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Description

The following images are screen clips from Iowa PHR tool for encounters and recommendations as used in the MEDFOCUS study. Variables for encounters and recommendations are provided in **red font**. Recommendations are a subset of encounters.

The Iowa Personal Health Record (PHR) system was used by pharmacists in the MEDFOCUS intervention to track subject status and communications. A key feature of Iowa PHR was the ability for pharmacists to enter various types of “encounters”. Users select an encounter type and specific fields are displayed in the web interface accordingly. Because of this, some fields in the screen clips below are repeated for one or more encounter types.

Encounters

Patient Visit

Encounters

Add New Encounter

Encounter Date

03/04/2019

datEncounterDate

Encounter Type

Patient Visit

intFKEncounterTypeId

Topic

strTopic

Save

Save and Return

Cancel

Encounters

Add New Encounter

Encounter Date

datEncounterDate

Encounter Type

intFKEncounterTypeId

Contactee Type

intFKEncounterContacteeTypeId

Encounter Mode

intFKEncounterModeId

Encounter Time
Minutes

intEncounterTimeMinutes

Documentation Time
Minutes

intDocumentationTimeMinutes

Topic

strTopic

Note

File Edit Insert View Format Table Tools

← → Formats **B** *I* [List Icons] [Link Icon] [Image Icon]

[Print Icon] [Eye Icon] [Text Icon] A A [Smiley Icon] ABC

strNote

Words: 0

[\[choose encounter\]](#)

Follow Up?

Yes

No

Appointment Subject

Location

Follow Up Note

File Edit Insert View Format Table Tools

← → Formats **B** *I* [List Icons] [Link Icon] [Image Icon]

🖨️ 👁️ [Table Icon] A A 😊 ABC

strFollowUpNote

Words: 0

Encounters

Add New Encounter

Encounter Date datEncounterDate

Encounter Type intFKEncounterTypeId

Contactee Type intFKEncounterContacteeTypeId

Encounter Mode
 intFKEncounterModeId

Encounter Time Minutes intEncounterTimeMinutes **Documentation Time Minutes** intDocumentationTimeMinutes

Topic

strTopic

Subjective

File Edit Insert View Format Table Tools

Formats B I [List icons] [Link icon]

[Print icon] [Eye icon] [Text icon] A A [Smiley icon] [Checkmark icon]

strSubjective

Words: 0

Objective

File Edit Insert View Format Table Tools

Formats B I [List icons] [Link icon]

[Print icon] [Eye icon] [Text icon] A A [Smiley icon] [Checkmark icon]

strObjective

Words: 0

Assessment

File Edit Insert View Format Table Tools

Formats B I [List icons] [Link icon]

[Print icon] [Eye icon] [Text icon] A A [Smiley icon] [Checkmark icon]

strAssessment

Words: 0

Plan

File Edit Insert View Format Table Tools

Formats B I [List icons] [Link icon]

[Print icon] [Eye icon] [Text icon] A A [Smiley icon] [Checkmark icon]

strPlan

Words: 0

Drug Therapy Problems [\[add\]](#)
No Drug Therapy Problems

Follow Up?

Yes

bitFollowUp

No

Appointment Subject

strSubject

Location

strLocation

Follow Up Note

File Edit Insert View Format Table Tools



strFollowUpNote

Words: 0

Save

Save and Return

Save and Send Appointment

Cancel

Encounters

Add New Encounter

Encounter Date **datEncounterDate**

03/04/2019

Encounter Type **intFKEncounterTypeId**

Clinician Communication

Contactee Type **intFKEncounterContacteeTypeId**

Please Select

Encounter Mode **intFKEncounterModeId**

Please Select

Encounter Time Minutes

intEncounterTimeMinutes

Documentation Time Minutes

intDocumentationTimeMinutes

Form Information

Primary Provider

strClinicianName

Fax

strClinicianFax

Communication Type

Please Select **intFKCommunicationTypeId**

Recommended Pharmacist Follow-Up Assessment

Value

intClinicianFollowUp

Units

Days

strClinicianFollowUpUnits

Date to Send

datDateToSend

Outcome Information

Encounter Outcome

Please Select

intFKEncounterOutcomeId

Clinician Outcome Comments

strClinicianComments

Topic

strTopic

Message

File - Edit - Insert - View - Format - Table - Tools -

← → Formats **B** / *I* [List icons] [Link icon] [Image icon]

Print [Font color] [Background color] [Smiley] [Undo]

Words: 0

[choose encounter]

Recommendations [\[add\]](#)

No Recommendations

Follow Up?

Yes

No

Appointment Subject

strSubject

Location

strLocation

Follow Up Note

File - Edit - Insert - View - Format - Table - Tools -

← → Formats **B** / *I* [List icons] [Link icon] [Image icon]

Print [Font color] [Background color] [Smiley] [Undo]

strFollowUpNote

Words: 0

Encounters

Add New Encounter

Encounter Date
 datEncounterDate

Encounter Type
 intFKEncounterTypeid

Contactee Type
 intFKEncounterContacteeTypeid

Encounter Mode
 intFKEncounterModeid

Encounter Time Minutes **Documentation Time Minutes**

Encounter Outcome

Topic

Note

File - Edit - Insert - View - Format - Table - Tools -

← → Formats **B** / [List Icons] [Link Icon] [Image Icon]

[Font Color Icon] [Background Color Icon] [Smiley Icon] [More Icon]

Words: 0

Follow Up?

Yes

No

Appointment Subject

12-03

strSubject

Location

strLocation

Follow Up Note

File Edit Insert View Format Table Tools

Formats **B** *I* [List Icons] [Link Icon] [Image Icon]

[Print Icon] [View Icon] [Table Icon] [Text Color Icon] [Background Color Icon] [Smiley Icon] [Checkmark Icon]

strFollowUpNote

Words: 0

Save Save and Return Save and Send Appointment Cancel

Recommendations

Recommendation

Condition
Please Select intFKConditionId

Recommendation Type
Please Select intFKRecommendationTypeId

Description

File Edit Insert View Format Table Tools

Formats **B** *I* [List Icons]

[Link Icon] [Image Icon]

[Print Icon] [Eye Icon] [Text Icon] [Color Icon] [Color Icon] [Smiley Icon] [Checkmark Icon]

strDescription

Words: 0

Save Cancel

Medfocus Annotated CRF
eCRF Version 1.00

(8.a) Medication Code _____ [DrugCode]

(8.b) Strength _____ [Strength]

(8.c) Dose _____ [Dose]

(8.c.unit) Dose Units [DoseUnit]

-98765 <Not Selected>

- 1 pill
- 2 tablet
- 3 capsule
- 4 injection
- 5 granule
- 6 packet
- 7 ointment (%)
- 8 patch (mg/hr)

(8.d) Frequency [Frequency]

- 1 BID
- 2 TID
- 3 QID
- 4 q2h
- 5 q4h
- 6 q6h
- 7 q8h
- 8 QAM
- 9 QPM
- 10 QD
- 11 QOD
- 12 QWK
- 13 QMT
- 14 HS
- 15 PRN
- 0 N/A

Medfocus Annotated CRF
4 and 8 Month Data Collection - Events, eCRF Version 1.00

(3.a.hosp) Hospitalization [TypeHospital]

(3.a.ER) Emergency room visit [TypeER]

(3.b) Date _____ [EventDT]

(3.c) Reason _____ [Reason]

(3.d) Was a new diagnosis identified? [DxIdentified]

1 Yes

0 No

(3.e) New diagnoses _____ [DxSpecify]

() Record status being sent to PHRM [PHRMStatus]

1 Current Record

2 New Record

3 Updated Record

() Date current or updated record was sent to PHRM [PHRMStatusDT]

() PHRMUserID [MedFocusID]

() Reference to parent CRFNum in DataCollection48 [MedRecCRFNum]

Medfocus Annotated CRF
4 and 8 Month Data Collection, eCRF Version 1.00

(1) Date of collection _____ [CollectionDT]

(2.a) Diabetes [Diabetes]

1 Yes

0 No

(2.a.dt) HbA1c Test Date _____ [HbA1cDT]

(2.a.value) HbA1c Value (%) _____ [HbA1cValue]

(2.a.NF) HbA1c Not Found [HbA1cNF]

(2.b) Hypertension [Hypertension]

1 Yes

0 No

(2.b.dt) Blood pressure Test Date _____ [BloodPressureDT]

(2.b.value_sys) Blood pressure Value (mm Hg) Systolic _____ [BPSystolic]

(2.b.value_dia) Blood pressure Value (mm Hg) Diastolic _____ [BPDiastolic]

(2.b.NF) Blood pressure Not Found [BloodPressureNF]

(2.c) Atrial Fibrillation [AtrialFib]

2 Yes, on Warfarin

1 Yes, not on Warfarin

0 No

(2.c.dt) INR Test Date _____ [INRDT]

(2.c.value) INR Value _____ [INRValue]

(2.c.NF) INR Not Found [INRNF]

(2.d) Hyperlipidemia [Hyperlipidemia]

1 Yes

0 No

Medfocus Annotated CRF
4 and 8 Month Data Collection, eCRF Version 1.00

(2.d.i.dt) Total cholesterol Test Date _____ [CholesterolDT]

(2.d.i.value) Total cholesterol Value (mg/dL) _____ [CholesterolValue]

(2.d.i.NF) Total cholesterol Not Found [CholesterolNF]

(2.d.ii.dt) LDL Test Date _____ [LDLDT]

(2.d.ii.value) LDL Value (mg/dL) _____ [LDLValue]

(2.d.ii.NF) LDL Not Found [LDLNF]

(2.d.iii.dt) HDL Test Date _____ [HDLDT]

(2.d.iii.value) HDL Value (mg/dL) _____ [HDLValue]

(2.d.iii.NF) HDL Not Found [HDLNF]

(2.d.iv.dt) Triglycerides Test Date _____ [TriglyceridesDT]

(2.d.iv.value) Triglycerides Value (mg/dL) _____ [TriglyceridesValue]

(2.d.iv.NF) Triglycerides Not Found [TriglyceridesNF]

(4) Since the last review, has the subject had any new diagnoses not listed in the table above? [NewDx]

1 Yes

0 No

(4.a) Specify (new diagnoses) _____ [NewDxSpecify]

() Record status being sent to PHRM [PHRMStatus]

1 Current Record

2 New Record

3 Updated Record

() Date current or updated record was sent to PHRM [PhmStatusDT]

() PHRMUserID [MedFocusID]

Medfocus Annotated CRF
Behavioral History, eCRF Version 1.00

(1) Date of collection _____ [CollectionDT]

(2) Tobacco Use [Tobacco]

- 1 Never
- 2 Former
- 3 Current

(2.former_yr) Year of last tobacco use _____ [LastTobaccoYR]

(2.a) Total number of years subject has used tobacco products _____ [TobaccoTotalYears]

(2.b.i) Cigarettes [Cigarettes]

(2.b.i.num_cigs) Average number of cigarettes smoked per day [CigaretteNumber]

- 1 < 5 cigarettes per day
- 2 5 - 15 cigarettes per day (about $\frac{1}{2}$ pack)
- 3 16 - 25 cigarettes per day (about 1 pack)
- 4 26 - 35 cigarettes per day (about 1 $\frac{1}{2}$ pack)
- 5 More than 35 cigarettes per day (about 2 packs or more)

(2.b.ii) Cigars [Cigars]

(2.b.iii) Pipes [Pipes]

(2.b.iv) Chewing tobacco [ChewingTobacco]

(2.b.v) Other (tobacco used) [OtherTobacco]

(2.b.v.specify) Specify (other tobacco used) _____ [TobaccoSpecify]

(3) Alcohol Consumption [Alcohol]

- 1 Yes
- 0 No

(3.a) Frequency (how often subject drinks alcohol) [AlcoholFreq]

- 1 < 1 day per week
- 2 1-2 days per week
- 3 3-6 days per week
- 4 Every day

Medfocus Annotated CRF
Behavioral History, eCRF Version 1.00

(3.b) On a day when the subject drinks, number of standard drinks typically consumed [AlcoholDrinksNum]

- 1 1-2 drinks
- 2 3-4 drinks
- 3 > 4 drinks

(4) Illicit Drug Use [IllicitDrugs]

- 1 Yes
- 0 No

(4.a.i) Amphetamines [Amphetamines]

(4.a.ii) Cocaine [Cocaine]

(4.a.iii) Inhalants [Inhalants]

(4.a.iv) Cannabis (marijuana) [Cannabis]

(4.a.v) Hallucinogens [Hallucinogens]

(4.a.vi) Opioids [Opioids]

(4.a.vii) Other (drugs used) [OtherDrugs]

(4.a.vii.specify) Specify (other drugs used) _____ [DrugsSpecify]

() Record status being sent to PHRM [PHRMStatus]

- 1 Current Record
- 2 New Record
- 3 Updated Record

() Date current or updated record was sent to PHRM [PHRMStatusDT]

() PHRMUserID [MedFocusID]

Medfocus Annotated CRF
Blood Pressure, eCRF Version 1.00

(1) Date of collection _____ [CollectionDT]

(2) Height (cm) _____ [Height]

(2.ND) Not done [HeightND]

(3) Weight (kg) _____ [Weight]

(3.ND) Not done [WeightND]

(4) Time of day of BP recording _____ [BloodPressureTM]

(5) Arm being used [ArmUsed]

2 Left

1 Right

(5.a) Midpoint circumference of arm being used (cm) _____ [MidpointCirc]

(6) Size of cuff used [CuffUsed]

1 Small adult (17-22 cm)

2 Adult (22-32 cm)

3 Large adult (32-42 cm)

4 Extra Large (42-50 cm)

5 Thigh

(7) Seated pulse (BPM) _____ [PulseSeated]

(8.a) First sitting systolic BP measurement (mm Hg) _____ [BPSystolic1]

(8.b) First sitting diastolic BP measurement (mm Hg) _____ [BPDiastolic1]

(9.a) Second sitting systolic BP measurement (mm Hg) _____ [BPSystolic2]

(9.b) Second sitting diastolic BP measurement (mm Hg) _____ [BPDiastolic2]

(10.a) Third sitting systolic BP measurement (mm Hg) _____ [BPSystolic3]

(10.b) Third sitting diastolic BP measurement (mm Hg) _____ [BPDiastolic3]

Medfocus Annotated CRF
Blood Pressure, eCRF Version 1.00

(11.a) Fourth sitting systolic BP measurement (take ONLY if 2nd & 3rd BPs differ by > 4 mm Hg) _____ [BPSystolic4]

(11.b) Fourth sitting diastolic BP measurement (take ONLY if 2nd & 3rd BPs differ by > 4 mm Hg) _____ [BPDiastolic4]

(12) Standing pulse (BPM) _____ [PulseStanding]

(13.a) Standing systolic BP measurement (mm Hg) _____ [BPSystolicStanding]

(13.b) Standing diastolic BP measurement (mm Hg) _____ [BPDiastolicStanding]

() Record status being sent to PHRM [PHRMStatus]

- 1 Current Record
- 2 New Record
- 3 Updated Record

() Date current or updated record was sent to PHRM [PHRMStatusDT]

() PHRMUserID [MedFocusID]

Medfocus Annotated CRF
Cancer Screening, eCRF Version 1.00

(1) Date of collection _____ [CollectionDT]

(2.MN) Most recent mammogram [Month] _____ [MammogramMN]

(2.YR) Most recent mammogram [Year] _____ [MammogramYR]

(2.source) Source (mammogram) [MammogramSource]

- 0 Not found
- 1 Medical record
- 2 Patient report
- 3 MR and patient

(3.MN) Most recent cervical cancer screening (Pap test) [Month] _____ [CervicalCancerMN]

(3.YR) Most recent cervical cancer screening (Pap test) [Year] _____ [CervicalCancerYR]

(3.source) Source (cervical cancer screening) [CervicalCancerSource]

- 0 Not found
- 1 Medical record
- 2 Patient report
- 3 MR and patient

(4.MN) Colonoscopy (flexible fiberoptic/optical) [Month] _____ [ColonoscopyMN]

(4.YR) Colonoscopy (flexible fiberoptic/optical) [Year] _____ [ColonoscopyYR]

(4.source) Source (colonoscopy) [ColonoscopySource]

- 0 Not found
- 1 Medical record
- 2 Patient report
- 3 MR and patient

(5.MN) 3 Card FOBT (guaiac) [Month] _____ [FOBTMN]

(5.YR) 3 Card FOBT (guaiac) [Year] _____ [FOBTYR]

(5.source) Source (3 Card FOBT) [FOBTSource]

- 0 Not found
- 1 Medical record
- 2 Patient report

Medfocus Annotated CRF
Cancer Screening, eCRF Version 1.00

(5.source) Source (3 Card FOBT) [FOBTSource]

- 3 MR and patient

(6.MN) 3 Card Fecal Immunochemical Test (FIT) [Month] _____ [FIT3MN]

(6.YR) 3 Card Fecal Immunochemical Test (FIT) [Year] _____ [FIT3YR]

(6.source) Source (3 Card FIT N/F) [FIT3Source]

- 0 Not found
- 1 Medical record
- 2 Patient report
- 3 MR and patient

(7.MN) 2 Card Fecal Immunochemical Test (FIT) [Month] _____ [FIT2MN]

(7.YR) 2 Card Fecal Immunochemical Test (FIT) [Year] _____ [FIT2YR]

(7.source) Source (2 Card FIT) [FIT2Source]

- 0 Not found
- 1 Medical record
- 2 Patient report
- 3 MR and patient

(8.MN) Flexible sigmoidoscopy [Month] _____ [SigmoidoscopyMN]

(8.YR) Flexible sigmoidoscopy [Year] _____ [SigmoidoscopyYR]

(8.source) Source (sigmoidoscopy) [SigmoidoscopySource]

- 0 Not found
- 1 Medical record
- 2 Patient report
- 3 MR and patient

(9.MN) CT colonoscopy/CT colonography [Month] _____ [CTColonoscopyMN]

(9.YR) CT colonoscopy/CT colonography [Year] _____ [CTColonoscopyYR]

(9.source) Source (CT colonoscopy) [CTColonoscopySource]

- 0 Not found
- 1 Medical record
- 2 Patient report

Medfocus Annotated CRF
Cancer Screening, eCRF Version 1.00

(9.source) Source (CT colonoscopy) [CTColonoscopySource]

- 3 MR and patient

(10.MN) Digital rectal exam in office (guaiac) [Month] _____ [DigitalMN]

(10.YR) Digital rectal exam in office (guaiac) [Year] _____ [DigitalYR]

(10.source) Source (digital rectal exam) [DigitalSource]

- 0 Not found
- 1 Medical record
- 2 Patient report
- 3 MR and patient

() Record status being sent to PHRM [PHRMStatus]

- 1 Current Record
- 2 New Record
- 3 Updated Record

() Date current or updated record was sent to PHRM [PHRMStatusDT]

() PHRMUserID [MedFocusID]

Medfocus Annotated CRF
Clinic Visit Tracking - Clinic Visit, eCRF Version 1.00

(2.a) Date of Clinic Visit _____ [VisitDT]

(2.b.i) MD, DO, PA, ARNP [ProviderMD]

(2.b.ii) Clinic pharmacist [ProviderRX]

(2.b.iii) Health coach [ProviderCoach]

(2.c.i) Atrial fibrillation [AtrialFib]

(2.c.ii) Carotid Artery Disease [CarotidDisease]

(2.c.iii) COPD [COPD]

(2.c.iv) Coronary Artery Disease [CAD]

(2.c.v) Diabetes [Diabetes]

(2.c.vi) Hyperlipidemia [Hyperlipidemia]

(2.c.vii) Hypertension [Hypertension]

(2.c.viii) Peripheral Vascular Disease [PVD]

(2.c.ix) Annual physical exam [AnnualPhysical]

(2.c.x) Other (condition addressed and/or reason for visit) [OtherCondition]

(2.c.x.specify) Specify (other condition addressed and/or reason for visit) _____ [ConditionSpecify]

Medfocus Annotated CRF
Clinic Visit Tracking, eCRF Version 1.00

(1) Date of collection _____ [CollectionDT]

Medfocus Annotated CRF
Collaboration Survey Pharmacist, eCRF Version 1.00

(A) Date survey completed _____ [CollectionDT]

(B.1) I intend to work with clinic providers. [IntendToWork]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.2) In providing patient care, providers need me as much as I need them. [Need]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.3) Providers trust my drug expertise. [TrustExpertise]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.4) Providers spend time trying to learn how they can help me provide better care. [ProvidersLearn]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.5) Providers will work with me to overcome disagreements on our roles in managing drug therapy. [Disagreements]

- 1 1

Medfocus Annotated CRF
Collaboration Survey Pharmacist, eCRF Version 1.00

(B.5) Providers will work with me to overcome disagreements on our roles in managing drug therapy. [Disagreements]

- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.6) Decision-making responsibilities for our patients' drug therapy are shared between providers and myself. [DecisionShared]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.7) Providers depend on me as much as I depend on them. [Depend]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.8) Communication between providers and me is two-way. [Communication]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.9) Providers see me as a credible practitioner. [Credible]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5

Medfocus Annotated CRF
Collaboration Survey Pharmacist, eCRF Version 1.00

(B.9) Providers see me as a credible practitioner. [Credible]

6 6

7 7

(B.10) Providers provide me with information about specific patients. [Information]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.11) Providers and I negotiate to come to an agreement on our activities in managing drug therapy. [Negotiate]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.12) In making decisions for our patients, medical opinions, as well as pharmacy opinions are considered. [Opinions]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.13) Providers and I are mutually dependent on each other in caring for patients. [Dependent]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

Medfocus Annotated CRF
Collaboration Survey Pharmacist, eCRF Version 1.00

(B.14) My interactions with providers are characterized by open communication by both parties. [Interactions]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.15) Providers can count on me to do what they say. [CountOnPharm]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.16) There is cooperation between providers and myself in managing the drug therapy of our patients. [Cooperation]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.17) Providers show an interest in helping me improve my practice. [ImprovePractice]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.18) Decision making for our patients is coordinated between providers and me. [DecisionCoordinated]

- 1 1
- 2 2
- 3 3
- 4 4

Medfocus Annotated CRF
Collaboration Survey Pharmacist, eCRF Version 1.00

(B.18) Decision making for our patients is coordinated between providers and me. [DecisionCoordinated]

5 5

6 6

7 7

(B.19) On average, about how many times in a month do providers communicate directly (telephone, fax, email or in person) with you about patients? _____ [CommunicationTimes]

(B.20) Estimate the number of patients, during the past 30 days, for whom you have collaborated with providers _____ [PatientCollabNum]

(B.21.a) Providers consult with me to change drug therapy. [Consult]

(B.21.b) Providers ask me for patient information. [AskPatientInfo]

(B.21.c) Providers contact me to discuss a drug-related problem. [ContactPharm]

(B.21.d) I provide providers with patient information. [ProvidePatientInfo]

(B.21.e) I contact providers for drug information. [ContactDrugInfo]

(B.21.f) I contact providers to discuss a drug-related problem. [ContactDrugProblem]

(B.21.g) Providers make a referral to me. [Referral]

(B.21.h) Providers discuss monitoring drug therapy with me. [DiscussDrugTherapy]

Medfocus Annotated CRF
Collaboration Survey Provider, eCRF Version 1.00

(A) Date survey completed _____ [CollectionDT]

(B.1) I intend to work with these pharmacists. [IntendToWork]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.2) In providing patient care, I need a pharmacist as much as a pharmacist needs me. [Need]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.3) I trust these pharmacists' drug expertise. [TrustExpertise]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.4) I spend time trying to learn how I can help pharmacists provide better care. [ProvidersLearn]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.5) The pharmacists will work with me to overcome disagreements on our roles in managing drug therapy. [Disagreements]

- 1 1

Medfocus Annotated CRF
Collaboration Survey Provider, eCRF Version 1.00

(B.5) The pharmacists will work with me to overcome disagreements on our roles in managing drug therapy. [Disagreements]

- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.6) Decision-making responsibilities for our patients' drug therapy are shared between these pharmacists and myself. [DecisionShared]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.7) These pharmacists depend on me as much as I depend on them. [Depend]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.8) Communication between these pharmacists and me is two-way. [Communication]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.9) These pharmacists are credible practitioners. [Credible]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5

Medfocus Annotated CRF
Collaboration Survey Provider, eCRF Version 1.00

(B.9) These pharmacists are credible practitioners. [Credible]

6 6

7 7

(B.10) I provide information to these pharmacists about specific patients. [Information]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.11) These pharmacists and I negotiate to come to an agreement on our activities in managing drug therapy. [Negotiate]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.12) In making decisions for our patients, medical opinions, as well as pharmacy opinions are considered. [Opinions]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.13) These pharmacists and I are mutually dependent on each other in caring for patients. [Dependent]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

Medfocus Annotated CRF
Collaboration Survey Provider, eCRF Version 1.00

(B.14) My interactions with these pharmacists are characterized by open communication by both parties. [Interactions]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.15) I can count on these pharmacists to do what they say. [CountOnPharm]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.16) There is cooperation between these pharmacists and myself in managing the drug therapy of our patients. [Cooperation]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.17) I show an interest in helping these pharmacists improve their practice. [ImprovePractice]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.18) Decision making for our patients is coordinated between these pharmacists and me. [DecisionCoordinated]

- 1 1
- 2 2
- 3 3
- 4 4

Medfocus Annotated CRF
Collaboration Survey Provider, eCRF Version 1.00

(B.18) Decision making for our patients is coordinated between these pharmacists and me. [DecisionCoordinated]

5 5

6 6

7 7

(B.19) On average, about how many times in a month do you communicate directly (telephone, fax, email or in person) with these pharmacists about patients? _____ [CommunicationTimes]

(B.20) Estimate the number of patients, during the past 30 days, for whom you have collaborated with these pharmacists
_____ [PatientCollabNum]

(B.21.a) I consult with these pharmacists to change drug therapy. [Consult]

(B.21.b) I am asked for patient information by these pharmacists. [AskPatientInfo]

(B.21.c) I contact these pharmacists to discuss a drug-related problem. [ContactPharm]

(B.21.d) I receive patient information from these pharmacists. [ReceivePatientInfo]

(B.21.e) I am contacted by these pharmacists for drug information. [ContactDrugInfo]

(B.21.f) I am contacted by these pharmacists to discuss a drug-related problem. [ContactDrugProblem]

(B.21.g) I make a referral to these pharmacists. [Referral]

(B.21.h) I discuss monitoring drug therapy with these pharmacists. [DiscussDrugTherapy]

Medfocus Annotated CRF
Demographics, eCRF Version 1.00

(1) Date of collection _____ [CollectionDT]

(2) Sex (at birth) [Sex]

2 Female

1 Male

(3) Date of birth _____ [BirthDT]

(4) Ethnicity [Ethnic]

1 Hispanic or Latino

2 Not Hispanic or Latino

3 Unknown

4 Not reported

(5) Race [RaceNR]

1 Select all races with which the subject identifies

2 Unknown

3 Not reported

(5.a) American Indian or Alaska Native [RaceAI]

(5.b) Asian [RaceA]

(5.c) Black or African-American [RaceAA]

(5.d) Native Hawaiian or other Pacific Islander [RaceNH]

(5.e) White [RaceW]

(6) Years of education (select the highest level of education completed) [Education]

1 1 - 5 years

2 6 - 8 years

3 9 - 12 years

4 High school diploma/GED

5 Technical or associate's degree/certificate

6 Bachelor's degree

7 Master's degree

8 Doctoral degree

Medfocus Annotated CRF
Demographics, eCRF Version 1.00

(7) Annual household income [Income]

- 1 Under \$10,000
- 2 \$10,000 to \$24,999
- 3 \$25,000 to \$39,999
- 4 \$40,000 to \$54,999
- 5 \$55,000 to \$79,999
- 6 \$80,000 to 99,999
- 7 \$100,000 or more
- 8 Refused to answer

(8) Marital status [Marital]

- 1 Never married
- 2 Married
- 3 Divorced or separated
- 4 Widowed

(9) Insurance status (select the primary healthcare payer) [Insurance]

- 1 Private insurance (employer/group)
- 2 Private insurance (self-insured)
- 3 Medicare
- 4 Medicaid
- 5 None/self-pay

(10) Insurance coverage for prescriptions [Prescriptions]

- 1 Yes
- 0 No

(11) Is the subject a new patient (first clinic visit within the 2 weeks prior to enrollment)? [NewPatient]

- 1 Yes
- 0 No

() Record status being sent to PHRM[PHRMStatus]

- 1 Current Record
- 2 New Record
- 3 Updated Record

() Date current or updated record was sent to PHRM[PHRMStatusDT]

() PHRMUserID [MedFocusID]

Medfocus Annotated CRF
Diagnosed Conditions and Care Management Medical Record, eCRF Version 3.00

(1) Date of collection _____ [CollectionDT]

(2.a) HYPERTENSION[Hypertension]

1 Yes

0 No

(2.b) HYPERLIPIDEMIA[Hyperlipidemia]

1 Yes

0 No

(2.c) CONGESTIVEHEARTFAILURE [CHF]

1 Yes

0 No

(2.c.i) Is there a documented Ejection Fraction (EF) in the chart? [EjectFraction]

1 Yes

0 No

(2.c.ii) Most recent chart recorded EF (%) _____ [EjectFractionValue]

(2.c.iii) Date of most recent chart recorded EF _____ [EjectFractionDT]

(2.d) CORONARYARTERYDISEASE [CAD]

1 Yes

0 No

(2.d.i) Is there documentation in the medical record that the provider asked the patient about dyspnea (shortness of breath) at the most recent clinic visit? [DyspneaAsked]

1 Yes

0 No

(2.d.ii) Is there documentation in the medical record that the provider asked the patient about chest pain at the most recent clinic visit? [ChestPainAsked]

1 Yes

0 No

(2.d.iii) Has the patient reported any chest pain since the most recent office visit? [ChestPainReported]

1 Yes

0 No

(2.d.iv) Did the patient have active prescriptions for at least two anti-anginal medications (Drug Codes: 200s, 400s, 900s, or 1701) effective at the most recent clinic visit? [AntianginalMeds]

1 Yes

Medfocus Annotated CRF
Diagnosed Conditions and Care Management Medical Record, eCRF Version 3.00

(2.d.iv) Did the patient have active prescriptions for at least two anti-anginal medications (Drug Codes: 200s, 400s, 900s, or 1701) effective at the most recent clinic visit? [AntianginalMeds]

0 No

(2.d.v) Has the patient experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valvesurgery, or cardiac transplantation in the past 12 months? OR does the patient have chronic stable angina (CSA)? [CardiacEvent]

1 Yes

0 No

(2.d.vi) Has the patient participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis? [CardiacRehab]

1 Yes

0 No

(2.d.vii) Has the patient been referred to such a program? [CardiacRehabRefer]

1 Yes

0 No

(2.e) ATRIAL FIBRILLATION [AtrialFib]

1 Yes

0 No

(2.e.i) Is the patient currently on anticoagulation (Drug Codes: 5001, 5002, 5003, 5004, 5201, 5202, 5301, 5401) OR has the patient been assessed for the need of anticoagulation within the last 12 months? [AnticoagMeds]

1 Yes

0 No

(2.e.ii) If the patient is on warfarin, has an INR been recorded in the medical record an average of at least every 2 months (6 times) for the last year? [INR]

1 Yes

0 No

2 Not on warfarin

(2.f) HEARTATTACK(myocardial infarction) [MI]

1 Yes

0 No

(2.g) STROKEORTIA [Stroke]

1 Yes

0 No

(2.h) PERIPHERALARTERYDISEASE [PAD]

1 Yes

0 No

Medfocus Annotated CRF
Diagnosed Conditions and Care Management Medical Record, eCRF Version 3.00

(2.i) COPD [COPD]

1 Yes

0 No

(2.j) DIABETES [Diabetes]

1 Yes

0 No

(2.j.i) Has the patient received a dilated eye exam in the past 12 months? [EyeExam]

1 Yes

0 No

(2.j.ii) Has the patient received a urine protein screening (microalbumin laboratory value) in the past 12 months? [Microalbumin]

1 Yes

0 No

(2.j.iii) Most recent microalbumin value (mg/g) _____ [MicroalbuminValue]

(2.j.iii.unit) [MicroalbuminUnits]

1 mg/g

2 mg/L

3 mg/dL

4 mg/mmol

(2.j.iv) Has the patient received an HbA1c test in the past 12 months? [HbA1c]

1 Yes

0 No

(2.j.v) Most recent HbA1c value (%) _____ [HbA1cValue]

(2.j.vi) Has the patient received a foot examination in the past 12 months? [FootExam]

1 Yes

0 No

(2.k) CHRONICKIDNEY DISEASE [CKD]

1 Yes

0 No

(2.L) SEIZURES/OTHERNEUROLOGICALDISORDER [NeuroDisorder]

1 Yes

Medfocus Annotated CRF
Diagnosed Conditions and Care Management Medical Record, eCRF Version 3.00

(2.l) SEIZURES/OTHERNEUROLOGICALDISORDER [NeuroDisorder]

0 No

(2.m) LIVER DISEASE [LiverDisease]

1 Yes

0 No

(2.n) DEPRESSION [Depression]

1 Yes

0 No

(2.o) ANXIETY [Anxiety]

1 Yes

0 No

(2.p) ARTHRITIS/DJD/CHRONICPAIN [Arthritis]

1 Yes

0 No

(3.a.i.sys) Most recent chart recorded blood pressure (mm Hg) Systolic _____ [BPSystolic]

(3.a.i.dia) Most recent chart recorded blood pressure (mm Hg) Diastolic _____ [BPDiastolic]

(3.a.ii) Date of most recent chart recorded blood pressure _____ [BloodPressureDT]

(3.b.i) Most recent LDL value (mg/dL) _____ [LDLValue]

(3.b.ii) Most recent HDL value (mg/dL): _____ [HDLValue]

(3.b.iii) Total Cholesterol (mg/dL): _____ [TotalCholesterolValue]

(3.bi.iv) Date of most recent cholesterol test: _____ [CholesterolTestDT]

(3.c) Is there documentation in the medical record that the patient's BMI (body mass index) has been calculated within the last 6 months?
[BMICalculated]

1 Yes

0 No

(3.c.i) Most recent documented BMI _____ [BMI]

(3.d) Is there a plan on how to achieve or maintain ideal body weight documented in the medical record within the past 6 months?
[IdealWeightPlan]

1 Yes

Medfocus Annotated CRF
Diagnosed Conditions and Care Management Medical Record, eCRF Version 3.00

(3.d) Is there a plan on how to achieve or maintain ideal body weight documented in the medical record within the past 6 months? [IdealWeightPlan]

0 No

(3.e) Is there documentation in the medical record of tobacco screening? [TobaccoScreening]

1 Yes

0 No

(3.e.i) Date of most recent screening _____ [TobaccoScreeningDT]

(3.f) Does the patient currently use tobacco according to the medical record? [TobaccoUse]

1 Yes

0 No

(3.f.i) Assessing tobacco use [TobaccoAssess]

1 Yes

0 No

(3.f.ii) Advising on the risk of tobacco use [TobaccoRisk]

1 Yes

0 No

(3.f.iii) Assessing the willingness to quit smoking [WillingQuitSmoking]

1 Yes

0 No

(3.f.iv) A plan to quit smoking [PlanQuitSmoking]

1 Yes

0 No

(3.f.v) Is the patient currently using nicotine replacement such as patch, gum, lozenge, inhaler, bupropion, or Chantix® (varenicline)? [NicotineReplace]

1 Yes

0 No

(3.g) Is there documentation in the medical record that the patient has been asked at least once in the previous 24 months how much alcohol they drink? [Alcohol]

1 Yes

0 No

(3.h) Has the patient received an influenza immunization during the most recent flu season (September-February)? [ImmunFlu]

1 Yes

0 No

Medfocus Annotated CRF
Diagnosed Conditions and Care Management Medical Record, eCRF Version 3.00

(3.i) Has the patient ever received a pneumonia immunization? [ImmunPneumonia]

1 Yes

0 No

() Record status being sent to PHRM[PHRMStatus]

1 Current Record

2 New Record

3 Updated Record

() Date current or updated record was sent to PHRM[PHRMStatusDT]

() PHRMUserID [MedFocusID]

Medfocus Annotated CRF
Diagnosed Conditions and Care Management Patient Report, eCRF Version 1.00

(1) Date of collection _____ [CollectionDT]

(2.a) HYPERTENSION[Hypertension]

1 Yes

0 No

(2.b) HYPERLIPIDEMIA[Hyperlipidemia]

1 Yes

0 No

(2.c) CONGESTIVEHEARTFAILURE [CHF]

1 Yes

0 No

(2.d) CORONARYARTERYDISEASE [CAD]

1 Yes

0 No

(2.d.i) Has the patient had any chest pain since the last office visit? [ChestPain]

1 Yes

0 No

(2.d.ii) Is the patient prescribed at least two anti-anginal medications (Drug Codes: 200s, 400s, 900s, or 1701)? [AntianginalMeds]

1 Yes

0 No

(2.d.iii) Has the patient experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valvesurgery, or cardiac transplantation in the past 12 months? OR does the patient have chronic stable angina (CSA)? [CardiacEvent]

1 Yes

0 No

(2.d.iv) Has the patient participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis? [CardiacRehab]

1 Yes

0 No

(2.d.v) Has the patient been referred to such a program? [CardiacRehabRefer]

1 Yes

0 No

(2.e) ATRIAL FIBRILLATION [AtrialFib]

1 Yes

Medfocus Annotated CRF
Diagnosed Conditions and Care Management Patient Report, eCRF Version 1.00

(2.e) ATRIAL FIBRILLATION [AtrialFib]

0 No

(2.e.i) Is the patient currently on anticoagulation (Drug Codes: 5001, 5002, 5003, 5004, 5201, 5202, 5301, 5401) OR has the patient been assessed for the need of anticoagulation? [AnticoagMeds]

1 Yes

0 No

(2.f) HEARTATTACK(myocardial infarction) [MI]

1 Yes

0 No

(2.g) STROKEOR TIA [Stroke]

1 Yes

0 No

(2.h) PERIPHERALARTERYDISEASE [PAD]

1 Yes

0 No

(2.i) COPD [COPD]

1 Yes

0 No

(2.j) DIABETES [Diabetes]

1 Yes

0 No

(2.j.i) Has the patient received a dilated eye exam in the past 12 months? [EyeExam]

1 Yes

0 No

(2.j.ii) Has the patient received a foot examination in the past 12 months? [FootExam]

1 Yes

0 No

(2.k) CHRONICKIDNEY DISEASE [CKD]

1 Yes

0 No

(2.L) SEIZURES/OTHERNEUROLOGICALDISORDER [NeuroDisorder]

1 Yes

Medfocus Annotated CRF
Diagnosed Conditions and Care Management Patient Report, eCRF Version 1.00

(2.l) SEIZURES/OTHERNEUROLOGICALDISORDER [NeuroDisorder]

0 No

(2.m) LIVER DISEASE [LiverDisease]

1 Yes

0 No

(2.n) DEPRESSION [Depression]

1 Yes

0 No

(2.o) ANXIETY [Anxiety]

1 Yes

0 No

(2.p) ARTHRITIS/DJD/CHRONICPAIN [Arthritis]

1 Yes

0 No

(3.a) Is the patient currently using nicotine replacement such as patch, gum, lozenge, inhaler, bupropion, or Chantix® (varenicline)?
[NicotineReplace]

1 Yes

0 No

(3.b) Has the patient received an influenza immunization during the most recent flu season (September-February)? [ImmunFlu]

1 Yes

0 No

(3.c) Has the patient received a pneumonia immunization? [ImmunPneumonia]

1 Yes

0 No

() Record status being sent to PHRM [PHRMStatus]

1 Current Record

2 New Record

3 Updated Record

() Date current or updated record was sent to PHRM [PHRMStatusDT]

() PHRMUserID [MedFocusID]

Medfocus Annotated CRF
Eligibility, eCRF Version 1.00

(A.1) English speaking male or female, ≥ 55 years of age who has been seen at the site clinic within the last 24 months [Age]

1 Yes

0 No

(A.2) Has a history of at least one of the following (check all that apply) [History]

1 Yes

0 No

(A.2.a) Coronary artery disease [CAD]

(A.2.b) Previous MI (heart attack) [MI]

(A.2.c) Stroke [Stroke]

(A.2.d) TIA [TIA]

(A.2.e) Atrial fibrillation [AtrialFib]

(A.2.f) Systolic heart failure [HeartFailure]

(A.2.g) Peripheral vascular disease/ Claudication [PVD]

(A.2.h) Carotid artery disease [CarotidDisease]

(A.2.i) Diabetes mellitus with co-existing uncontrolled hypertension or hyperlipidemia [Diabetes]

(B.1) Current signs of acute angina, stroke, heart failure or renal failure [Signs]

1 Yes

0 No

(B.2) Systolic blood pressure > 200 mmHg or diastolic blood pressure > 114 mmHg [BloodPressure]

1 Yes

0 No

(B.3) Midpoint arm circumference > 50 cm [MidpointArm]

1 Yes

0 No

(B.4) Significant hepatic disease, including: cirrhosis, hepatitis B or C infection, or laboratory abnormalities (serum ALT or AST > 3 times control or total bilirubin > 2.0 mg/dL) [Hepatic]

1 Yes

Medfocus Annotated CRF
Eligibility, eCRF Version 1.00

(B.4) Significant hepatic disease, including: cirrhosis, hepatitis B or C infection, or laboratory abnormalities (serum ALT or AST > 3 times control or total bilirubin > 2.0 mg/dL) [Hepatic]

0 No

(B.5) Inability to give informed consent or impaired cognitive function [Cognitive]

1 Yes

0 No

(B.6) Nursing home residence [NursingHome]

1 Yes

0 No

(B.7) No access to telephone or inability to use a phone [Telephone]

1 Yes

0 No

(B.8) Refusal to consider attempting to use the internet [Internet]

1 Yes

0 No

(B.9) Pregnant [Pregnant]

1 Yes

0 No

Medfocus Annotated CRF
Health Behavior Inventory, eCRF Version 1.00

(A) Date administered _____ [CollectionDT]

(B.1) If I get sick, it is my own behavior which determines how soon I get well again. [Behavior]

- 1 Strongly Disagree
- 2 Moderately Disagree
- 3 Agree Somewhat
- 4 Moderately Agree
- 5 Strongly Agree
- 0 Refused to Answer

(B.2) I am in control of my health. [InControl]

- 1 Strongly Disagree
- 2 Moderately Disagree
- 3 Agree Somewhat
- 4 Moderately Agree
- 5 Strongly Agree
- 0 Refused to Answer

(B.3) When I get sick, I am to blame. [Blame]

- 1 Strongly Disagree
- 2 Moderately Disagree
- 3 Agree Somewhat
- 4 Moderately Agree
- 5 Strongly Agree
- 0 Refused to Answer

(B.4) The main thing which affects my health is what I myself do. [AffectsHealth]

- 1 Strongly Disagree
- 2 Moderately Disagree
- 3 Agree Somewhat
- 4 Moderately Agree
- 5 Strongly Agree
- 0 Refused to Answer

(B.5) If I take care of myself, I can avoid illness. [AvoidIllness]

- 1 Strongly Disagree
- 2 Moderately Disagree
- 3 Agree Somewhat
- 4 Moderately Agree
- 5 Strongly Agree

Medfocus Annotated CRF
Health Behavior Inventory, eCRF Version 1.00

(B.5) If I take care of myself, I can avoid illness. [AvoidIllness]

0 Refused to Answer

(B.6) If I take the right actions, I can stay healthy. [StayHealthy]

1 Strongly Disagree

2 Moderately Disagree

3 Agree Somewhat

4 Moderately Agree

5 Strongly Agree

0 Refused to Answer

() Record status being sent to PHRM[PHRMStatus]

1 Current Record

2 New Record

3 Updated Record

() Date current or updated record was sent to PHRM[PHRMStatusDT]

() PHRMUserID [MedFocusID]

Medfocus Annotated CRF
Informed Consent, eCRF Version 1.00

(1.a) Version number _____ [VersionNum]

(1.a.NA) NA [VersionNumNA]

(1.b) Version date _____ [VersionDT]

(1.b.NA) NA [VersionDTNA]

(2) Date informed consent signed _____ [InfConsDT]

(3) Consent Type [ConsentType]

Medfocus Annotated CRF
Intervention Discontinuation, eCRF Version 1.00

(1) Date intervention discontinued: _____ [DiscontinuedDT]

(2) Primary reason for intervention discontinuation: [DiscontinuationReason]

1 Subject no longer wanted to receive calls from the pharmacists.

2 Other specify:

(2.a) _____ [DiscontinuationReasonSpecify]

Medfocus Annotated CRF
Laboratory for Baseline Intervention, eCRF Version 1.00

- (1) Date of sample collection _____ [CollectionDT]

- (2) Total cholesterol (mg/dL) _____ [Cholesterol]

- (3) High-density lipoproteins (HDL; mg/dL) _____ [HDL]

- (4) Low-density lipoproteins (LDL; mg/dL) _____ [LDL]

- (5) Triglycerides (mg/dL) _____ [Triglycerides]

- (6) Hemoglobin A1c (HA1c; %) _____ [HbA1c]

- (7) Serum creatinine (mg/dL) _____ [SerumCreatinine]

- (8) Sodium (mEq/L) _____ [Sodium]

- (9) Potassium (mEq/L) _____ [Potassium]

- (10) Aspartate aminotransferase (AST; IU/L) _____ [AST]

- (11) Alanine aminotransferase (ALT; IU/L) _____ [ALT]

- () Record status being sent to PHRM[PHRMStatus]
 - 1 Current Record
 - 2 New Record
 - 3 Updated Record

- () Date current or updated record was sent to PHRM[PHRMStatusDT]

- () PHRMUserID [MedFocusID]

Medfocus Annotated CRF
Laboratory, eCRF Version 1.00

- (1) Date of sample collection _____ [CollectionDT]
- (2) Total cholesterol (mg/dL) _____ [Cholesterol]
- (3) High-density lipoproteins (HDL; mg/dL) _____ [HDL]
- (4) Low-density lipoproteins (LDL; mg/dL) _____ [LDL]
- (5) Triglycerides (mg/dL) _____ [Triglycerides]
- (6) Hemoglobin A1c (HA1c; %) _____ [HbA1c]
- () Record status being sent to PHRM[PHRMStatus]
- 1 Current Record
 - 2 New Record
 - 3 Updated Record
- () Date current or updated record was sent to PHRM[PHRMStatusDT]
- () PHRMUserID [MedFocusID]

Medfocus Annotated CRF
Managing Cardiovascular Disease Survey Pharmacist, eCRF Version 1.00

(A) Date survey completed _____ [CollectionDT]

(B.1) Think about your last 10 patients whose BP is not controlled ($\geq 140/90$ mm Hg if uncomplicated or $\geq 130/80$ mmHg with diabetes). How many of these 10 patients did physicians refer to you to provide PPCM as defined above? _____
[NumPatientsReferred]

(B.2) I expect to provide PPCM for patients in our practice who have uncontrolled BP. [ExpectProvide]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.3) I want to provide PPCM for patients in our practice who have uncontrolled BP. [WantProvide]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.4) I intend to provide PPCM for patients in our practice who have uncontrolled BP. [IntendProvide]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6

Medfocus Annotated CRF
Managing Cardiovascular Disease Survey Pharmacist, eCRF Version 1.00

(B.4) I intend to provide PPCM for patients in our practice who have uncontrolled BP. [IntendProvide]

7 7

(B.5) Your decision: Will you provide PPCM for this person? [Scenario1Decision]

1 Yes

0 No

(B.6) On the scale of 1 to 7, how difficult will it be for you to provide PPCM for this patient? [Scenario1Difficult]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.7) People who are important to me professionally think that I should provide PPCM for this patient. [ShouldProvide]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.8) I am confident that I can provide PPCM for this patient. [ConfidentProvide]

1 1

2 2

3 3

Medfocus Annotated CRF
Managing Cardiovascular Disease Survey Pharmacist, eCRF Version 1.00

(B.8) I am confident that I can provide PPCM for this patient. [ConfidentProvide]

4 4

5 5

6 6

7 7

(B.9) I think that administrators in my clinic/health system that care about quality improvement would approve of me providing PPCM for this patient. [AdminApprove]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.10) I think most ambulatory care pharmacy specialists would approve of me providing PPCM for this patient. [PharmApprove]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.11) I feel capable of providing PPCM for this patient. [CapableProvide]

1 1

2 2

Medfocus Annotated CRF
Managing Cardiovascular Disease Survey Pharmacist, eCRF Version 1.00

(B.11) I feel capable of providing PPCM for this patient. [CapableProvide]

3 3

4 4

5 5

6 6

7 7

(B.12) Your decision: Will you provide PPCM for this person if referred by the physician? [Scenario2Decision]

1 Yes

0 No

(B.13) On the scale of 1 to 7, how difficult will it be for you to provide PPCM for this patient? [Scenario2Difficult]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.14.a) I believe that providing PPCM to the patient in Scenario 2 would be Helpful [Helpful]

1 1

2 2

3 3

4 4

5 5

6 6

Medfocus Annotated CRF
Managing Cardiovascular Disease Survey Pharmacist, eCRF Version 1.00

(B.14.a) I believe that providing PPCM to the patient in Scenario 2 would be Helpful [Helpful]

7 7

(B.14.b) I believe that providing PPCM to the patient in Scenario 2 would be Necessary [Necessary]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.14.c) I believe that providing PPCM to the patient in Scenario 2 would be Satisfying [Satisfying]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.15) What sources of information (or who) would you consult for clinical decision making around the management of hypertension, diabetes, and hyperlipidemia? _____ [InfoSources]

Medfocus Annotated CRF
Managing Cardiovascular Disease Survey Provider, eCRF Version 1.00

(A) Date survey completed _____ [CollectionDT]

(B.1) Think about your last 10 patients whose BP is not controlled ($\geq 140/90$ mm Hg if uncomplicated or $\geq 130/80$ mmHg with diabetes). How many of these 10 patients did you refer to the pharmacist to provide PPCM as defined above? _____
[NumPatientsReferred]

(B.2) I expect to refer patients with uncontrolled BP to the pharmacist who will then provide PPCM. [ExpectRefer]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.3) I want to refer patients with uncontrolled BP to the pharmacist who will then provide PPCM. [WantRefer]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.4) I intend to refer patients with uncontrolled BP to the pharmacist who will then provide PPCM. [IntendRefer]

- 1 1
- 2 2
- 3 3
- 4 4

Medfocus Annotated CRF
Managing Cardiovascular Disease Survey Provider, eCRF Version 1.00

(B.4) I intend to refer patients with uncontrolled BP to the pharmacist who will then provide PPCM. [IntendRefer]

5 5

6 6

7 7

(B.5) Your decision: Will you refer this person to your pharmacist for PPCM? [Scenario1Decision]

1 Yes

0 No

(B.6) On the scale of 1 to 7, how difficult will it be for you to refer this patient to the pharmacist? [Scenario1Difficult]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.7) People who are important to me professionally think that I should refer this patient to the pharmacist to provide PPCM. [ShouldRefer]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.8) I am confident that I can refer this patient to the pharmacist to provide PPCM. [ConfidentRefer]

1 1

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Managing Cardiovascular Disease Survey Provider, eCRF Version 1.00

(B.8) I am confident that I can refer this patient to the pharmacist to provide PPCM. [ConfidentRefer]

- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.9) I think that administrators in my clinic/health system that care about quality improvement would approve of me referring this patient to the pharmacist to provide PPCM. [AdminApprove]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.10) I think most primary care physicians would approve of me referring this patient to the pharmacist to provide PPCM. [PhysicianApprove]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

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Managing Cardiovascular Disease Survey Provider, eCRF Version 1.00

(B.11) I feel capable of referring this patient to the pharmacist to provide PPCM. [CapableRefer]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.12) Your decision: Will you refer this person to your pharmacist for PPCM? [Scenario2Decision]

- 1 Yes
- 0 No

(B.13) On the scale of 1 to 7, how difficult will it be for you to refer this patient to the pharmacist? [Scenario2Difficult]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

(B.14.a) For me, referring the patient in Scenario 2 to the pharmacist to provide PPCM would be Helpful [Helpful]

- 1 1
- 2 2
- 3 3
- 4 4

Medfocus Annotated CRF
Managing Cardiovascular Disease Survey Provider, eCRF Version 1.00

(B.14.a) For me, referring the patient in Scenario 2 to the pharmacist to provide PPCM would be Helpful [Helpful]

5 5

6 6

7 7

(B.14.b) For me, referring the patient in Scenario 2 to the pharmacist to provide PPCM would be Necessary [Necessary]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.14.c) For me, referring the patient in Scenario 2 to the pharmacist to provide PPCM would be Satisfying [Satisfying]

1 1

2 2

3 3

4 4

5 5

6 6

7 7

(B.15) What sources of information (or who) would you consult for clinical decision making around the management of hypertension, diabetes, and hyperlipidemia? _____ [InfoSources]

Medfocus Annotated CRF
Medical Home index, eCRF Version 1.00

(A) Date _____ [CollectionDT]

(B.1) Describe your practice type/model _____ [PracticeType]

(B.2.MD) Number of MD clinicians _____ [NumMD]

(B.2.ARNP) Number of ARNP clinicians _____ [NumARNP]

(B.2.PA) Number of PA clinicians _____ [NumPA]

(B.2.other) Number of other clinicians _____ [NumOther]

(B.3) Is there a care coordinator working at your practice who supports patients/families? [CareCoordinator]

1 Yes

0 No

(B.4) What is the estimated number of patients that your practice cares for? _____ [NumPatients]

(B.5) What is your patient panel size? _____ [PanelSize]

(B.6.1) Public insurance only (Medicaid/Medicare) _____ [InsPublicOnly]

(B.6.2) Private & Medicaid/Medicare _____ [InsPrivateAndPublic]

(B.6.3) Self/No pay _____ [InsSelfPay]

(B.6.4) Private insurance only _____ [InsPrivateOnly]

(B.6.5) Other (insurance) _____ [InsOther]

(B.7) How familiar/knowledgeable are you about the concepts of a medical home as defined by the American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians, and American Osteopathic Association? [FamiliarMedHome]

1 No knowledge of the concepts

2 Some knowledge/not applied

3 Knowledgeable/concepts sometimes applied in practice

4 Knowledgeable/concepts regularly applied in practice

(B.8) How familiar/knowledgeable are you about the elements of patient-centered care? [FamiliarCenteredCare]

1 No knowledge of the concepts

2 Some knowledge/not applied

3 Knowledgeable/concepts sometimes applied in practice

Medfocus Annotated CRF
Medical Home index, eCRF Version 1.00

(B.8) How familiar/knowledgeable are you about the elements of patient-centered care? [FamiliarCenteredCare]

- 4 Knowledgeable/concepts regularly applied in practice

(#1.1) The Mission of the Practice [MissionPractice]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#1.2) Communication/Access [Communication]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#1.3) Office Environment [AccessMR]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#1.4) Office Environment [OfficeEnviron]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial

(#1.4) Office Environment [OfficeEnviron]

8 Level 4 Complete

(#1.5) Patient/Family Feedback [PatientFeedback]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#1.6) Cultural Competence [CulturalComp]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#1.7) Staff Education [StaffEdu]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#2.1) Identification of Populations of Patients with Chronic Health Conditions [IdChronic]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial

(#2.1) Identification of Populations of Patients with Chronic Health Conditions [IdChronic]

8 Level 4 Complete

(#2.2) Care Continuity [CareContinuity]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#2.3) Continuity Across Settings [ContinuityAcross]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#2.4) Cooperative Management Between Primary Care Provider (PCP) and Specialists [CoopManage]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#2.5) Transitions of Care [TransitionCare]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial

(#2.5) Transitions of Care [TransitionCare]

8 Level 4 Complete

(#2.6) Patient/Family Support [PatientSupport]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#3.1) Care Coordination/Role Definition [CareCoordination]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#3.2) Patient/Family Involvement [PatientInvolve]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#3.3) Patient Family/Caregiver Education [PatientFamilyEdu]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial

(#3.3) Patient Family/Caregiver Education [PatientFamilyEdu]

8 Level 4 Complete

(#3.4) Assessment of Needs/Plans of Care [AssessNeeds]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#3.5) Resource Information and Referrals [ResourceInfo]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#3.6) Advocacy [Advocacy]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#4.1) Community Assessment of Health Needs [CommunityAssess]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial

(#4.1) Community Assessment of Health Needs [CommunityAssess]

8 Level 4 Complete

(#4.2) Outreach to Community Based Agencies [OutreachCommAgcy]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#5.1) Electronic Data Support [eDataSupport]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#5.2) Data Retrieval Capacity [DataRetrieval]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial
- 8 Level 4 Complete

(#6.1) Quality Standards [QualityStd]

- 1 Level 1 Partial
- 2 Level 1 Complete
- 3 Level 2 Partial
- 4 Level 2 Complete
- 5 Level 3 Partial
- 6 Level 3 Complete
- 7 Level 4 Partial

(#6.1) Quality Standards [QualityStd]

8 Level 4 Complete

(#6.2) Quality Standards [QualityActivities]

1 Level 1 Partial

2 Level 1 Complete

3 Level 2 Partial

4 Level 2 Complete

5 Level 3 Partial

6 Level 3 Complete

7 Level 4 Partial

8 Level 4 Complete

Medfocus Annotated CRF
Medication Adherence, eCRF Version 1.00

(A) Date of collection _____ [CollectionDT]

(B.1) Do you sometimes forget to take your pills? [SometimesForget]

- 1 Yes
- 0 No

(B.2) People sometimes miss taking their medications for reasons other than forgetting. Thinking over the past two weeks, were there any days when you did not take your medicine? [DidNotTake]

- 1 Yes
- 0 No

(B.3) Have you ever cut back or stopped taking your medicine without telling your doctor because you felt worse when you took it? [FeltWorse]

- 1 Yes
- 0 No

(B.4) When you travel or leave home, do you sometimes forget to bring along your medication? [TravelForget]

- 1 Yes
- 0 No

(B.5) Did you take all your medicine yesterday? [TakeYesterday]

- 1 Yes
- 0 No

(B.6) When you feel like your symptoms are under control, do you sometimes stop taking your medicine? [StopTaking]

- 1 Yes
- 0 No

(B.7) Taking medicine every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your treatment plan? [HassledTreatment]

- 1 Yes
- 0 No

(B.8) How often do you have difficulty remembering to take all your medicine? [HowOftenRemember]

- 1 Never/rarely
- 2 Once in a while
- 3 Sometimes
- 4 Usually
- 5 All the time

(I) Record status being sent to PHRM [PHRMStatus]

- 1 Current Record
- 2 New Record

Medfocus Annotated CRF
Medication Adherence, eCRF Version 1.00

() Record status being sent to PHRM[PHRMStatus]

3 Updated Record

() Date current or updated record was sent to PHRM[PHRMStatusDT]

() PHRMUserID [MedFocusID]

Medfocus Annotated CRF
Medication Reconciliation - Bothersome Medications, eCRF Version 1.00

(4.a) Medication Code _____ [DrugCode]

(4.b) How much does this medication bother you? [HowMuch]

- 3 A Lot
- 2 Some
- 1 A Little

(4.c) In what way does this medication bother you? _____ [WhatWay]

() Record status being sent to PHRM [PHRMStatus]

- 1 Current Record
- 2 New Record
- 3 Updated Record

() Date current or updated record was sent to PHRM [PHRMStatusDT]

() PHRMUserID [MedFocusID]

() Reference to parent CRFNum in MedRec [MedRecCRFNum]

Medfocus Annotated CRF
Medication Reconciliation - Current Medications, eCRF Version 2.00

(3.a) Medication Code _____ [DrugCode]

(3.b) Source [InfoSource]

- 1 Medical record
- 2 Patient report
- 3 MR and patient

(3.c.strength) Strength (EMR) _____ [StrengthEMR]

(3.c.dose) Dose (EMR) _____ [DoseEMR]

(3.c.dose_unit) Dose Units (EMR) [DoseUnitEMR]

-98765 <Not Selected>

- 1 pill
- 2 tablet
- 3 capsule
- 4 injection
- 5 granule
- 6 packet
- 7 ointment (%)
- 8 patch (mg/hr)

(3.c.freq) Frequency (EMR) [FrequencyEMR]

- 1 BID
- 2 TID
- 3 QID
- 4 q2h
- 5 q4h
- 6 q6h
- 7 q8h
- 8 QAM
- 9 QPM
- 10 QD
- 11 QOD
- 12 QWK
- 13 QMT
- 14 HS
- 15 PRN
- 0 N/A

Medfocus Annotated CRF
Medication Reconciliation - Current Medications, eCRF Version 2.00

(3.c.additional) Additional information EMR _____ [MRDescription]

(3.d.strength) Strength (patient) _____ [StrengthPatient]

(3.d.dose) Dose (patient) _____ [DosePatient]

(3.d.dose_unit) Dose Units (patient) [DoseUnitPatient]

-98765 <Not Selected>

- 1 pill
- 2 tablet
- 3 capsule
- 4 injection
- 5 granule
- 6 packet
- 7 ointment (%)
- 8 patch (mg/hr)

(3.d.freq) Frequency (patient) [FrequencyPatient]

- 1 BID
- 2 TID
- 3 QID
- 4 q2h
- 5 q4h
- 6 q6h
- 7 q8h
- 8 QAM
- 9 QPM
- 10 QD
- 11 QOD
- 12 QWK
- 13 QMT
- 14 HS
- 15 PRN
- 0 N/A

(3.e.additional) Additional information PR _____ [PRDescription]

(3.e) Is subject taking medication? [TakingMed]

- 1 Yes

Medfocus Annotated CRF
Medication Reconciliation - Current Medications, eCRF Version 2.00

(3.e) Is subject taking medication? [TakingMed]

0 No

(3.f) # Doses Missed in Past Week _____ [DosesMissed]

(3.g) How well does it work? [MedWorks]

1 Well

2 Okay

3 Not well

() Record status being sent to PHRM[PHRMStatus]

1 Current Record

2 New Record

3 Updated Record

() Date current or updated record was sent to PHRM[PHRMStatusDT]

() PHRMUserID [MedFocusID]

() Reference to parent CRFNum in MedRec [MedRecCRFNum]

Medfocus Annotated CRF
Medication Reconciliation, eCRF Version 1.00

(1) Date of collection _____ [CollectionDT]

(2) Does the subject have any drug allergies? [Allergies]

1 Yes

0 No

(2.specify) Specify (allergies) _____ [AllergiesSpecify]

(5.a) Open or close the medicine bottle [OpenBottle]

3 Very Hard

2 Somewhat Hard

1 Not Hard at All

(5.b) Read the print on the bottle [ReadPrint]

3 Very Hard

2 Somewhat Hard

1 Not Hard at All

(5.c) Remember to take all of the pills [Remember]

3 Very Hard

2 Somewhat Hard

1 Not Hard at All

(5.d) Get your refills on time [Refills]

3 Very Hard

2 Somewhat Hard

1 Not Hard at All

(5.e) Take so many pills at the same time [TakeAtSameTime]

3 Very Hard

2 Somewhat Hard

1 Not Hard at All

() Record status being sent to PHRM [PHRMStatus]

1 Current Record

2 New Record

3 Updated Record

() Date current or updated record was sent to PHRM [PHRMStatusDT]

Medfocus Annotated CRF
Medication Reconciliation, eCRF Version 1.00

() PHRMUserID [MedFocusID]

Medfocus Annotated CRF
Patient Contact Information, eCRF Version 1.00

- (1.a) Patient's name Last _____ [strLastName]
- (1.b) Patient's name First _____ [strFirstName]
- (2) Date consented _____ [datDateConsented]
- (3) Date administered _____ [datDateAdministered]
- (4) PHRMID [MEDFOCUSID]
- (5) Primary provider _____ [strPrimaryProviderName]
- (6) Primary provider phone _____ [strProviderPhone]
- (7) Primary provider fax _____ [strProviderFax]
- (8.a) Patient's phone number Home _____ [strHomePhone]
- (8.b) Patient's phone number Cell _____ [strCellPhone]
- (8.b.text_msg) Text messaging [intCellMessaging]
- 1 Yes
- 0 No
- (8.c) Patient's phone number Work _____ [strWorkPhone]
- (9) Patient's email _____ [strEmail]
- (10.a) Preferred contact Home [intPreferredContactHome]
- (10.b) Preferred contact Cell [intPreferredContactCell]
- (10.c) Preferred contact Work [intPreferredContactWork]
- (10.d) Preferred contact Email [intPreferredContactEmail]
- (11.a) Alternative contact Name _____ [strAltContactName]
- (11.b) Alternative contact Relationship _____ [strAltContactRelationship]

Medfocus Annotated CRF
Patient Contact Information, eCRF Version 1.00

(11.c) Alternative contact Phone _____ [strAltContactPhone]

(12.a) Community pharmacy information Name _____ [strPharmacyName]

(12.b) Community pharmacy information Phone _____ [strPharmacyPhone]

() Record status being sent to PHRM[PHRMStatus]

- 1 Current Record
- 2 New Record
- 3 Updated Record

() Date current or updated record was sent to PHRM[PHRMStatusDT]

Medfocus Annotated CRF
Protocol Deviation, eCRF Version 1.00

(1) Date of deviation _____ [DeviationDT]

(2) Date site became aware of deviation _____ [DeviationAwareDT]

(3) Type of deviation [DeviationType]

- 1 Inclusion/exclusion criteria violation
- 2 Consent violation
- 3 Failure to complete all study procedures at a visit where the subject is present
- 4 Other

(4) Provide a detailed description of the deviation _____ [DeviationDescription]

Medfocus Annotated CRF
Provider Demographics, eCRF Version 1.00

(1) Date completed _____ [CollectionDT]

(2) Gender [Gender]

2 Female

1 Male

(3) Date of birth _____ [BirthDT]

(4) Ethnicity [Ethnic]

1 Hispanic or Latino

2 Not Hispanic or Latino

3 Unknown

4 Not reported

(5.a) American Indian or Alaska Native [RaceAI]

(5.b) Asian [RaceA]

(5.c) Black or African-American [RaceAA]

(5.d) Native Hawaiian or other Pacific Islander [RaceNH]

(5.e) White [RaceW]

(6) Academic affiliation [AcadAffiliation]

1 Resident or fellow

2 Full-time faculty appointment

3 Part-time/adjunct faculty appointment

4 Not academically affiliated

5 Other

(6.specify) Specify (academic affiliation) _____ [AcadAffiliationSpecify]

(7) Years of residency training _____ [ResidencyYears]

(8) Years in clinical practice excluding residency _____ [ClinicalPracticeYears]

(9.a) Registered pharmacist [RPh]

Medfocus Annotated CRF
Provider Demographics, eCRF Version 1.00

(9.b) PharmD [PharmD]

(9.c) Pharmacy practice residency [PharmResidency]

(9.d) Ambulatory care specialty residency [AmbulatoryResidency]

(9.e) Fellowship[Fellowship]

(9.f) Board certified pharmacotherapy specialist [BCPS]

(9.g) Board certified psychiatric pharmacist [BCPP]

(9.h) Board certified oncology pharmacist [BCOP]

(9.i) Certified diabetes educator [CDE]

(9.j) Other (degree, residency, or certifications) [OtherDegree]

(9.j.specify) Specify (degree, residency, or certifications) _____ [DegreeSpecify]

(10) How many ½ days per week do you provide patient or clinical services (including time with students and residents)?
_____ [ClinicalServiceDays]

(11.a) Family medicine [FamilyMed]

(11.b) Internal medicine [InternalMed]

(11.c) Geriatrics [Geriatrics]

(11.d) Pediatrics [Pediatrics]

(11.e) Psychiatry [Psychiatry]

(11.f) Other [OtherSpecialty]

(11.f.specify) Specify (specialty) _____ [SpecialtySpecify]

(12) During a typical week, approximately how many patients do you see? [PatientsSeen]

1 75 or fewer

2 76 - 100

3 101 - 125

Medfocus Annotated CRF
Provider Demographics, eCRF Version 1.00

(12) During a typical week, approximately how many patients do you see? [PatientsSeen]

4 126 or more

Medfocus Annotated CRF

Provider Enrollment, eCRF Version 1.00

(1) Provider type [ProviderType]

11 Pharmacist

12 Other provider

Medfocus Annotated CRF

Reportable Event – Unanticipated Problem (UAP) Not an adverse event (AE), eCRF Version 1.00

(1) Reportable Event form ID/Short Description _____ [FormIDandDescription]

(2) Date reportable event occurred _____ [EventDT]

(3) Date PI became aware of the problem _____ [PlawareDT]

(4) Is the event directly related to an enrolled subject? [EventRelation]

1 Yes

0 No

(4.a) Select the subject ID from the dropdown list [SubjID]

(5) Describe the unanticipated problem _____ [ProblemDescription]

(6) Does the unanticipated problem indicate that the research places subjects or others at an increased risk of harm than was previously known or recognized? [RiskEval]

1 Yes

0 No

(6.a) Describe the potential for harm _____ [HarmDescription]

(7) Did the unanticipated problem result in corrective action and/or preventive measures? [CorrMeasures]

1 Yes

0 No

(7.a) Describe the corrective action taken and/or preventive measures developed/implemented to prevent similar problems from occurring in the future? _____ [MeasuresDescription]

(8) Should the protocol and/or consent document be modified as a result of this event? [ConsentModification]

1 Yes

0 No

(8.a) Describe the suggested modifications _____ [ModificationSuggestions]

(9) Should currently enrolled subjects be notified of this event? [SubjectNotification]

1 Yes

0 No

(10) Indicate outcome of the event [OutcomeEvent]

0 Unrelated

1 Unlikely Related

2 Possibly Related

Medfocus Annotated CRF

Reportable Event – Unanticipated Problem (UAP) Not an adverse event (AE), eCRF Version 1.00

(10) Indicate outcome of the event [OutcomeEvent]

3 Probably Related

4 Definitely Related

Medfocus Annotated CRF
Serious Adverse Event Evaluation, eCRF Version 1.00

(1) Is the event a Serious Adverse Event (SAE)? [IsSerious]

0 No, non-serious

1 Yes, serious

(2) Is the event related to study intervention? [Related]

1 Definitely related

2 Probably related

3 Possibly related

4 Unlikely to be related

5 Unrelated

(3) Comments _____ [Comments]

Medfocus Annotated CRF
Serious Adverse Event Screening, eCRF Version 1.00

(1) Since the last study visit, has the subject experienced any events having at least one of the following attributes [Attributes]

1 Yes

0 No

(2) If yes, did any of the events involve at least one of the following health conditions [HealthConditions]

1 Yes

0 No

() Record status being sent to PHRM [PHRMStatus]

1 Current Record

2 New Record

3 Updated Record

() Date current or updated record was sent to PHRM [PHRMStatusDT]

() PHRMUserID [MedFocusID]

Medfocus Annotated CRF
Serious Adverse Event, eCRF Version 1.00

(1) Adverse event date _____ [AdverseEventDT]

(2.a) Did the event result in death? [AttribDeath]

1 Yes

0 No

(2.a.death_dt) Death date _____ [DeathDT]

(2.a.i) Life-threatening [AttribLifeThreat]

(2.a.ii) Hospitalization-initial or prolonged [AttribHospital]

(2.a.iii) Disability [AttribDisability]

(2.a.iv) Congenital anomaly [AttribCongenital]

(2.a.v) Required intervention to prevent permanent impairment/damage [AttribIntervention]

(2.a.vi) Important medical event as determined by the site PI or designee [AttribMedicalEvent]

(3.a) Loss of consciousness [ConditionConsciousness]

(3.b) Hypertensive urgency/emergency [ConditionHypertensive]

(3.c) Stroke [ConditionStroke]

(3.d) Myocardial infarction [ConditionMI]

(3.e) Diabetic ketoacidosis [ConditionKetoacidosis]

(3.f) Hypoglycemia [ConditionHypoglycemia]

(3.g) Rhabdomyolysis [ConditionRhabdomyolysis]

(3.h) Excessive bleeding [ConditionBleeding]

(3.i) Thromboembolism [ConditionThromboembolism]

(4) Is this event an exacerbation of a pre-existing condition (existing prior to enrollment)? [PreexistingCondition]

1 Yes, exacerbation of pre-existing condition

Medfocus Annotated CRF
Serious Adverse Event, eCRF Version 1.00

(4) Is this event an exacerbation of a pre-existing condition (existing prior to enrollment)? [PreexistingCondition]

0 No, new condition

(5) Briefly describe the event _____ [EventDescription]

(6) Describe relevant tests/laboratory data, including dates and results _____ [Tests]

(7) Describe other relevant history, including preexisting medical conditions (e.g. allergies, pregnancy, smoking, alcohol use, hepatic / renal dysfunction, etc.), if applicable: _____ [History]

Medfocus Annotated CRF
Stages of Change, eCRF Version 1.00

(1) Date of collection _____ [CollectionDT]

(2) Exercise (Do you exercise regularly?) [Exercise]

- 1 I currently do not exercise and do not intend to start exercising in the next 6 months
- 2 I currently do not exercise, but I am thinking about starting exercising in the next 6 months
- 3 I currently exercise some, but not regularly
- 4 I currently exercise regularly, but I have only begun doing so within the last 6 months
- 5 I currently exercise regularly, and have done so for longer than 6 months
- 6 I have exercised regularly in the past, but I am not doing so currently

(3) Dietary Fat Intake (Do you consistently avoid eating high-fat foods?) [DietaryFat]

- 1 Yes, I have been avoiding high-fat foods, but less than 6 months
- 2 Yes, I have been avoiding high-fat foods for more than 6 months
- 3 No, but I intend to avoid high-fat foods in the next 30 days
- 4 No, but I intend to avoid high-fat foods in the next 6 months
- 5 No, and I do not intend to avoid high-fat foods in the next 6 months

(4.1) Are you currently a smoker? [Smoking]

- 1 Yes, I currently smoke
- 2 No, I quit smoking within the last 6 months
- 3 No, I quit smoking more than 6 months ago
- 4 No, I have never smoked

(4.2) In the last year, how many times have you quit smoking for at least 24 hours? _____ [SmokingTimesQuit]

(4.3) Are you seriously thinking of quitting smoking? [SmokingThinkingQuit]

- 1 Yes, I plan to quit smoking within the next 30 days
- 2 Yes, I plan to quit smoking within the next 6 months
- 3 No, not thinking of quitting smoking

() Record status being sent to PHRM [PHRMStatus]

- 1 Current Record
- 2 New Record
- 3 Updated Record

() Date current or updated record was sent to PHRM [PHRMStatusDT]

() PHRMUserID [MedFocusID]

Medfocus Annotated CRF
Study Termination, eCRF Version 1.00

(1) Date of study termination _____ [TerminationDT]

(2) Primary reason for study termination [TerminationReason]

- 1 Data has been collected for all scheduled time points
- 2 Subject withdrew consent
- 3 Subject is no longer a patient in the clinic
- 4 Subject death
- 5 Other

(2.clinic_dt) Date of last clinic visit _____ [LastClinicDT]

(3) Comment _____ [Comments]