MONTHLY FOLLOW-UP

**HEAL-IT**

**Patient ID** __________  **Patient Initials** __________

**Visit**
- [ ] 1 Month
- [ ] 2 Month
- [ ] 3 Month
- [ ] 4 Month
- [ ] 5 Month
- [ ] 6 Month

1. Date form was completed

2. Ulcer count

3. Photograph taken

4. Target ulcer tracing performed

5. Target ulcer healed

6. Debridement necessary

7. Infection

- [ ] Yes
- [ ] No

8. Current dosage of study drug (pills/day)

9. Was dosage of study drug decreased since last visit?

- [ ] Yes
- [ ] No

9a. If yes, date decreased

9b. Reason decreased

- [ ] Patient on CytP450 inhibitor
- [ ] GI upset
- [ ] Headache
- [ ] Other side effect

10. If dosage was decreased at previous visit, was it later increased?

- [ ] Yes
- [ ] No

10a. If yes, date study drug increased:

10b. Dosage of study drug (pills/day)

11. Ulcer related doctor visits since last study visit

- [ ] Yes
- [ ] No

11a. If yes, number of visits

12. Ulcer related emergency room visits since last study visit

- [ ] Yes
- [ ] No

12a. If yes, number of visits

13. Ulcer related rehabilitation since last study visit

- [ ] Yes
- [ ] No

13a. If yes, number of days

14. Ulcer related visiting nurse visits since last study visit

- [ ] Yes
- [ ] No

14a. If yes, number of visits

15. Early termination

- [ ] Yes
- [ ] No

15a. If yes, indicate reason

- [ ] death
- [ ] other SAE
- [ ] non-compliance
- [ ] lost
- [ ] patient withdrawal

---

**Medication Name**

**Dose [Total mgs or units/day]**

**Route [PO, IV, IM, TP]**

**Duration [Number of days]**

**Route Codes:**

- PO = by mouth
- IM = intramuscular
- TP = topical
- IV = intravenous

---

**Visit**

- [ ] 1 Month
- [ ] 2 Month
- [ ] 3 Month
- [ ] 4 Month
- [ ] 5 Month
- [ ] 6 Month

---

**Patient ID** 1896516073