City of Hope

Debriefing Form

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17806

Protocol ID:	Research Participant #	UPN:	Evaluation Code	Institution:
ProtocolID	RPN	UPN	EvaluationCode	Institution

Because this is a computer read form, please use **BLACK ink only.** Please solidly fill bubbles for choice responses.

If more than one session is taught at one time, mark the appropriate sessions. To be completed by the Intervention Nurse at the end of each session.

Date of Session	Modules Covered	Distress Level*	Who Present	Overall Impression 0-10**	Location	Time of session in Minutes
SessionDate month / day / year	ModulesCovered ModulesPhysical ModulesPsychological ModulesSocial ModulesSpiritual ModulesOther specify: SKFIModulesCoveredSpec	DistressLevel	PresentInSession PresentStudyCaregiver PresentOtherFamily PresentFriends PresentOther who? SKFIPresentInSession	OverallImpression	Location 1 Outpatient Clinic 2 Inpatient 3 Home 4 Phone 5 Other, specify: SKFILocation	SessionTime
month / day / year	○ Physical ○ Psychological ○ Social ○ Spiritual ○ Other, specify: _____		○ Study Caregiver ○ Other, family ○ Friends ○ Other, who? _____		○ Outpatient Clinic ○ Inpatient ○ Home ○ Phone ○ Other, specify: _____	
month / day / year	○ Physical ○ Psychological ○ Social ○ Spiritual ○ Other, specify: _____		○ Study Caregiver ○ Other, family ○ Friends ○ Other, who? _____		○ Outpatient Clinic ○ Inpatient ○ Home ○ Phone ○ Other, specify: _____	
month / day / year	○ Physical ○ Psychological ○ Social ○ Spiritual ○ Other, specify: _____		○ Study Caregiver ○ Other, family ○ Friends ○ Other, who? _____		○ Outpatient Clinic ○ Inpatient ○ Home ○ Phone ○ Other, specify: _____	

*0 = No distress and 10 = Extreme distress **0 = Not at all effective and 10 = Very effective

Form Completion Information

Completed By: Nurse ID: NurseCompleteID

Date Completed: CRACompleteDate / month / day / year

Date Reviewed: PhysReviewDate / month / day / year

Reviewed By FULL NAME (Please Print)

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 CarBITS.dbo.NurseDebriefMaster (vNurseDebriefMaster)

CarBITS.dbo.NurseDebriefDetail (vNurseDebriefDetail)

Annotations modified: 03/12/2015