CATT FOLLOW-UP STUDY

General Follow-Up Visit Form

ID. No.: __ __ - __ __ __ Alpha Code: __ __ __ __

NOTE: *To be completed by the clinic coordinator. Sentences within quotes should be read verbatim to the subject. If the subject's caregiver is with them and the subject agrees, the caretaker may assist in providing the information.*

1. "I am going to go through some medical conditions and ask you about whether you have been diagnosed with that condition SINCE YOUR LAST CATT VISIT. Please only think of conditions or events that occurred AFTER your last CATT visit." Read each of the following conditions aloud to the patient and indicate yes or no to each one.

	No	Yes
a. MI (heart attack)	☐0	☐1
b. Congestive heart failure	☐0	☐1
c. Stroke	☐0	☐1
d. New diagnosis or worsening of hypertension	☐0	☐1
e. Gastrointestinal bleeding or perforation	☐0	☐1
f. Other systemic bleeding	☐0	☐1
g. Cancer	☐0	☐1
h. Endophthalmitis	☐0	☐1

If Yes: Complete a Serious Medical Event Log. Request that the patient sign a medical release form.

2. "Since your last CATT visit, have you had any hospitalizations or major events which required medical intervention that you haven't told me about yet?" (Include all serious conditions not listed above.)

☐0 No
☐1 Yes → Complete the Serious Medical Event Log. Request that the patient signs a Medical Release Form.

3. "Have you received a new diagnosis of glaucoma or experienced a progression of previously diagnosed glaucoma?"

☐0 No
☐1 Yes →

3a. "Are you taking drops for glaucoma?"

( )0 No

( )1 Yes

ID. No.: __ __ - __ __ __ Alpha Code: __ __ __ __

4. Has the patient had any ocular procedures **OTHER THAN TREATMENT FOR AMD** to either eye since the last CATT visit? (*Review with the patient and also check the medical record. If either the patient or the medical record indicates the following conditions since the last CATT Visit, indicate affected eye.) Check "None" or all that apply. DO NOT INCLUDE ANY CONDITON ALREADY REPORTED IN ITEM #1.*

	Right Eye	Left Eye
a. None	☐1	☐1
b. Surgery for glaucoma	☐1	☐1
c. Ectropion repair/lid surgery	☐1	☐1
d. Vitrectomy	☐1	☐1
e. Yag laser	☐1	☐1
f. Lensectomy	☐1	☐1
g. Capsulotomy	☐1	☐1
h. IOL implant	☐1	☐1
i. Other, specify below:		
1. _____	☐1	☐1
2. _____	☐1	☐1

5. Last name and certification number of person who completed this form:

   a. PRINT Last Name: _____

   b. Certification #: ___ ___ ___ ___

6. Date form was completed:

   __ __ - __ __ - 201 __
   Month Day Year