



Participant ID: \_\_\_\_\_

## Intervention Data Collection Form PREMIER A

**Session**

Session Number: \_\_\_\_\_

Date of Session.....\_/\_\_\_/\_\_\_

Attended Session.....Yes  1  
No  2

Form Completed by (Staff ID): _____
Reviewed by (staff ID): _____
Entered by (staff ID): _____

# Premier A Intervention Data Collection Form

## Overview

This form will be completed for each participant at, or immediately after, each scheduled individual intervention session. For PREMIER A participants, this will be at the R/I visit, and at the six month advice session. This form should be completed regardless of participant attendance at the six-month session.

## Administration Instructions

Place an ID label at the top of Page 1.

Use correct version of the form. The correct version will always be on the site workstation computer.

Using a blue or black pen, complete the form as outlined below:

### Question

### Special Administration Instructions

Session Number	Record the session number. For the R/I visit, the session number is “1”. For the six-month advice session, the session number is “2”.
Date of Session	Date of the scheduled session should be recorded as month/day/year in the format mm/dd/yyyy. Remember to use a four digit year.
Attended Session	This field indicates if the participant was present at the session. As a last resort, short of doing nothing at all, the visit can be conducted on the phone. A phone visit is considered the “session” and the participant can be marked as “attended”.

After completing the form record your PREMIER Staff ID number in the “form completed by” section at the bottom of the page and send the form to data entry. Note: all forms should be completed within seven days of the scheduled visit.