

General follow-up form 1

To be completed by trial co-ordinator

Patient EVAR Trial ID number

--	--	--	--	--	--	--	--

Patient name _____

Date of follow-up

--	--	--	--	--	--	--	--

Did the patient attend follow-up?

Yes No

If No, why

Patient died Lost to follow-up Unknown **Please indicate which follow-up has been attended by circling the relevant box.****This indicates which data is to be collected at this appointment.**

Trial	Randomised outcome	Follow-up taken from:	1 month	2 months	3 months	4 months	12 months	Annually thereafter
Trial 1	EVAR	operation	FU 1, CT scan, HRQL	-	FU 1, CT scan, HRQL	-	FU 1, CT scan, HRQL, creatinine	FU 1, CT scan, creatinine
	Open repair	operation	FU 1, HRQL	-	FU 1, HRQL	-	FU 1, CT scan, HRQL, creatinine	FU 1, CT scan, creatinine
Trial 2	EVAR + BMT	operation	FU 1, CT scan, HRQL	-	FU 1, CT scan, HRQL	-	FU 1, CT scan, HRQL, creatinine	FU 1, CT scan, creatinine
	Best medical treatment	randomisation	-	FU 1, HRQL	-	FU 1, HRQL	FU 1, CT scan, HRQL, creatinine	FU 1, CT scan, creatinine

1. Has the patient experienced any adverse events since last seen?

Yes No

Adverse events are: AAA became tender, AAA ruptured, conversion from EVAR to open repair, myocardial infarction, stroke, chronic renal dialysis required or amputation.

If Yes, please complete an adverse events follow up form 2 for as many events as necessary.

2. Has a CT scan been collected for this follow-up?

Yes No

If Yes, please complete a CT follow-up form 3

3. Did the CT scan indicate graft problems?

Yes No

If Yes, please complete a CT incidents follow-up form 4

4. Have there been any operative interventions or re-interventions for the aneurysm since last seen?

Yes No

If Yes, please complete an operative procedure information form for as many in-patient admissions as necessary.

5. Has an annual creatinine measurement been taken?

Yes No

Serum creatinine

--	--	--

micromol/L

6. Has HRQL been measured at this follow-up?

Yes No