

MODULE 9: Identifying and Tracing People Who Do Not Return to the Clinic



DURATION: 180 minutes (3 hours)



LEARNING OBJECTIVES:

By the end of this Module, participants will be able to:

- Help prevent missed appointments through good communication and counseling with clients, as well as using appointment reminders
- Describe local policies and procedures to identify and trace clients who have missed appointments
- Obtain and record consent for different types of follow-up
- Describe the ways to identify clients who have missed appointments and the recommended frequency of doing so
- Conduct a follow-up phone call with a client who has missed an appointment
- Conduct a follow-up home visit with a client who has missed an appointment
- Record key information from a follow-up call or visit
- Provide supportive counseling for clients who are returning to the clinic after missing 1 or more appointments



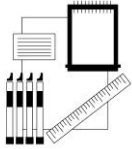
CONTENT:

- Session 9.1: Introduction: Why Do Clients Miss Clinic Visits?
- Session 9.2: Identifying People Who Do Not Return to the Clinic
- Session 9.3: Strategies to Follow Up with People Who Do Not Return to the Clinic
- Session 9.4: Classroom Practicum on Client Follow-up
- Session 9.5: Module Summary



METHODOLOGIES:

- Brainstorming
 - Large group discussion
 - Interactive trainer presentation
 - Small group work
 - Guest speaker (optional)
 - Role-play
 - Case studies
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MATERIALS NEEDED:

- Flip chart
 - Markers
 - Tape or Bostik
 - Appointment books, registers or log books used in HIV clinics
 - Case study cards for *Session 9.4*
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WORK FOR THE TRAINER TO DO IN ADVANCE:

- Read through the entire Module and make sure you are familiar with the training methodologies and content.
 - Adapt the content to your specific Peer Education program, so the Module reflects your program's specific policies and procedures on client follow-up and tracing.
 - Collect any appointment books, follow-up forms, etc., that are used at clinics where Peer Educators will be working and make photocopies for each participant.
 - If trainers are not also service providers, it may be useful to invite service providers and/or data officers from the clinic to explain the appointment, tracking and tracing systems in use.
 - Prepare case study cards for *Session 9.4*.
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SESSION 9.1: Introduction: Why Do Clients Miss Clinic Visits? (15 minutes)



TRAINER INSTRUCTIONS

Methodologies: Brainstorming, Large Group Discussion

- Step 1:** Review the Module learning objectives.
- Step 2:** Ask participants to quickly brainstorm some common reasons why they, or other clients, may miss clinic visits. Ask them to draw from their own experiences as well as information learned about adherence in *Module 8*. Write responses on flip chart, filling in as needed from the content below.
- Step 3:** Remind participants that the entire multidisciplinary team is responsible for preventing missed appointments and developing systems to identify and trace clients who have missed appointments. These systems will depend on the specific health facility. It is important for Peer Educators to learn what tracing and follow-up systems are in place at the facilities to which they are assigned.

KEY INFORMATION

Common reasons for missing clinic visits:

- Clinic hours are not convenient
- Work schedule is not flexible
- Long distances to travel
- Lack of funds for transportation to clinic
- Long wait time at the clinic
- Unfriendly environment at clinic
- Embarrassed or ashamed about adherence challenges
- Need to take care of a child or a family member
- Too sick to leave the house and reach the clinic
- Forgot when the next appointment is
- Feel well and do not want to go to the clinic
- Do not understand importance of returning to the clinic at the right times
- Do not understand when or why the next visit was scheduled
- Moved to another home that is not near the clinic
- Prefer to use traditional medicines
- Went away for a long visit, seasonal work or holiday
- Worried that a family member, neighbor or other clients will see them going to the clinic or at the clinic
- Client died
- Others

Peer Educators can help prevent clients from missing clinic visits by supporting them to understand how important it is to adhere to the care plan, even if they are not on ART. Good communication and individual counseling highlighting the importance of coming back to the clinic often will help clients adhere to care.

Even with good counseling and communication, some clients will miss clinic appointments. An important role of Peer Educators is to work as part of the multidisciplinary team to put systems in place to figure out who has missed an appointment at the clinic and to follow up with clients in order to bring them back to the clinic.

SESSION 9.2: Identifying People Who Do Not Return to the Clinic (35 minutes)



TRAINER INSTRUCTIONS

Methodologies: Brainstorming, Interactive Trainer Presentation, Large Group Discussion, Small Group Work, Guest Speaker (optional)

Step 1: **Note:** The content of this session requires adaptation to the local program, specifically on the type of appointment system used in PMTCT and ART clinics. If trainers are not also service providers, it may be useful to invite service providers and/or data officers from the clinic to this session to explain the appointment system in use.

Ask participants to think about their own experiences at the clinic and to discuss who would know if they missed an appointment and how. Use the following questions to guide the discussion:

- *What kind of contact information does the clinic have for you?*
- *How would someone at the clinic know if you missed an appointment?*
- *Would the clinic contact you if you missed an appointment? If yes, how? If no, how would you like to be contacted?*

Step 2: Review the different appointment books, client registers, pharmacy, and laboratory log books that Peer Educators will see at the clinic. Discuss each and provide copies of sample pages to participants if possible.

Step 3: Discuss Peer Educators' role in filling in and using these appointment books and registers, according to your specific Peer Education program.

KEY INFORMATION

As discussed in *Module 8*, make sure clients' information is recorded and regularly updated in the file (at each visit), including:

- Name
- ART or ANC number or health record number
- Sex
- Age
- Physical address and description (if needed)
- Phone contact number (and whether it is their own or someone else's)
- Treatment buddy contact information
- Consent for phone call, SMS and/or home visit noted

In some places, clients may not give correct phone and address information on purpose because they do not want to be contacted. The best way to prevent this is to encourage open and honest communication between clients and health care workers and to explain how important it is to

have the correct contact information on file. If clients give their own personal mobile phone number, you may want to call that number while the client is still at the clinic to make sure it is correct. As stated above, the contact information should be reviewed and updated at each clinic visit.

Getting consent to follow up with clients:

It is very important to get each client's consent for follow-up by phone or by a home visit. Peer Educators should talk with other members of the multidisciplinary team to figure out how a client's consent is noted on the ART or ANC card. Peer Educators should always check the client's file before following up by phone call or home visit.

Here are some ways to do this:

On the ART or ANC card, near the place where the client's contact information is written, you can use the following notations (adapt to your clinic setting):

SMS

PC

HV

In this example, the client has consented to receive an SMS, a phone call (PC) and a home visit (HV) if he or she misses an appointment at the clinic.

OR

SMS

PC

~~HV~~

In this example, the client has consented to receive an SMS and a phone call, but not a home visit.

OR

~~SMS~~

~~PC~~

~~HV~~

In this example, the client has refused an SMS, a phone call and a home visit.

It is important to respect every client's right to refuse follow-up SMS, phone calls and home visits. Clients may have important reasons to refuse follow-up, especially if they have not disclosed their HIV-status to family members and/or if they fear stigma, discrimination and violence from people at home or in the community. If clients do not give consent for follow-up, explore their reasons during an individual counseling session and follow up at the next clinic visit.

Identifying clients who have missed an appointment:

There are many tools that can be used to see who has missed an appointment, including:

- ANC and ART clinic appointment books
- Laboratory registers
- Pharmacy registers
- Others

Appointment books:

Each health facility providing HIV services should have an appointment system in place, including an up-to-date appointment book. Peer Educators should speak with other members of the multidisciplinary team to learn more about the appointment system and what their role is in this system.

At minimum, the appointment book should have a separate page for each day, which includes the following information (adapt to your local setting):

- The client's name
- The client's ART or ANC number
- The client's phone number (for easy reference, this should also be included in each client's clinic file)
- The reason for the next clinic visit (for example follow-up, refill, counseling, lab test, lab results, other)
- A space to note whether or not the client came to the clinic on the day of the appointment
- A space to note what action was taken if the client missed the appointment
- A space to note the outcome of the follow-up action (did the client come back to the clinic?)
- Space for comments

See *Appendix 9A* for a sample of what one page in an appointment book could look like (adapt to your own setting).

Appointment reminder cards:

When each client is done with the clinic visit, he or she should be given an appointment to come back to the clinic. It is important to write down this date and time for the client (for example, on an appointment card or on the person's health card that they keep) and to explain clearly why they need to come back to the clinic on that day. Clients should also be given instructions on what to do if they cannot come for their scheduled appointment (for example, calling the clinic to let them know).

See *Appendix 9B* for a sample appointment card that the client would keep (adapt to your own setting).

Weekly listing of clients who miss appointments:

At least once each week, the team should work together to make a list of all of the people who were at least one week late for their appointment at the clinic, lab or pharmacy and this information:

- Client's name, phone number and address (from the client's file)
- What type of appointment clients missed
- What type of follow-up they have consented to (also from the client's file)
- Treatment supporter's phone number and address (if available)

Once there is a list of people who have missed appointments, it will be easy to know who needs follow-up.

In very busy clinics, the multidisciplinary team may want to prioritize which clients are followed up first (for example, mothers who did not pick up their baby's HIV test results, clients on ART who did not come back for a refill or pregnant women who did not pick up their CD4 test results).

SESSION 9.3: Strategies to Follow Up with People Who Do Not Return to the Clinic (60 minutes)



TRAINER INSTRUCTIONS

Methodologies: Brainstorming, Interactive Trainer Presentation, Large Group Discussion, Role-Play

Step 1: **Note:** The content of this session needs to be adapted to the specific program and policies related to following up with patients who miss appointments. Also make sure to collect any forms used in client follow-up.

Ask participants to brainstorm some of the ways we can follow up with clients who miss appointments at the clinic. Ask what they think some of the challenges might be to each method of follow-up. Record on flip chart.

Step 2: Explain the local policies and procedures for following up with clients who miss clinic appointments – by SMS (text message), phone, home visit or other means. Explain the procedures step-by-step to participants and highlight the specific role of the Peer Educator in client follow-up. Review how Peer Educators should log their follow-up attempts (see *Appendix 9C* for an example of a phone follow-up logbook). Fill in as needed with the content below.

Step 3: Ask each person to turn to the person seated to their left. One person will play the role of the Peer Educator and the other the role of a client. Read the following scenarios out loud to participants and ask them to role-play.

A PMTCT client named M___ misses an appointment to pick up her CD4 test results. The nurse says that M___ needs to come back right away because she needs to start taking ART. She asks that you follow up. You check M___'s file and see that she has given consent to be called as well as her mobile phone number. You call M___. M___ says she cannot come to the clinic because her husband might find out she has HIV.

Ask some of the groups to role-play their phone call for the large group and discuss.

Next, ask participants to switch roles and role-play this scenario:

The pharmacist tells you that an ART client named R___ is 10 days late for a refill and asks you to follow up. You look at R___'s file and note that he does not have a phone, but his treatment supporter does. R___ has given consent for the clinic to contact his treatment supporter. You call T___, the treatment supporter. T___ says he has not seen R___ in a few days – maybe he is sick or maybe he is working out of town.

Ask some of the pairs to role-play their phone call for the large group and discuss.

Step 4: **Note:** Only do this Step if Peer Educators will be conducting home visits with clients who miss appointments.

Ask participants to stay in their pairs. Read the above scenario again, but this time add:

The client could not be reached by phone, so the nurse requests that you do a home visit with M____. When you get to the house, M____ tells you she does not have money for transport to the clinic.

Have the clients switch roles and read the above case study again, but this time add a home visit.

When you visit R____ at home, he says he has decided to use herbal treatments instead of ART for a little while.

Ask some of the pairs to role-play their home visits for the large group and discuss.

Step 5: Close the session by reminding participants that Peer Educators play a key role in following up with clients who miss appointments at the clinic. Remember, helping clients understand the importance of adherence and making an adherence plan with each client will help lower the number of missed appointments.

Peer Educators should also update other members of the multidisciplinary team on the results of follow-up and any issues or challenges faced on a regular basis.

KEY INFORMATION

Each clinic should have its own standard operating procedure for following up with clients who miss appointments. When Peer Educators return to their sites, they should speak with the multidisciplinary team to see what specific procedures the clinic uses. If there is no standard procedure used to follow up with clients who miss appointments, Peer Educators may wish to bring this up with their supervisor and in the multidisciplinary team meeting.

Remember, every health facility should have a system to identify clients who have missed appointments and follow them up to bring them back into care!

Some general guidance on what to do when clients miss appointments (adapt to your own health facility's standard procedures):

- Check the client's file to see if they have contact information listed and if they have given consent to be called or visited at home.
- If the client has not contacted the clinic to reschedule or come to the clinic **within one week** of the appointment, there are a number of options for follow-up, depending on the procedures at the health facility and the client's preferences.

Phone call or SMS to the client or the client's treatment supporter:

If consent has been given for an SMS or phone call, a member of the multidisciplinary team may send an SMS or call the client who has missed an appointment. If the client does not have a phone, and he or she has given consent, the person can also call the treatment supporter.

Each clinic should have standard procedures for sending SMS or calling clients who miss appointments, including what to say, how to log the SMS or call, and what to do if you do not

reach the person. Each clinic should also have a logbook (see *Appendix 9C* for a sample) where SMS and phone calls are recorded. Always follow the policies and procedures at your clinic.

Here are some general tips on following up with clients by phone:

- If sending an SMS, use the agreed-upon messages. Usually, it is best to keep the messages general in case someone other than the client receives them. Never give lab results or specific information about the client’s care in an SMS. Some examples are:
 - *You missed your appointment at (name) clinic. Please call us right away (phone number).*
 - *You missed your appointment at the lab. Please call us right away (phone number).*
 - *You missed your appointment at the (name) clinic. Please come as soon as possible and call (phone number).*
 - *We need to see you and your child right away at the clinic. Please call us (phone number).*
 - *The doctor needs to see you and your child at the (name) clinic. Please come as soon as possible.*
 - *Your lab results are ready. Please come as soon as possible.*
- If the client still does not call back or return to the clinic after sending an SMS, you can follow up with a phone call.
- If making a phone call, make sure the phone call is conducted in a quiet room.
- Make sure you have all of the client’s information and file in front of you before you call.
- Always try to speak with the client her- or himself.
- Use scripts to know what to say when you talk with a client.
 - Tell clients your name.
 - Tell clients your reason for calling (that they have missed their appointment).
 - Discuss reasons why the client should come back to the clinic.
 - If the client refuses, provide adherence counseling and try to determine why the client will not come back. You could also ask if the client would be willing to accept a home visit so you could talk more in person.
 - If the client accepts, make an appointment at a time and day that is convenient for the client (as soon as possible).
 - Thank the client for taking the time to speak with you.
- Phone calls should focus on giving basic adherence counseling and getting the client to return to the clinic. Never give test results over the phone!
- Keep information confidential! If you talk to someone other than the client, do not say you are from the ART clinic. Instead, say that you are calling from the clinic and need to speak with the client, or that the doctor requests that the client return to the clinic.
- Record every call and SMS in a **call logbook** (this is different from the appointment book, see *Appendix 9C* for an example), even if you were not able to speak with the client. The call logbook should include space to write down:
 - The person making the call
 - The client’s name and ART or ANC number
 - The duration (length) of the call
 - The outcome of the call
 - The next action to be taken
 - Any other comments

Home visit by a community health worker or other Peer Educator linked to the health facility:

It is a good idea for health facilities to be linked with community health workers, local NGOs and PLHIV associations to help with client follow-up. If clients have given consent for a home visit, Peer Educators or other members of the multidisciplinary team can meet regularly with community outreach workers to discuss which clients have missed appointments, the type of appointment missed and a plan for follow-up home visits.

Community health workers and Peer Educators can work closely together to make sure clients are given proper adherence counseling in the hope that they return to care as soon as possible.

Home visit by Peer Educators:

Some programs may ask Peer Educators to conduct home visits (alone or with other members of the multidisciplinary team) with clients who have missed appointments. Remember, a home visit should only be conducted if a client has given consent. Clients who have not consented to home visits should not receive them. Peer Educators should learn more about the home-visit policies and procedures at their clinic, but here are some general tips:

- Peer Educators should consult with the multidisciplinary team before doing any home visiting.
- During the home visit, first introduce yourself and say that you are from the clinic.
- Always try and talk to the client in person and in a private spot. Ask if it is a good time to talk, or if you should come back another time that is more convenient.
- Always keep information confidential when you are speaking with other members of the family or community.
- Once you talk with clients, discuss why they missed the appointment, what makes it hard to come to appointments and how they can come back to the clinic as soon as possible. Help clients make a concrete plan for coming back (such as they will ask a family member to babysit next Tuesday and will get there by taxi).
- Provide adherence counseling and remind clients how important it is that they return to the clinic for specific services.
- Ask clients if you can check in every now and again to see how things are going.
- Always be supportive and never judge clients for missing an appointment.
- Write down the outcomes of all home visits, even if you were not able to find clients.
- Discuss the outcomes of home visits with the multidisciplinary team. Contact the clinic right away if you find that a client is very ill and try to arrange for her or him to be transferred to the clinic or a hospital.
- If clients still cannot be located during a home visit, do not give up. They might be traveling and eventually come back to the clinic. Keep following up through calls and home visits even if the first try is not a success.

When clients do return to the clinic for their appointment, it is very important to discuss how important it is to keep appointments and adherence to care and treatment. Some clients may require individual adherence counseling and problem solving.

Communicating with the multidisciplinary team:

The multidisciplinary team should be updated on the results of follow-up through SMS, phone calls and home visits and also be informed of any issues faced. The monthly multidisciplinary meeting is a good time to discuss the outcomes, issues and challenges of patient follow-up.

SESSION 9.4: Classroom Practicum on Client Follow-up (60 minutes)



TRAINER INSTRUCTIONS

Methodologies: Small Group Work, Case Studies, Large Group Discussion

- Step 1:** Break participants into small groups of 4. Give each group one of the pre-prepared case study cards.
- Step 2:** Give each small group about 20 minutes to discuss their case study. Trainers should help the small groups as needed.
- Step 3:** Bring the large group back together and ask each group to read their case study out loud and give the key points of their discussion. Discuss each case study as a large group. Be sure to refer to the program's specific policies about following up with clients during the discussion.

KEY INFORMATION

Case Study 1:

The social worker asks you to call B__ because she missed her ART refill appointment 7 days ago. What would you say to B__ on the phone?

B__ tells you that she missed her appointment because she cannot leave her new job to come to the clinic. What would you say to B__?

Case Study 2:

You are asked to call C__, a woman who missed her appointment to pick up her child's HIV test results (which are positive). You check the file and C__ has given consent to call her. You call and a man answers the phone. What would you say?

The man says that he is C__'s husband and you can tell him what is going on. What would you say?

Case Study 3:

You have been trying to reach M__ by phone because he missed his appointment at the clinic. You know the number is working because one time a woman answered but said that M__ was not there. What would you do?

The nurse asks you to get in touch with the PLHIV association to do a home visit. You check M__'s file and notice that he gave consent for a phone call but not for a home visit. What would you do?

Case Study 4:

You go to the home of P___, a woman in care who has missed her 6-month check-up at the clinic. P___ says she is feeling fine now and is using holy water and herbs, which have made her well. She sees no need to come to the clinic since she feels well. What do you say to P___?

Case Study 5:

You ask the community health worker to visit A___, a PMTCT client who has missed an appointment at the clinic. What would you ask the community health worker to say during the home visit?

The community health worker reports back to you that A___ does not feel well enough to come to the clinic and that she is very busy taking care of her children and husband. What would you do next?

Case Study 6:

You are out in the community with a list of 5 clients to visit at home. You cannot locate the first client's home based on the information you have. What would you do?

You go to the home of another client, named T___, who missed his ART refill date almost 2 weeks ago. A woman answers the door when you knock. What would you say?

You learn that T___ is working in another province for the next 2 months. What would you say?

SESSION 9.5: Module Summary (10 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Interactive Trainer Presentation

- Step 1:** Ask participants what they think are the key points of this Module. What information will they take away from the Module?
- Step 2:** Summarize the key points of the Module using participant feedback and the content below.
- Step 3:** Ask if there are any questions or clarifications.
- Step 4:** Review the learning objectives with participants and make sure all are confident with their skills and knowledge in these areas.
- Step 5:** If there are areas participants do not fully understand or in which they need more help, go back and review the session before moving to the next Module.

KEY INFORMATION



THE KEY POINTS OF THIS MODULE INCLUDE:

- The priority should be on helping clients understand the need to come to the clinic for all of their appointments. Good communication and counseling – starting when a client enrolls in care – can prevent missed visits.
- All health facilities should have policies and procedures in place to identify and follow up with clients who miss appointments.
- It is important to get a client's consent to send an SMS, call or do a home visit if she or he misses an appointment. This should be recorded on the client's file.
- Having an appointment system is the only way to know which clients did not come back to the clinic on time. Appointment books, laboratory registers and pharmacy registers can all be used to see who has missed an appointment.
- Each week, Peer Educators can work with the multidisciplinary team to identify which clients did not return to the clinic on time. This list of clients is the first step in client tracing.
- There are many ways to follow up with clients who miss appointments. Peer Educators should follow the policies and procedures at their clinic. Follow-up can be by SMS, phone call or home visit by a Peer Educator or a community health worker.
- Always keep client information confidential during follow-up SMS, phone calls or home visits. Never disclose that the person is living with HIV or is receiving HIV care to anyone but the client or the treatment supporter.

(KEY POINTS, CONTINUED)

- It is important to record the outcomes of ALL follow-up SMS, phone calls and home visits.
- Part of follow-up is to provide individual adherence counseling to identify barriers and come up with solutions. Peer Educators should provide adherence counseling during follow-up and also when the client returns to the clinic.

APPENDIX 9A: Sample Page from a Clinic Appointment Book (adapt to your local setting)

Date: Thursday – 4 June 2009

	Patient Name	Clinic number (if none, use ANC #)	Phone number	Reason for visit FU=Follow-up Rx=Refill C=Counseling L/T=Lab test LR=Lab results O=Other (list)	Attend?		If no, action taken			Outcome		Comments (patient died, moved, transferred, wrong phone number on file, etc.)
					Yes	No	SMS	Call	Home visit	Come back	Did not come back	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
Total												

APPENDIX 9B: Sample Patient Appointment Card (adapt to your local setting)

Appointment Card	
Name: _____	
Health Facility: _____	
Date	Reason
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
PLEASE COME TO ALL OF YOUR APPOINTMENTS!	
If you cannot attend, call: _____	

APPENDIX 9C: Sample Phone Follow-up Logbook (adapt to your local setting)

Date	Patient name	ART or ANC number	Initials of caller	Phone number	Outcome	Next step	Call duration
					<input type="checkbox"/> Sent SMS <input type="checkbox"/> Phone not working <input type="checkbox"/> No answer <input type="checkbox"/> Spoke with patient <input type="checkbox"/> Spoke with someone else _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> None – patient will return on ____ <input type="checkbox"/> Try again on _____ <input type="checkbox"/> Call treatment buddy <input type="checkbox"/> Home visit <input type="checkbox"/> Other _____	
					<input type="checkbox"/> Sent SMS <input type="checkbox"/> Phone not working <input type="checkbox"/> No answer <input type="checkbox"/> Spoke with patient <input type="checkbox"/> Spoke with someone else _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> None – patient will return on ____ <input type="checkbox"/> Try again on _____ <input type="checkbox"/> Call treatment buddy <input type="checkbox"/> Home visit <input type="checkbox"/> Other _____	
					<input type="checkbox"/> Sent SMS <input type="checkbox"/> Phone not working <input type="checkbox"/> No answer <input type="checkbox"/> Spoke with patient <input type="checkbox"/> Spoke with someone else _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> None – patient will return on ____ <input type="checkbox"/> Try again on _____ <input type="checkbox"/> Call treatment buddy <input type="checkbox"/> Home visit <input type="checkbox"/> Other _____	
					<input type="checkbox"/> Sent SMS <input type="checkbox"/> Phone not working <input type="checkbox"/> No answer <input type="checkbox"/> Spoke with patient <input type="checkbox"/> Spoke with someone else _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> None – patient will return on ____ <input type="checkbox"/> Try again on _____ <input type="checkbox"/> Call treatment buddy <input type="checkbox"/> Home visit <input type="checkbox"/> Other _____	
					<input type="checkbox"/> Sent SMS <input type="checkbox"/> Phone not working <input type="checkbox"/> No answer <input type="checkbox"/> Spoke with patient <input type="checkbox"/> Spoke with someone else _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> None – patient will return on ____ <input type="checkbox"/> Try again on _____ <input type="checkbox"/> Call treatment buddy <input type="checkbox"/> Home visit <input type="checkbox"/> Other _____	
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