

CRU 1233: Social Support in Congestive Heart Failure**FORM 04**

Case Report Form: Enrollment Verification

Revision 2015-07-01-v2

Study ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Page	<input type="text" value="1"/>	of	<input type="text" value="1"/>	Form Completed By: <i>(initials)</i> <hr/>
Date Form Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	M	M	D	D	Y	Y	Y	Y	

1. What date was the patient formally enrolled in the study?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

2. Indicate the version of the consent form used.

<input type="radio"/>	<input type="radio"/>
V1	V2

3. Which team member conducted the consent?

<input type="radio"/>	James Smith
<input type="radio"/>	Jennifer Jones
<input type="radio"/>	Priyanka Ramdi

4. How was the subject recruited? *(check all)*

<input type="radio"/>	CHF Clinic
<input type="radio"/>	Physician Referral
<input type="radio"/>	Direct Marketing
<input type="radio"/>	Registry Mailer

Entered By <i>(initial)</i> :	<hr/>	Date Entered	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			M	M	D	D	Y	Y	Y
Verified By <i>(initial)</i> :	<hr/>	Date Verified	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			M	M	D	D	Y	Y	Y