ARISTOTLE

FOLLOW UP FORM (24, 36, 48, 60 months)

Trial Number A R I – ☐☐☐ **Patient Initials** ☐☐☐

Visit Date: d d / m m / y y y y **Follow-up Month:** ☐ 24 ☐ 36 ☐ 48 ☐ 60

1. GENERAL

A) Is the patient alive? ☐ Yes ☐ No

B) Did the patient attend the visit? ☐ Yes ☐ No

IF PATIENT HAS DIED, PLEASE COMPLETE A DEATH FORM

2. PHYSICAL EXAMINATION

A) Weight : ☐☐☐ • ☐ kg

B) ECOG performance status: ☐

3. CT SCANS (At 24 and 36 months post CRT only)

A) Date of chest CT: d d / m m / y y y y

i) Recurrence: ☐ Not present ☐ Suspected ☐ Confirmed

B) Date of abdomen CT: d d / m m / y y y y

i) Recurrence: ☐ Not present ☐ Suspected ☐ Confirmed

C) Date of pelvis CT: d d / m m / y y y y

i) Recurrence: ☐ Not present ☐ Suspected ☐ Confirmed

IF THERE IS A SUSPECTED/CONFIRMED RECURRENCE, PLEASE COMPLETE RECURRENCE FORM

4. SURGERY

A) Has the patient required surgery for late effects of radiotherapy? ☐ Yes ☐ No

If yes, was this for:

☐ Bleeding ☐ Blockage (stricture) ☐ Other (please specify:

5. PELVIS QUESTIONNAIRE (At 24 and 36 months post CRT only)

A) Did the patient complete the Male/Female Pelvis Questionnaire? ☐ Yes ☐ No

B) If no, please give reason: _____

Completed by:	**Signature:**	**Date completed** *(dd/mm/yyyy)*:

TRIALS OFFICE USE ONLY

Form received:	Form entered:	Form checked