ID #	Location 1=Site 1 2=South 3=SCN	Patient Last Name	Patient First Name	# of Meds.	Primary Care Manager 10=Anna 11=April 12=Brenda 13=Elizabeth 14=Gonzalo 15=Gretchen 16=Ana 17=Kim 18=Maria 19=Martha 20=Patty 21=Pilar 22=Sue	SW (0) RN(1)	Gender 1=F 2=M	Age	Date of Birth	Ethnicity 1=Caucasian 2=African-American 3=Latino 4=Asian/Pacific Isl. 5=Native American 6=Other 7=Unknown/refused	Assessment Type 1=A 2=I 3=R 4=Q 9=N/A	Eligibility 1=Eligible 2=Ineligible	Screening Date	2nd Screening
Example: 1234	*2*	*Smith*	*Mary*	*16*	*12*	*0*	*2*	*84*	*3/12/1920*	*1/1/1900*	*2*	*1*	*8/16/2004*	

3rd Screening	Date of Assessment	Fallen? (in 3 mths) 0=No 1=Yes 2=N/A	Light headed/dizzy? 0=No 1=Yes 2=N/A	BP (Position Unknown) 9=SW/CM 99=Pt Unable 999=Unnecessary	BP Lying 9=SW/CM 99=Pt Unable 999=Unnecessary	BP Standing 9=SW/CM 99=Pt Unable 999=Unnecessary	Pulse 9=SW/CM 999=Pt Unable 9999=Pt Refused	Confusion 0=No 1=Yes 2=N/A	Closed 0=No 1=Yes	Reason Closed
	8/2004	*1*	*0*	*152/84*	*999*	*999*	*86*	*2*	*1*	