

VENUS IV: COMPRESSION HOSIERY TRIAL

PARTICIPANT EVENT FORM

Participant ID number Nurse Code - -

First three letters of SURNAME
day of birth
month of birth

e.g. S M I - 2 3 - 0 2

Date Form Completed / / 2 0

Day
Month
Year

This form should be used to record the date when any of the events below take place

Please record if and when any of the following events occur. Where you see * please also complete an adverse event form

1. HOSPITAL VISIT

- a. Participant has had amputation of reference LEG* Operation date / / 2 0
- Day
Month
Year
- b. Participant admitted to hospital as an in-patient* Admission date / / 2 0
- c. Participant discharged from hospital in-patient stay Discharge date / / 2 0

2. CHANGE TO DATA COLLECTION

- a. Participant wishes to cease having clinical data collected (questionnaires can still be completed)
- b. Participant wishes to cease having questionnaires collected (clinical data can still be completed)

3. TRIAL EXIT

DATE OF EXIT / / 2 0

Day
Month
Year

- a. Participant wishes to exit the trial (ulcer unhealed) and have no further data collected
- b. Participant has died*
- c. Participant has been in the trial for 12 months
- d. Participant is lost to follow up
- e. Trial end has been reached
- f. Other reason for exit:
- If 'Other reason', please specify _____

* PLEASE COMPLETE AN ADVERSE EVENT FORM