



CATT FOLLOW-UP STUDY

Telephone Interview Form

TF (113.1)

07/10/2014

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ID. No.: ____ - ____ Alpha Code: ____

Complete this form when a patient is unable to return to the CATT clinical center for the follow-up visit but is willing to participate in a telephone interview.

NOTES ON DATA ENTRY: Enter data into the database incrementally as data are received. The form should be updated when a medical records release form, information on visual acuity, or information on external AMD Care is received.

1. Did the patient agree to answer questions about their medical history?

()₀ No

()₁ Yes

Please complete the General Follow-up Visit Form.

2. Did the patient return a signed medical release form?

()₀ No, skip to question 3.

()₁ Yes

a. Was AMD Treatment information obtained from your practice records or from an eye care provider outside the practice?

()₁ Yes, complete the AMD Care Review Form

()₀ No

b. Was visual acuity information provided?

()₁ Yes ()₀ No, skip to question 3

c. Date of the most recent visual acuity:

____ / ____ / 20 ____
Month Day Year

d. Snellen equivalent of right eye:

____ / ____

e. Snellen equivalent of left eye:

____ / ____



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ID. No.: ____ - ____ Alpha Code: ____

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

a.PRINT Last Name: _____

b.Certification #: ____

4. Date telephone interview was completed:

____ - ____ - 201
Month Day Year