1. **Vist periode**

28 days  90 days  6 Months  1 Year

1. **General Information**:

**Date of assessment:** \_ \_ / \_ \_ \_ / \_ \_ \_ \_

Day Month Year

**Type of assessment:**

* Clinic
* Phone/Email/Letter
* Other:

**Patient status at assessment:**

□ Alive

□ Expired (Fill out Expiration Data Form, AE form and Study Exit Form)

□ Lost to Follow-Up (Fill out Study Exit Form)

□ Withdrawn (Fill out Study Exit Form)

1. **Adverse Events**

□ Yes □ No (If yes, please complete Adverse Event Form)

1. **Healthcare questionnaires (only at 6 months follow-up)**

Is MoCA- blind completed □ Yes □ No (If No, please complete deviation form)

Is EQ-5D completed □ Yes □ No (If No, please complete deviation form)

Is HADS completed □ Yes □ No (If No, please complete deviation form)

Is IES-R completed □ Yes □ No (If No, please complete deviation form)

|  |  |  |  |
| --- | --- | --- | --- |
| My signature indicates that to the best of my knowledge all information entered on Form 4 is correct. | | | Date |
|  |  |  | |
|  |  | **\_\_ \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_** | |
| *Investigator’s Signature* |  | mmm dd yyyy | |