

Agency Name	
Dates on-site	
Team Leader	

Chicago Department of Public Health
 Division of STD/HIV/AIDS Public Policy and Programs
 Clinical Quality Management Program
 Substance Abuse Service
Team Leader Report

Reviewers' names/affiliations

Code:
 C= Clinical reviewer
 P= Peer reviewer
 O= Other

Name	Affiliation	Type
		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> O

Sample size/completed instruments

★ See agency code/sample size table
 ☉ Service:
 Outpatient="SO";
 Residential="SR";
 Example: SO/23 is a Outpatient services/sample size of 23

If only one site reviewed, complete only row 1; multiple sites, complete rows as necessary and total

Agency Code [☉]	Service/ sample size [☉]	# completed	Comments
①			
②			
③			
④			
⑤			
⑥			
Total			

② Was agency able to provide their randomized list of patients?
 Yes No ➔ If NO, Describe how the sample of charts was selected:

Instruments Numbered

- ① Instruments numbered per protocol
 Instrument numbering: Agency Code + "SO" or "SR" + sequential 3 digit number beginning with 001
 Example: 14SO001, 14SO002, 14SO003
- ② Manual count of numbered charts matches total above.

Note any problems, difficulties, observations, or follow-up needed

Facility tour conducted: Yes No Not Applicable/previously conducted