DAC Study Form 333 – Visit/Symptom Form

This form is completed:

- at baseline, six weeks after the surgery and 30 days after the drug was discontinued for the fistula study
- at baseline, monthly during follow-up and 30 days after the drug was discontinued for the graft study.

1.	Patient Identification Number
2.	Patient Name Code
3.	a. Visit Type
	b. Visit Number
	c. Visit sequence number
4.	Date of Visit
These	items are for follow-up visits. Code 0=No, 1=Yes.
5.	Does the unit nurse or other health care provider report any hospitalizations for this patient since his last DAC visit?
6.	Does the unit nurse or other health care provider report any transfusions for this patient since his last DAC visit?
7.	If so, complete Form 363 if the patient had a bleeding episode. Does the patient report any hospitalizations since his last DAC visit?
8.	Does the patient report any transfusions since his last DAC visit?
9.	Does the patient report any access outpatient procedure since the last visit?
10.	Is the patient currently taking the drug?
These	items are for all visits, including Baseline:
For ba	a 1= yes for any symptom or problem the patient reports as having occurred as follows: seline – within the last month, for follow-up - since the patient's last DAC visit. Ask itly about the symptoms marked with asterisks. For these, enter 0=no or 1=yes. The er in brackets after the symptom is the MedDRA code.
11.	*Nosebleeds* (10029802)
12.	*Subconjunctival hemorrhage* (10042341)
13.	*Other minor bleeding that does not lead to a clinic visit or a hospitalization*

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14.	*For patients on dialysis: prolonged bleeding from cannulation site* (If patient not on dialysis yet, enter "8")	
15.	*Spontaneous bruising* (10041729)	
16.	*Headache* (10019211)	
17.	*Heartburn/Dispepsia* (10019326)	
18.	*Abdominal pain* (10000081)	
19.	*Nausea/vomiting* (10028816)	
20.	*Diarrhea* (10012727)	
21.	*Skin rash* (10040913)	
22.	*Hives* (10020197)	
23.	*Other changes in vision or eye problems*	
	sure to ask the patient at the follow-up visit if he has any new symptoms, any problems he study medication or any new significant health problems to report.	
	ne patient: "Do you have any other symptoms or problems to report?". You may enter more oms below:	
Symp	Symptom	
201.	User ID of person completing this form	
	Clinical Center Use Only	
	Date Form Entered//	
	Person Entering this Form	
11		