_3
intFKICARECodeIdBother_4	☐	intBotherHowMuch_4 ☐	☐	strBotherHow_4
intFKICARECodeIdBother_5	☐	intBotherHowMuch_5 ☐	☐	strBotherHow_5
intFKICARECodeIdBother_6	☐	intBotherHowMuch_6 ☐	☐	strBotherHow_6
intFKICARECodeIdBother_7	☐	intBotherHowMuch_7 ☐	☐	strBotherHow_7

4. INSTRUCTIONS (to be read to the subject): "I have a list of problems that people sometimes have with their medications. Please tell me **how hard** it is for you to do each of the following."

Problems	Very Hard	Somewhat Hard	Not Hard at all	Which Medication? ("All" or specify)
Open or close the medicine bottle	☐ intOpenCloseBottle	☐	☐	intOpenCloseBottleAllMeds
Read the print on the bottle	☐ intReadPrint	☐	☐	intReadPrintAllMeds
Remember to take all of the pills	☐ intRememberTakePills	☐	☐	intRememberTakePillsAllMeds
Get your refills on time	☐ intGetRefillsOnTime	☐	☐	intGetRefillsOnTimeAllMeds
Take so many pills at the same time	☐ intTakeSoManyPills	☐	☐	intTakeSoManyPillsAllMeds

*Adapted from: Svarstad BL, Chewning BA, Sleath BL, Claesson C. The Brief Medication Questionnaire: a tool for screening patient adherence and barriers to adherence. *Patient Educ Couns.* Jun 1999;37(2):113-124

Study ID: «StudyId»

ParticipantID

Improved Cardiovascular Risk Reduction to Enhance Rural Primary Care

Blood Pressure, Laboratory and Cancer Screening Form

Study ID: «StudyId» intHeightInches intHeightFeet	**Visit Date:** *(mm/dd/yyyy)* __ __ / __ __ / __ __ __ __
Height: __ feet __ __ inches *or* intHeightCentimeters __ __ __ cm	**Weight:** intWeightPounds (lbs or kg) __ __ __ lbs *or* intWeightKilos __ __ __ kg
Visit *(check one)*: ☐ **Baseline** ☐ **12 months**	

Has the patient smoked in the past 24 months? ☐ Yes ☐ No intSmokePast24Months

If yes, patient's last cigarette was smoked: ☐ > 20 minutes ago ☐ ≤ 20 minutes ago intSmokeLastCigarette

Delay BP measurement until > 20 minutes has elapsed since patient last smoked.

Time of day of BP recording …… __ __ : __ __ ☐ am ☐pm

Midpoint circumference of arm being used (right is preferred)……. intMidpointCircum __ __ cm

Size of cuff used (check one): ☐$_1$ Adult (22-32 cm) ☐$_2$ Small adult (17-22 cm) intCuffSize

☐$_3$ Large adult (32-42 cm) ☐$_4$ Extra Large (42-50 cm)

1. **Seated pulse** (count beats per minute for 30 seconds and multiply by 2) intSeatedPulse	__ __ __ BPM

	a. Systolic BP (mm Hg)	b. Diastolic BP (mm Hg)
2. **First sitting BP measurement**	intSeatedSys1 ___ ___ ___	intSeatedDia1 ___ ___ ___
3. **Second sitting BP measurement**	intSeatedSys2 ___ ___ ___	intSeatedDia2 ___ ___ ___
4. **Third sitting BP measurement**	intSeatedSys3 ___ ___ ___	intSeatedDia3 ___ ___ ___
Important➔	***If the 2nd AND 3rd systolic OR diastolic BPs (Questions 2 and 3 above) differ by more than 4 mm, then take a fourth reading and enter the values below.***	
5. **Fourth sitting BP measurement**	intSeatedSys4 ___ ___ ___	intSeatedDia4 ___ ___ ___

Have the patient stand quietly for 1 minute and measure the following: intStandingPulse

6. **Standing pulse** (count beats per minute for 30 seconds and multiply by 2)	__ __ __ BPM

	a. Systolic BP (mm Hg)	b. Diastolic BP (mm Hg)
7. **Standing BP measurement**	intStandingSys ___ ___ ___	intStandingDia ___ ___ ___

Study ID: «StudyId»

Draw blood and record cholesterol and HA1c values as soon as results are obtained:

8. **Total Cholesterol** intCholesterolTotal	___ ___ ___ mg/dl
9. **High-density lipoproteins (HDL)** intCholesterolHDL	___ ___ ___ mg/dl
10. **Low-density lipoproteins (LDL)** intCholesterolLDL	___ ___ ___ mg/dl
11. **Triglycerides** intTriglycerides	___ ___ ___ mg/dl

12. **Hemoglobin A1c (HA1c)** decHemoglobinA1c	___ ___ . ___ %

The following should be obtained from both the Medical Record and patient:

Screening or Test	Response from Medical Record		Response from Patient	
	Date of Last Screening *MM/YYYY*	Not Found	Date of Last Screening *MM/YYYY*	No/Not Performed
13. **Most recent mammogram – Women age 40-69 only**	strLastMammogram_Rev_MR_m ___ ___ / ___ ___ ___ ___ intLastMammogramNF_Rev_MR	❑	strLastMammogram_Rev_pat_m ___ ___ / ___ ___ ___ ___ intLastMammogramNF_Rev_pat	❑
14. **Most recent cervical cancer screening (Pap test) – Women age 21-63 only**	strLastCervicalExam_rev_MR_m ___ ___ / ___ ___ ___ intLastCervicalExamNF_rev_MR		strLastCervicalExam_rev_pat_m ___ ___ / ___ ___ ___ intLastCervicalNF_rev_pat	❑
Most recent colorectal cancer screening – Age 50-75 only			intColoColonoscopyNF_rev_MR intColoColonMonthNR_rev_pat	
15. **Colonoscopy (flexible fiberoptic/optical)**	strColoColonoscopyDate_rev_MR_m ___ ___ / ___ ___ ___ ___	❑	strColoColonoscopyDate_rev_pat_m ___ ___ / ___ ___ ___ ___	❑
16. **3 Card FOBT (guaiac)**	intColo3CardFOBTNF_rev_mr strColo3CardFOBTDate_rev_MR_m ___ ___ / ___ ___ ___ ___	❑	strColo3CardFOBTDate_rev_pat_m intColo3CardFOBTMonthNR_rev_pat	❑
17. **3 Card Fecal Immunochemical Test (FIT)**	strColo3CardFITDate_rev_mr_m ___ ___ / ___ ___ ___ ___	❑	strColo3CardFITDate_rev_pat_m ___ ___ / ___ ___ ___ ___ intColo3CardFITNF_rev_pat	❑
18. **2 Card Fecal Immunochemical Test (FIT)**	intColo2CardFITNF_rev_mr strColo2CardFITDate_rev_mr_m ___ ___ / ___ ___ ___ ___	❑	strColo2CardFITDate_rev_pat_m ___ ___ / ___ ___ ___ ___ intColo2CardFITNF_rev_pat	❑
19. **Flexible Sigmoidoscopy**	intFlexSigmoidNF_rev_mr strColoFlexSigmoidDate_rev_mr_m ___ ___ / ___ ___ ___ ___	❑	intFlexSigmoidNF_rev_pat strColoFlexSigmoidDate_rev_pat_m	❑
20. **CT colonoscopy/CT colonography**	intColoCTNF_rev_mr strColoCTDate_rev_mr_m ___ ___ / ___ ___ ___ ___	❑	strColoCTDate_rev_pat_m ___ ___ / ___ ___ ___ ___ intColoCTNF_rev_pat	❑
21. **Digital rectal exam in office (guaiac)**	strColoDigitalRectalDate_mr_m ___ ___ / ___ ___ ___ ___	❑	strColoDigitalRectalDate_pat_m ___ ___ / ___ ___ ___ ___	❑
	intColoDigitalRectalNF_rev_mr		intDigitRectalNF_rev_pat	

Study ID: «StudyId»

ParticipantID

HEALTH BEHAVIOR INVENTORY

(Baseline only)

Date Administered: _ _ / _ _ / _ _ _ _ (mm/dd/yyyy)

	Strongly Disagree	Moderately Disagree	Agree Somewhat	Moderately Agree	Strongly Agree	Refused to Answer
If I get sick, it is my own behavior which determines how soon I get well again. intSickOwnBehavior	Strongly Disagree	Moderately Disagree	Agree Somewhat	Moderately Agree	Strongly Agree	Refused to Answer
I am in control of my health. intControlHealth	Strongly Disagree	Moderately Disagree	Agree Somewhat	Moderately Agree	Strongly Agree	Refused to Answer
When I get sick, I am to blame. intSickBlame	Strongly Disagree	Moderately Disagree	Agree Somewhat	Moderately Agree	Strongly Agree	Refused to Answer
The main thing which affects my health is what I myself do. intMainThing	Strongly Disagree	Moderately Disagree	Agree Somewhat	Moderately Agree	Strongly Agree	Refused to Answer
If I take care of myself, I can avoid illness. intAvoidIllness	Strongly Disagree	Moderately Disagree	Agree Somewhat	Moderately Agree	Strongly Agree	Refused to Answer
If I take the right actions, I can stay healthy.	Strongly Disagree	Moderately Disagree	Agree Somewhat	Moderately Agree	Strongly Agree	Refused to Answer

intRightActions