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## Follow-up Screening: VTE

<b>VTE Screening</b>													
<b>1. Follow-Up Visit / Phone or Video Call:</b>													
<input type="checkbox"/> 6 weeks (Visit/call) <input type="checkbox"/> 90 days (Call) <input type="checkbox"/> Unscheduled (Visit/Call)													
<b>2. Follow-Up Date:</b>													
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>					D	D	M	M	M	Y	Y	Y	Y
D	D	M	M	M	Y	Y	Y	Y					
<b>Instructions:</b> Use the following categories to rate each symptom. Choose the one best answer. <b>None:</b> Patient is not experiencing this symptom today. <b>New:</b> Patient has this symptom today, but did not have it at her last study visit. <b>Worse:</b> Patient had this symptom at her last study visit and it has gotten worse. <b>Same:</b> Patient had this symptom at her last study visit and it has not changed.													
<b>3. Deep Vein Thrombosis (DVT) Symptoms:</b>													
	None	New	Worse	Same									
Pain in limb(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/> L leg <input type="checkbox"/> R leg <input type="checkbox"/> L arm <input type="checkbox"/> R arm													
Swelling in limb(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/> L leg <input type="checkbox"/> R leg <input type="checkbox"/> L arm <input type="checkbox"/> R arm													
Tenderness of the leg(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<ul style="list-style-type: none"> <li>• Along the path of the deep vein (groin, thigh, behind the knee and/or in the deep calf)</li> </ul> <input type="checkbox"/> L leg <input type="checkbox"/> R leg													
Tenderness of the arm(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<ul style="list-style-type: none"> <li>• In the armpit, under the clavicle and/or in the neck</li> </ul> <input type="checkbox"/> L arm <input type="checkbox"/> R arm													
Warmth in the limb(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/> L leg <input type="checkbox"/> R leg <input type="checkbox"/> L arm <input type="checkbox"/> R arm													
Redness or purple discoloration of the skin in the limb(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/> L leg <input type="checkbox"/> R leg <input type="checkbox"/> L arm <input type="checkbox"/> R arm													
<b>4. Pulmonary Embolism (PE) Symptoms:</b>													
	None	New	Worse	Same									
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Pain in the chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Rapid pulse or racing heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Cough with blood in sputum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Fainting or near fainting episodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<b>If the subject responds 'New' or 'Worse' to any chest symptoms, complete the ATE Screening Form.</b>													

**Important:** Any NEW or WORSE leg or chest symptoms will prompt response of study personnel to collect all pertinent source documents to diagnose or exclude VTE as indicated in the Protocol, including arranging for patient assessment if required.