

## STOP II TRIAL

### MISSED FOLLOW-UP VISIT FOR POTENTIAL OR RANDOMIZED PATIENTS

**\*\*AFFIX PATIENT LABEL HERE\*\***

A1. Person completing form (Name): \_\_\_\_\_ (Initials):

A2. Date form completed (Month/Day/Year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

B1. Did patient miss a quarterly visit?  1. NO  2. YES  
B1.a **IF YES**, reason \_\_\_\_\_

B2. Did patient miss a TCD exam?  1. NO  2. YES  
B2.a **IF YES**, reason \_\_\_\_\_

B3. Did patient withdraw consent to continue follow-up in study?  1. NO  2. YES  
B3.a **IF YES**, reason \_\_\_\_\_

B4. Was patient lost to follow-up (address and telephone number unknown)?  1. NO  2. YES

B5. Did patient die?  1. NO  2. YES

B5.a Date of death (month/day/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**COMPLETE CAUSE OF DEATH FORM**