**Checklist Instructions:** Enter your own initials next to the procedure(s) you completed. Do not initial for other staff members. If a procedure listed on the checklist is not performed, enter “ND” for “not done” or “NA” for “not applicable” beside the item and record the reason why if not self-explanatory; initial and date this entry. If any procedure is not conducted on the visit date recorded above, ensure the date the procedure was conducted is included.

RED TEXT = REDCap Instrument (direct data entry unless otherwise specified in site Source Document SOP)

GREEN TEXT = MATRIX-002 Tool/Document [HIGHLIGHTS = sites to include or delete text/row as applicable]

| **PROCEDURE** | **Initials** |
| --- | --- |
| Confirm participant identity and PTID, *per site SOP* |  |
| Confirm visit is within window period, *per SSP* |  |
| Type of contact: * Telephone contact
* SMS
* Email
* In-person
 |  |
| Explain procedures to be performed at today’s visit/contact |  |
| Confirm participant is still willing to participate |  |
| Log into REDCap and select the appropriate PTID |  |
| Administer BRIEF ACCEPTABILITY 1 [FU2] CRF  |  |
| Assess any concerns that require additional in-depth discussion. Assess proper follow-up as needed. |  |
| Provide reimbursement [sites may add details] |  |
| Document visit in a detailed chart note  |  |
| Schedule (or remind participant) of next visit/contact  |  |
| Provide site contact information, and instructions to contact the site for additional information and/or counseling if needed before the next visit |  |
| Perform QC1 review, including: * Review of visit checklist items to ensure all relevant procedures were completed during the visit
 |  |
| Perform QC2 review, including accuracy and completeness REDCap and paper forms, if applicable |  |

Comments: