

## Study 3309 - Participant Record Sheet

Name	Today's Date (dd/mm/yyyy)	<b>OFFICE USE ONLY</b>  <b>VISIT:</b>  <input type="checkbox"/> <b>1</b> (Baseline) <input type="checkbox"/> <b>2</b> ( <b>6</b> months)
Address	Telephone (Cell)	
	Telephone (Home/Work)	
Study ID	Email	

PERSONAL INFORMATION							
Birth Date (dd/mm/yyyy)	Most Affected Hand (as per clinician)	Height (cm)			Weight (kg)		
		1.	2.	3.	1.	2.	3.
Male / Female		Avg =			Avg =		

HISTORY		
ID	Relevant fractures/surgeries:	Metal present in VOI:
		Recent Medical Imaging

[illegible]