V.C. <u>vc</u> PRN

Date of Notification vis_mth

/ vis_day

/ vis_yr

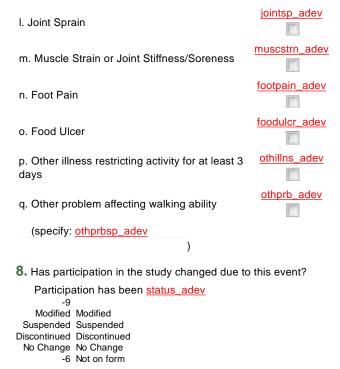
Adverse Event Form

1. Date of Eve	nt: dateevnt_ade	<u>v</u>	(mm/dd/yyyy)
2. Is this the fir -9 1 Yes 0 No -6 Not on form	rst event for this o	date? <mark>frst_dat_a</mark>	<u>dev</u>
a. List the	event number <u>ev</u>	nt_num_adev	
3. Who is reported Participant Spouse/Proxy Other Not on form	orting event? who	rep_adev	
(specify: who	orepsp_adev)
4. Did the even -9 1 Yes 0 No -6 Not on form	nt occur to a rand	lomized particip	ant? <u>rand_adev</u>
5. The event o	occurred at the fo	llowing location:	evnt_loc_adev
Assessment site Intervention site Other -6	Intervention site		
6. Describe the	e 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



Source Form Language: lang

1 English 2 Spanish

submit