

Participant ID pidInterviewer compbyV.C. vc PRNDate of Notification vis_mth/ vis_day/ vis_yr

Adverse Event Form

1. Date of Event: dateevnt_adev (mm/dd/yyyy)

2. Is this the first event for this date? frst_dat_adev

-9

1 Yes

0 No

-6 Not on form

a. List the event number evnt_num_adev

3. Who is reporting event? whorep_adev

-9

1 Participant

2 Spouse/Proxy

3 Other

-6 Not on form

(specify: whorepsp_adev)

4. Did the event occur to a randomized participant? rand_adev

-9

1 Yes

0 No

-6 Not on form

5. The event occurred at the following location: evnt_loc_adev

-9

Assessment site Assessment site

Intervention site Intervention site

Other Other

-6 Not on form

6. Describe the event:

problem_adev

7. Were any of the following mentioned?

a. Death

death_adev

☐

b. Hospitalization

hospital_adev

☐

c. Emergency Room or Urgent Care Visit

emroom_adev

☐

d. Fracture

fracture_adev

☐

e. Outpatient surgical procedure

outpsurg_adev

☐

f. Back injury

backinj_adev

☐

g. Fainting/Passing Out

fainting_adev

☐

h. Dizziness

dizznes_adev

☐

i. Shortness of Breath/Asthma

shrtbrth_adev

☐

j. Fatigue

fatigue_adev

☐

k. Abnormal Heart Rhythm

hrtrhyth_adev

☐

I. Joint Sprain

[jointsp_adev](#)

m. Muscle Strain or Joint Stiffness/Soreness

[muscstrn_adev](#)

n. Foot Pain

[footpain_adev](#)

o. Food Ulcer

[foodulcr_adev](#)

p. Other illness restricting activity for at least 3 days

[othillns_adev](#)

q. Other problem affecting walking ability

[othprb_adev](#)

(specify: [othprbsp_adev](#)

)

8. Has participation in the study changed due to this event?

Participation has been [status_adev](#)

-9

Modified Modified

Suspended Suspended

Discontinued Discontinued

No Change No Change

-6 Not on form