ASCEND: Follow-up Questionnaire

INSTRUCTIONS FOR COMPLETION:

Please complete the questionnaire using blue or black ink.

Please place a cross in the appropriate box, e.g. Yes [X] No [ ]

(If you make a mistake, fill the entire box and mark the correct box, e.g. Yes [■] No [X])

OR write clearly in the appropriate boxes, e.g. 20 / 04 / 2004 (Day / Month / Year)

1. Contact and GP Details

Please check that these contact details are still correct. If not, then please telephone 0800 585323 and provide the correct information. Please quote the reference number from the covering letter on the front of this questionnaire.

Your details:

Rev Frederick Jones
99 The Street
Littletown
Toyshire
WW1 1PY

Home Tel.: 01456 789 101
Daytime Tel.: 01456 987654

Alternative contact:

Mrs Jane Jones
The House
Bigtown
Toyshire
WW3 2MM

Tel.: 01234 765432

GP details:

Dr Roger Smith
The Surgery
Toytown
Toyshire
WW2 8XX

2. ASCEND Medication

2.1. Please indicate how regularly you have taken your ASCEND medication during the last 6 months:

F-190504

	White Tablets (aspirin/placebo)	Red Capsules (one or other natural oil)
Every day	[ ]	[ ]
Most days	[ ]	[ ]
Only occasionally	[ ]	[ ]
Never	[ ]	[ ]

*Please cross **ONE** box only in each column*

2.2 Are you willing to continue taking the **white** (aspirin/placebo) ASCEND tablets?

Yes [ ] No [ ]

If **No**, please tell us why:

2.3 Are you willing to continue taking the **red** (one or other natural oil) ASCEND capsules?

Yes [ ] No [ ]

If **No**, please tell us why:

3. Other Current Medication

3.1 Do you currently take any of the following **regularly** (i.e. more than one day per week)?

a)	Warfarin (Marevan), Acenocoumarol (Nicoumalone, Sinthrome) or Phenindione	Yes [ ]	No [ ]
b)	Aspirin, prescribed or over-the-counter (e.g. Anadin, Caprin, Disprin, Imazin, PostMI). *Do not include your ASCEND study tablets.*	Yes [ ]	No [ ]
c)	Clopidogrel (Plavix)	Yes [ ]	No [ ]
d)	Dipyridamole (Persantin, Persantin Retard or Asasantin Retard)	Yes [ ]	No [ ]

*Please cross **ONE** box only for each question*

4. Medical Events

4.1 Since completing your last questionnaire on **1 February 2003** have you had ANY of the following? (If **Yes**, please give the date and the name and town of the hospital you attended)

a) **Heart attack** — Yes ☐ No ☐ — Day / Month / Year

Name and town of hospital attended:

b) **Admission to hospital with angina or any chest pains** — Yes ☐ No ☐ — Day / Month / Year

Name and town of hospital attended:

c) **Stroke** — Yes ☐ No ☐ — Day / Month / Year

Name and town of hospital attended:

d) **Ministroke (sometimes called TIA)** — Yes ☐ No ☐ — Day / Month / Year

Name and town of hospital attended:

e) **Coronary artery bypass operation (CABG or "cabbage")** — Yes ☐ No ☐ — Day / Month / Year

Name and town of hospital attended:

f) **Coronary angioplasty ("balloon", "stent" insertion or PTCA)** — Yes ☐ No ☐ — Day / Month / Year

Name and town of hospital attended:

g) **Other arterial surgery or angioplasty (e.g. leg bypass)** — Yes ☐ No ☐ — Day / Month / Year

Name and town of hospital attended:

h) **Cancer (e.g. skin, breast, lung, bowel etc)** — Yes ☐ No ☐ — Day / Month / Year

Type of cancer:

Name and town of hospital attended:

i) **Bleeding for which you saw a doctor** (e.g. serious nose bleed, bleeding in the eye) — Yes ☐ No ☐ — Day / Month / Year

Do not include bleeding as a result of an accident.

Site in body of bleeding:

Were you admitted to hospital? Yes ☐ No ☐

Name and town of hospital attended:

5. Other Serious Illnesses or Hospital Admissions

5.1 If since completing your last questionnaire on **1 February 2003** you have had any other serious illness or admission to hospital (e.g. pneumonia, day surgery, laser treatment to the eye) please give details of the illness or surgery, the date, and the name and town of the hospital you attended.

Details of illness or admission:

Name and town of hospital attended:

Date: Day / Month / Year

Details of illness or admission:

Name and town of hospital attended:

Date: Day / Month / Year

Details of illness or admission:

Name and town of hospital attended:

Date: Day / Month / Year

Details of illness or admission:

Name and town of hospital attended:

Date: Day / Month / Year

6. Personal Details

6.1 Please give your date of birth: Day / Month / Year

Thank you for completing the questionnaire.
Please SIGN and DATE the form below using blue or black ink.

Signature:

& **PRINTED** name:

Today's date: Day / Month / Year

Please check that you have answered every question, and signed and dated the form. Return the completed form in the Freepost envelope provided (no stamps needed) to:

ASCEND, FREEPOST NAT13900, Harkness Building, Radcliffe Infirmary, OXFORD, OX2 6BR

If you have any questions about the study, please contact the coordinating centre in Oxford on FREEFONE: 0800 585323 (preferably during office hours 9 am – 5 pm, Monday to Friday)

Thank you for your continued participation in ASCEND

ASCEND
Clinical Trial Service Unit
Harkness Building
Radcliffe Infirmary
Oxford
OX2 6HE

Office telephone: 01865 404888
Office fax: 01865 404871
Freefone: 0800 585323
e-mail: ascend@ctsu.ox.ac.uk
Website: www.ctsu.ox.ac.uk/ascend

Attachment 7: Amendments to B22-2
Participant Follow-up letter and Questionnaire

7 August 2003

Rev Frederick Jones
99 The Street
Littletown
Toyshire
WW1 PY1

Ref: 123-4567

Dear Rev Jones

ASCEND: A Study of Cardiovascular Events iN Diabetes

Thank you for your continued participation in ASCEND and your commitment to research into diabetes. On the back of this letter is your regular questionnaire. We would be grateful if you would complete it and return it promptly in the Freepost envelope enclosed. We cannot emphasise enough how important it is that we receive this information regularly from each of the 10,000 participants in ASCEND. We shall be sending you a new supply of study treatment automatically when it is required.

Please let us know if you have any questions or need help completing the questionnaire, by telephoning Freefone: 0800 585323.

Thank you for your continued support of ASCEND and for completing the regular questionnaires. We are grateful for your help with finding ways of preventing the complications of diabetes.

Yours sincerely

Dr Jane Armitage Dr Louise Bowman
Study Coordinators

Enc: Freepost envelope