Referral Date: _____ Subject ID: _____ Nurse Initials: _____ PCP: _____

Chart Abstraction—Part C

1. Height on study entry **or date closest to the date of referral**? If missing, insert 999 in height field.

_____
Height

2. Weight on study entry **or date closest to the date of referral**? If weight is missing insert 999 in weight field.

___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy) _____ _____
Date Weight in pounds BMI[calculated]

3. Weight on date closest to **12 months after date of referral**? If weight is missing insert 999 in weight field? If no visit after referral date screening, fill in 998 in weight field.

___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy) _____ _____
Date Weight in pounds BMI[calculated]

4. Following the randomization date, was any message from the **Study Care Manager** mentioned in **any** physician **note**?

□ (0) No □ (1) Yes

5. Up to 12 months after the date of the referral is there evidence that the subject actually met with a mental health specialist?

□ (0) No □ (1) Yes □ (8) Unable to determine

6. Did patient express suicidal ideation during an office visit or telephone encounter with PCP?

□ (0) No □ (1) Yes □ (8) Unable to determine

These questions need to be answered before moving on to ENCOUNTERS and /or MEDS.

7a. Was the subject a new patient/first visit at the time of referral? ☐ No ☐ Yes

7b. Was an anxiolytic/antidepressant medications prescribed during the 12 months following the date of randomization? ☐ No ☐ Yes

Referral Date: _____ Subject ID: _____ Nurse Initials: _____ PCP: _____

NOTATIONS OF PRIMARY CARE CONTACTS

Abstract the following information from the PCP's Epic encounter notes starting on the day of the referral and continuing for the following 12-months after date of referral.

10a. Did patient have any PCP encounters after the date of referral? ☐ No (STOP) ☐ Yes

10b. List all PCP encounters the subject had over **the 12 months after referral date.**

	Date of Encounter mm/dd/yyyy	**Encounter Type** 1=Office Visit 2=Telephone Encounter 3=Email	**With Whom?** 1=Own PCP 2=Other PCP 3=Nurse(PCP Involved) 4=Nurse	**Mental Health related?** 0=No (stop) 1=Yes (go to next box)	**Content of Mental Health Note** 1=counseling 2=medication 3=MHS referral 4= OT 5=other content
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Referral Date: _____ Subject ID: _____ Nurse Initials: _____ PCP: _____

	Date of Encounter mm/dd/yyyy	**Encounter Type** 1=Office Visit 2=Telephone Encounter 3=Email	**With Whom?** 1=Own PCP 2=Other PCP 3=Nurse(PCP Involved) 4=Nurse	**Mental Health related?** 0=No (stop) 1=Yes (go to next box)	**Content of Mental Health Note** 1=counseling 2=medication 3=MHS referral 4= OT 5=other content
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23					
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