Participant Status and Scheduling

Transitional Care Coordination Site

STUDY ID [auto-populated on website]: _____

Enrollment Date (mm/dd/yyyy): __ __ / __ __ / __ __ __ __   Release Date (mm/dd/yyyy): __ __ / __ __ / __ __ __ __

Last Name (optional): _____   First Name (optional): _____

Status Updated Date (mm/dd/yyyy): __ __ / __ __ / __ __ __ __

Status:
Active
Withdrawn by participant
Withdrawn by study staff
Deceased
Completed study

Notes:

Event	Target	Window -	Window +	Schedule	Result	Reason	Other Reason
Post release							
4 Months post release							
6 Months Chart review							
12 Months Chart review							
18 Months Chart review							

Result options:
Complete
Partially complete
Not done

Reason options:
Assessment taking too much time
Multiple "no shows" / lost to follow-up
Incarcerated [if incarcerated, date: _ _ / _ _ / _ _ _ _]
Transportation difficulties
Changed location of care
Illness
Hospitalized
Deceased [if deceased, date of death: _ _ / _ _ / _ _ _ _]
Unknown
Other (specify): _____