ACCION Contact Sheet

Participants Name:	ID:

Indicate one of the following:

REMINDER	RESULTS	LETTERS	CM
o FIT Return 1 o FIT Return 2 o Colonoscopy Pre-Op o Colonoscopy Procedure	o FIT Results Normal o FIT Results Abnormal o Colonoscopy Results	o FIT Reminder 3- (failure to return) o FIT Results to Dr. o Col. Results to Dr.	o F-92 o Schedule CM Visit o Navigation Only Forms o CM o Home Visits

Contact 1	Contact 2	Contact 3	Contact 4
Date:_____ Time:_____ Barrier:_____ Activity:_____	Date:_____ Time:_____ Barrier:_____ Activity:_____	Date:_____ Time:_____ Barrier:_____ Activity:_____	Date:_____ Time:_____ Barrier:_____ Activity:_____

Letter mailed to the following address: _____

Telephone Number used: _____

ProgressNotes/Comments:_____