Site	
Date of Site Initiation	02-Oct-15
Date site open to recruitment	

FIS Screening & Enrolment Log

FACET INJECTION STUDY

	SCREENING							DIAGNOSTIC ASSESSMENT				AT DIAGNOSTIC ASSESSMENT (IF ELIGIBLE)				COMMENTS
SCRN No	Patient Initials	If patient is not eligible to be sent Screening Questionnaire please give which criteria do they not meet?	Date sent Screening Questionnaire/EOI	Date Returned	Does the patient meet the criteria for a diagnostic assessment visit? *(enter YES or NO*)*	If NO - which criteria from the screening questionnaire do they not meet?	Eligible for diagnostic assessment ? *(enter YES or NO*)*	Date of Diagnostic Assessment	Eligible for enrolment ? *(enter YES or NO*)*	If NO - which eligibility criteria for enrolment did they not meet?	Diagnostic data consent signed *(enter YES or NO)*	Participant Unique ID (enrolment)	Date of Informed Consent	Date of Scheduled First BUC Session	Randomisation Date	* Please use this space for any additional comments e.g. other reasons why patients weren't randomised/invited to assessment
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