

## Appendix I. Regional Coordinator Interview Checklist

Interviewer Contact Information	
Name	_____
Address	_____
	_____
Tele	_____
Email	_____
Affiliation	_____
Date of Interview (mm/dd/yy)	_____

Was Case Number Assigned? Yes \_\_\_\_\_ No \_\_\_\_\_; Case Number \_\_\_\_\_

Contacted 'Observer'? Yes \_\_\_\_\_ No \_\_\_\_\_ date (mm/dd/yy) \_\_\_\_\_  
 Comments \_\_\_\_\_

Verified Level I Report? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Comments \_\_\_\_\_

Asked if there were unusual observations? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Comments \_\_\_\_\_  
 \_\_\_\_\_

Verified where Observer obtained Level I form? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Comments \_\_\_\_\_

Was Level II information acquired? Yes \_\_\_\_\_: Complete \_\_\_\_\_, Partial \_\_\_\_\_; NO \_\_\_\_\_  
 Comments \_\_\_\_\_  
 Level II Form attached? Yes \_\_\_\_\_ No \_\_\_\_\_

Was Level II Case Worker Assigned?  
 Name \_\_\_\_\_  
 E-mail \_\_\_\_\_

Contacted Level II Observer? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Comments \_\_\_\_\_ date (mm/dd/yy) \_\_\_\_\_

Contacted Advisory Team? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Comments \_\_\_\_\_ date (mm/dd/yy) \_\_\_\_\_

Type(s) of Feed back: telephone call \_\_\_\_\_; E-mail \_\_\_\_\_; letter \_\_\_\_\_; webpage info \_\_\_\_\_  
 Comments \_\_\_\_\_  
 \_\_\_\_\_

Case Identification Number Generation	
SSCC## - mmddy - XXX,#### (Group ID) - (Date) - (species, sample #)	
<b>Group ID</b> SS – two letter State Designation (e.g. FL, PR, VI, HI) CC - two letter City Designation (to be generated)	<b>Species, Sample Number</b> XXX - use first letter of the genus and first two of the species, e.g., Porites lobata, Plo ### – #### designates event #