



General Concerns						
Psychosocial or Mental Health Concerns						
<b>INTERVENTION MATERIALS:</b> <b>Check all that apply</b>	Baseline	1-2 Weeks	3-Months	6-Months	9-Months	12-Months
	Patient Diary: <input type="checkbox"/> Received	Patient Diary: <input type="checkbox"/> Using <input type="checkbox"/> Taking to appointment	Patient Diary: <input type="checkbox"/> Using <input type="checkbox"/> Taking to appointment	Patient Diary: <input type="checkbox"/> Using <input type="checkbox"/> Taking to appointment	Patient Diary: <input type="checkbox"/> Using <input type="checkbox"/> Taking to appointment	Patient Diary: <input type="checkbox"/> Using <input type="checkbox"/> Taking to appointment
	Comic Book (Photo-novella – Issue 1) <input type="checkbox"/> Received	Comic Book (Photo-novella – Issue 2) <input type="checkbox"/> Received <input type="checkbox"/> Reading Suggestions	Comic Book (Photo-novella – Issue 3) <input type="checkbox"/> Received <input type="checkbox"/> Reading Suggestions	Comic Book (Photo-novella – Issue 4) <input type="checkbox"/> Received <input type="checkbox"/> Reading Suggestions	Comic Book (Photo-novella – Issue 5) <input type="checkbox"/> Received <input type="checkbox"/> Reading Suggestions	Comic Book (Photo-novella – Issue 6) <input type="checkbox"/> Received <input type="checkbox"/> Reading Suggestions
	Newsletter – <input type="checkbox"/> Received	Newsletter – Issue 1 <input type="checkbox"/> Received <input type="checkbox"/> Reading <input type="checkbox"/> Using	Newsletter- Issues 2 & 3 <input type="checkbox"/> Received <input type="checkbox"/> Reading <input type="checkbox"/> Using	Newsletter- Issues 4, 5 & 6 <input type="checkbox"/> Received <input type="checkbox"/> Reading <input type="checkbox"/> Using	Newsletter- Issues 7, 8 & 9 <input type="checkbox"/> Received <input type="checkbox"/> Reading <input type="checkbox"/> Using	Newsletter – Issues 10, 11 & 12 <input type="checkbox"/> Received <input type="checkbox"/> Reading <input type="checkbox"/> Using
	Resource Guide:	Resource Guide: <input type="checkbox"/> Received <input type="checkbox"/> Referrals	Resource Guide: <input type="checkbox"/> Using <input type="checkbox"/> Referrals	Resource Guide: <input type="checkbox"/> Using <input type="checkbox"/> Referrals	Resource Guide: <input type="checkbox"/> Using <input type="checkbox"/> Referrals	Resource Guide: <input type="checkbox"/> Using <input type="checkbox"/> Referrals

**Keys: 1 = Yes      2 = No      3 = Not Applicable      9= Unable to contact      8=Withdrawn      7= Refused**

**S= Start time      E= Ending time**

**Keys (Baseline only):      11= Concerned + Questions for physician      12= Concerned + No questions for physician**

*Notes*

*Patient ID#:* \_\_\_\_\_

**Baseline:**

**1-2 Weeks:**

*Notes*

*Patient ID#:* \_\_\_\_\_

**3 Months:**

**6 Months:**

*Notes*

*Patient ID#:* \_\_\_\_\_

**9 Months:**

**12 Months:**