

June 14, 1997

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Center: Patient Initials:
Rand Number: Form completed by: **A. VISIT INFORMATION**1. Visit: **H_VISIT** 01 1 month 03 3 month2. Was scheduled contact conducted? **H_VISOK** Y1 N3

If Yes,

a. Date of visit: **Recoded as H_VISDY = number of days from randomization to date of visit** / /
Month Day Yearb. Type of contact: 1 Visit 3 Phone 5 Mail
H_VISTP

If not conducted and window has closed,

c. Main reason this visit was missed: **deleted**

- 1 Patient unavailable but is still on medication (reschedule contact/visit)
- 2 Patient wants to withdraw - no further contact
- 3 Patient refused further participation and is off medication (continue telephone contact)
- 4 Patient is lost to follow up (contact private physician or relative)
- 5 Patient died (complete form W09)
- 6 Other reasons

B. PROCEDURES FOR ONE MONTH VISIT (*Complete for one month visit only*)1. INR Done? **deleted** Y1 N3a. If Yes, date: **deleted** / /
Month Day Year**C. PROCEDURES FOR THREE MONTH VISIT** (*Complete for three month visit only*)1. Fasting study bloods drawn? **H_FBL** Y1 N3a. If Yes, date: **Recoded as H_FBLDY = number of days from randomization to date of blood draw** / /
Month Day Year