

ARIC PET IMAGING VISIT FORM

ARIC ID NUMBER:

FORM CODE:

I	V	F
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DATE: 11/13/2012
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date:

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 /

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 /

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Month Day Year

0b. Staff ID:

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Instructions:

A. VISIT INFORMATION

1. Was the Consent signed? Yes No

2. Date of v5 MMSE:

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Month Day Year

3. Was the MMSE repeated? Yes No

4. Blood Pressure before procedure:

- a. Systolic.....

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 mmHg
- b. Diastolic.....

--	--	--

 mmHg
- c. Pulse

--	--	--

 bpm
- d. Time

--	--

 :

--	--

 hh:mm
- e. AM/PM

--	--

 am/pm

5. Blood Pressure after procedure:

- a. Systolic.....

--	--	--

 mmHg
- b. Diastolic.....

--	--	--

 mmHg
- c. Pulse

--	--	--

 bpm
- d. Time

--	--

 :

--	--

 hh:mm
- e. AM/PM

--	--

 am/pm

6. Weight:..... lbs

7. Respiratory Rate: bpm

8. Date and time of injection

a. Date of injection: / /
Month Day Year

b. Time of injection: :
h h m m

c. AM or PM: AM PM

B. COMPLICATIONS AND ADVERSE EVENTS

9. Did the participant appear to remain stationary during the PET procedure?

Yes No

10. Were any complications observed during the PET procedure?

Yes No

a. If yes, describe complications here: _____

11. Were any adverse events reported?

Yes No → **Go to item 16**

If yes: 11a. Were they mild, moderate or severe?

Mild.....

Moderate

Severe

Were adverse events reported to

12. Principal Investigator?

Yes No

If Yes: 12a. Date reported: / /
Month Day Year

13. Field Center IRB?

Yes No

If Yes: 13a. Date reported: / /
Month Day Year

14. Avid?

Yes No

If Yes: 14a. Date reported: / /
Month Day Year

15. Describe action taken here: _____

C. FOLLOW UP TELEPHONE CALL (2 days after PET scan)

16. Was the participant successfully contacted by phone?

Yes No → **End of Form**

16a. Follow-up date:

/ /
Month Day Year

16b. Follow-up time:

:
h h m m

16c. AM or PM:

AM PM