

FAVORIT

PARTICIPANT EXIT FORM

Folic Acid for Vascular Outcome
Reduction in Transplantation

FORM CODE: EXT VERSION: A 1/09/09

ID NUMBER:

CONTACT OCCASION:

SEQUENCE NUMBER:

PATIENT LAST NAME:

FIRST/MIDDLE INITIALS:

INSTRUCTIONS: This form is to be completed at the participant's exit visit to gather information on how well vitamin treatment assignment was masked to the participant and coordinator.
**Important: Study Coordinator should not share your responses with the participant.

PARTICIPANT EXIT FORM (EXT Screen 1 of 2)

A. STUDY COORDINATOR'S GUESS

1. What study arm do you believe the participant was on? **EXTA1**

- H High Dose
L Low Dose

2. How certain are you that the participant was on that arm? **EXTA2**

- V Very Certain
F Fairly Certain
U Uncertain —

3. What makes you believe the participant was assigned to that arm? **EXTA3A**

EXTA3B

EXTA3C

B. PARTICIPANT'S GUESS

We very much appreciate your participation in FAVORIT and have two final questions related to the study vitamin. You received either a high dose multivitamin or a low dose multivitamin.

4. Which do you think you received? If you don't know, that's fine, just make a guess. **EXTA4**

- H High Dose
L Low Dose

PARTICIPANT EXIT FORM (EXT Screen 2 of 2)

5. How certain are you that this is the dose you received? **EXTA5**

- V Very Certain
F Fairly Certain
U Uncertain —

6. What makes you believe that you were receiving that dose? **EXTA6A**

EXTA6B

EXTA6C

C. ADMINISTRATIVE INFORMATION

7. Date of data collection: **EXTA7**

/ /
Month Day Year

8. Method of data collection: **EXTA8**

- C Computer
P Paper

9. Data collector's initials: **Blind_staff_ID**