

VA COOPERATIVE STUDY #578

Participant ID: _____ - _____

**SOURCE DOCUMENT WORKSHEET FOR
FORM 17: 35 DAYS POST PROCEDURE**

To be completed by study personnel via telephone interview with participants. Once completed, this data should be entered into eDC and this form should be filed in the Participant's Study Binder.

1. Were you able to complete the 35 day post procedure participant interview? **Interview35Day** **Blank: -1**
- Yes (If yes, answer Q2-Q5) **1**
- No (If the reason was due to death or another type of SAE, complete an Endpoint_SAE form. Complete a Protocol Deviation Form if needed.) **2**
2. Date of participant interview: ___/___/____ **Day35InterviewDat**

Participant Interview Questions

3. Have you experienced any change in, or worsening of, your medical condition over the past month that required you to seek medical attention? **Day35AE** **Blank: -1**
- Yes (If yes, complete AE or Endpoint_SAE Form as needed) **1**
- No **2**
4. Have you been admitted to a hospital over the past month? **Day35Hosp** **Blank: -1**
- Yes (If yes, complete Endpoint_SAE Form) **1**
- No **2**
5. Have you needed to receive dialysis over the past month? **Day35Dialysis** **Blank: -1**
- Yes (If yes, complete an Endpoint_SAE Form) **1**
- No **2**

REMIND THE PARTICIPANT THAT YOU WILL BE CONTACTING THEM IN A FEW WEEKS (APPROXIMATELY 40 DAYS) TO SCHEDULE THEIR 90 DAY POST-ANGIOGRAPHY BLOOD DRAW. AROUND THE TIME OF THEIR BLOOD DRAW YOU WILL ALSO CONTACT THEM TO ASK A FEW QUESTIONS ABOUT THEIR HEALTH. IF THEY ARE HOSPITALIZED BETWEEN NOW AND THEN, REMIND THEM OF THE NUMBER THEY SHOULD CALL.

6. Date Form Completed: _____ **F17Complete** _____

Signature of person completing the form: _____