



Visit Code . **1**

Participant ID

- -

Site Number Participant Number Chk

ACASI Tracking

Visit Date

dd MMM yy

1. Did the ~~Northridge~~ **NO LONGER APPLICABLE** Follow-up Behavioral Questionnaire **FOR THIS PROTOCOL.** *yes* *no*
 If yes, end of form.

2. Was an ACASI questionnaire completed at this visit? *yes* *no*
 If no, go to item 3.

2a. Which questionnaire was completed? *baseline* *follow-up*

3. Were there any problems or issues related to the administration or completion of the questionnaire? *yes* *no*
 If no, end of form.

3a. Describe:

ACASI Tracking (ACT-1)	
Purpose:	This form is used to document participant completion of Audio Computer-assisted Self Interview (ACASI) computerized questionnaires after questionnaires have the text read at baseline or during follow-up.
General Information/ Instructions:	Complete this form at the End Period Visits, and the early termination visit, if applicable.
Item-specific Instructions:	
Item 3a:	If there were any unusual details related to the ACASI questionnaire administration or completion, or if ACASI was required but not done, write a brief explanation here. This item also may be used to document corrections to the ACASI key field data, such as Participant ID (PTID), Visit Code, or date completed.