



Comparison of Age-related Macular
Degeneration Treatments Trials
General Follow-Up Visit Form

GF (022.2)

03/02/2009

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

Clinic #: ____ Week: ____

NOTE: To be completed by the clinic coordinator. **You must begin the session by reviewing the Adverse Event Log to ascertain if there are any unresolved adverse events reported at previous visits.** Sentences within quotes should be read verbatim to the patient.

1. Are there any events listed on the adverse event log that were unresolved as of the previous CATT visit?

☐₀ No

☐₁ Yes

If any AE information has changed, update the Adverse Event Log. You must continue to obtain information about all unresolved events!

____ Initial to confirm this was completed.

2. "Since your most recent CATT visit, have you had any new symptoms, injuries, illness or side effects or worsening of pre-existing conditions?"

☐₀ No

☐₁ Yes

Record on the Adverse Event Log.

3. "Since your most recent CATT visit, have you had any hospitalizations?"

☐₀ No

☐₁ Yes

Record on the Adverse Event Log.

4. "Since your last treatment, have you had any pain in the study eye?"

☐₀ No

☐₁ Yes

Record on the Adverse Event Log.



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5. "Other than localized redness at the injection site, have you had any new or unusual redness in the study eye since your last treatment?"

☐₀ No

☐₁ Yes

Record on the Adverse Event Log.

6. Has the patient had any ocular procedures to the STUDY EYE since the previous CATT visit? (Check "None" or all that apply.)

a. None

☐₁

b. Lensectomy

☐₁

c. Capsulotomy

☐₁

d. IOL implant

☐₁

e. Other treatment for AMD
(specify below:)

1. _____

☐₁

f. Other, specify below:

1. _____

☐₁

REMINDER

Inform the CATT ophthalmologist
of any AMD treatment to the
study eye since previous CATT
visit!!

7. Was the patient's blood pressure taken?

(Note: Blood pressure must be measured during the following visit weeks: 12, 24, 36, 48, 60, 72, 84 and 96.)

☐₀ No

☐₁ Yes

Please record the patient's sitting blood pressure

a. Systolic ____ mm Hg

b. Diastolic ____ mm Hg



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8. Have there been any new medications
since the last visit?

☐₁ Yes →

☐₀ No

**Update the Concomitant Medication
Log for each medication.**

9. Have any medications been
discontinued or changed since the last
visit?

☐₁ Yes →

☐₀ No

**- Update the Concomitant
Medication Log indicating the stop
date(s) for discontinued
medication(s) or new information
about changed medications.**

10. Is the patient currently taking any
vitamins, minerals, or dietary
supplements?

☐₁ Yes →

☐₀ No

**If this is visit 052 or 104, complete
the Dietary Supplement Form.**

11. Initials and certification number of person who
completed this form:

a. Initials: ____

b. Certification #: ____

12. Date form was completed:

____ - ____ - 20____
Month Day Year