CHAMP REDCap Reference Guide
12.8.2022

Patient must have signed the consent form:

CHAMP Eligibility & Consent Project

Eligibility Form
- **Record ID (auto)**
- MRN
- NMA done?
  - NMA screen date
    Within past 6months
  - NMA prescription score
  - NMA street score
- SOS done?
  - SOS screen date
    Within past 6months
  - SOS question 1
  - SOS question 2
- DSM-5 screened/date
- OUD dx in EMR
  Reviewed within past 6months
- PHQ9 screened/score
  Within past 6months
- GAD7 screened/score
  Within past 6months
- PCPTSD screened/score
  Within past 6months
- Referral to CHAMP from CHAMP patient or Non-CHAMP patient
- Exclusion Criteria check
- Recruitment outcome

Consent Tracking Form
*Patient has **14 days** to sign the consent form.*
- Record ID (auto filled)
- MRN (auto filled)
- Consenter Name
- Type of Consent (e* or paper)
- Choice/Email, Text, Both
  E-Consent invites/reminders to patient by email/text/or both.
  Reminder emails to BHCM/Consenter.
- Date consent obtained
- Reconsent sent date (>14dys)
- Consenter Attestation
- Date consent signed
- Paper consent uploaded
- Patient did not consent

E- Consent Form
- Name of staff/date
- Name of subj/date
- Patient (e)signature

HIPAA Form
- Name of health org
- Permission initials
- Patient name/date
- Patient DOB
- Patient (e)signature
- Patient submits*
  Email goes to BHCM/Consenter
  If Patient's email on file, email goes to Patient with copy of signed consent

CHAMP Registration & Adverse Event Project

Registration Form
*Completing this form triggers the baseline survey window to open. Patient has **14 days** to complete.*
- **Study ID (auto)**
- Date consent signed
- MRN
- CMTS ID *(clinic staff enters)*
- Patient first name
- Patient last name
- Patient address
- Phone# (home)
- Phone# (cell)
- Email address
- Language
- Back-up Contact 1 / phone
- Back-up Contact 2 / phone
- Consent to text and/or email*
  Web survey invite to patient by text/email
- Survey pref: home/cell

For use by the CHAMP UW PI
- Patient withdrew from survey
- Date of withdrawal
- Reason for withdrawal

Adverse Events Form
- **Study ID (auto)**
- Event Date
- Category of event
  *Adverse Event**
  *Serious Adverse Event**
  *Protocol Violation**
  *Other problem**
  Degree of study relatedness
  Nature of event
- Event description
- Update/Resolution description
- Name of reporter (staff)
- Email of Staff
- Phone of Staff
- Save Form*
  Email to CHAMP research team

*=triggers email or text to Patient or Staff or Study Team.