LSOCA

Telephone Contact Form

Purpose: Report vital status and status of eyes for all patients at the halfway point between the scheduled 6 month clinic visits.

When: All odd-numbered followup visits (e.g., F1, F3, F5, F7, F9, F11, etc.)

By whom: Clinic coordinator.

Instruction: Contact patients by telephone or mail at the halfway point between the scheduled clinic followup visits. Patients reporting any new eye problems should be scheduled for an eye exam by a study ophthalmologist.

| A. Clinic, patient and visit identification | | 8. Reason the patient was not contacted <i>(check only one):</i> | |
|---|---------|--|------------------|
| 1. Clinic ID code: | | Patient deceased | (* 1) |
| | | Unable to locate patient | (2) |
| 2. Patient ID #: | | Unable to speak with patient | (3) |
| 3. Patient name code: | | Patient refusal | (4) |
| | | Other (specify): | (5) |
| 4. Date of visit: | | | |
| day month (If unable to contact patient, record day) | • | specify | |
| attempt). | | specify | |
| 5. Visit ID code: | | | |
| B. Contact source | | specify | ((DD) |
| 6. Type of contact attempted (check all that apply) | | *If patient deceased, complete Death Rep Death Documentation (DD), Followup T History form (FT) and appropriate section Followup Medical History Form (FH). | <i>Freatment</i> |
| a. Telephone: | (1) | Skip to item 10. | |
| Number of telephone attempts | | 9. Did the patient report any new eye problems (<i>check only one</i>): | |
| b. Mail/E-mail: | (1) | Yes (*_1) | (No 2) |
| c. In-person: | (1) | *If yes, schedule the patient for an eye e. a study ophthalmologist. | |
| 7. Was the patient contacted: (Yes (1) | (No 2) | C. Administrative information | |
| 9. | | 10. Date form reviewed: | |
| | | day month | year |
| | | 11. Clinic coordinator ID: | |
| | | 12. Clinic coordinator signature: | |