



**SECTION A: ID ASSIGNMENT AND GENERAL INFORMATION**

A1. Study ID#:  A2. Visit # E-SISTER.....ESIS  
A3. Date Form Completed: \_\_\_/\_\_\_/\_\_\_  
Month Day Year A4. Study Staff Initials: \_\_\_ \_\_\_

**SECTION B: E-SISTER Participation**

B1. Did the patient sign consent to participate in E-SISTER?

Yes..... 1↓

B1a. Date of E-SISTER signed consent: \_\_\_/\_\_\_/\_\_\_ →SKIP TO C1  
Month Day Year

No, patient refused ..... 2 →SKIP TO B2

No, unable to contact patient ..... 3 →SKIP TO B2

No, patient refused any future contact when SISTER consent was withdrawn..... 4 →SKIP TO B2

No, other reason ..... 5↓

B1b. Specify other: \_\_\_\_\_ →SKIP TO B2

B2. Date of last contact with the patient: \_\_\_/\_\_\_/\_\_\_ →SKIP TO C1

**SECTION C: PRINCIPAL INVESTIGATOR'S SIGNATURE**

*I have reviewed and agree with the above-stated information.*

Principal Investigator's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Month Day Year