

## Voluntary PVI Follow-Up Worksheet for REDCap

|  | 30-Day Follow-Up  |  |    |   |                         | 6-Month Follow-Up   |  |    |   |                         |
|--|---|--|----|---|-------------------------|---|--|----|---|-------------------------|
| <b>Contact Date</b>                      |   |  |    |   |                         |   |  |    |   |                         |
| <b>Current Living Status</b>             | Home<br>Nsg Home/Extended<br>Care<br>Assisted Living<br>In Hospital<br>ND | Dead<br>Date of Death<br>Cause of Death<br>Cardiovascular<br>Proc Related<br>Unk/Other |    |   |                         | Home<br>Nsg Home/Extended<br>Care<br>Assisted Living<br>In Hospital<br>ND | Dead<br>Date of Death<br>Cause of Death<br>Cardiovascular<br>Proc Related<br>Unk/Other |    |   |                         |
| <b>Smoking</b>                           | Yes   | No   | ND |   |                         | Yes   | No   | ND |   |                         |
| <b>ACE-I</b>                             | Yes   | No   | ND | C/I   |                         | Yes   | No   | ND | C/I   |                         |
| <b>Anticoagulant</b>                     | Yes   | No   | ND |   |                         | Yes   | No   | ND |   |                         |
| <b>Antiplatelets</b>                     | Yes   | No   | ND | C/I   |                         | Yes   | No   | ND | C/I   |                         |
| <b>ARBs</b>                              | Yes   | No   | ND |   |                         | Yes   | No   | ND |   |                         |
| <b>Aspirin</b>                           | Yes   | No   | ND | C/I   |                         | Yes   | No   | ND | C/I   |                         |
| <b>Beta Blocker</b>                      | Yes   | No   | ND | C/I   |                         | Yes   | No   | ND | C/I   |                         |
| <b>Ca+ Channel Blocker</b>               | Yes   | No   | ND | C/I   |                         | Yes   | No   | ND | C/I   |                         |
| <b>Other Cholesterol Lowering Agents</b> | Yes   | No   | ND |   |                         | Yes   | No   | ND |   |                         |
| <b>Statin</b>                            | Yes   | No   | ND | C/I   |                         | Yes   | No   | ND | C/I   |                         |
| <b>Thiazides</b>                         | Yes   | No   | ND | C/I   |                         | Yes   | No   | ND | C/I   |                         |
| <b>Repeat Procedure</b>                  | Yes   | No   | ND | Date  |                         | Yes   | No   | ND | Date  |                         |
| <b>New Vascular Procedure</b>            | Yes   | No   | ND | Surgical<br>Date  | Percutaneous<br>Date    | Yes   | No   | ND | Surgical<br>Date  | Percutaneous<br>Date    |
| <b>Vascular Access Complications</b>     | Yes   | No   | ND | Intervention<br>Date  | No Intervention<br>Date | Yes   | No   | ND | Intervention<br>Date  | No Intervention<br>Date |
| <b>Thrombectomy/Lysis</b>                | Yes   | No   | ND | Date  |                         | Yes   | No   | ND | Date  |                         |
| <b>ABIs RT</b>                           | Yes   | No   | ND | Value   |                         | Yes   | No   | ND | Value   |                         |
| <b>ABI LT</b>                            | Yes   | No   | ND | Value   |                         | Yes   | No   | ND | Value   |                         |
| <b>TBIs RT</b>                           | Yes   | No   | ND | Value   |                         | Yes   | No   | ND | Value   |                         |
| <b>TBIs LT</b>                           | Yes   | No   | ND | Value   |                         | Yes   | No   | ND | Value   |                         |
| <b>Toe Pressure RT</b>                   | Yes   | No   | ND | Value   |                         | Yes   | No   | ND | Value   |                         |
| <b>Toe Pressure LT</b>                   | Yes   | No   | ND | Value   |                         | Yes   | No   | ND | Value   |                         |
| <b>Amputation</b>                        | Yes   | No   | ND | LT RT<br>AKA BKA Foot Metatarsal Digit<br>Hip disarticulation |                         | Yes   | No   | ND | LT RT<br>AKA BKA Foot Metatarsal Digit<br>Hip disarticulation |                         |
| <b>MI</b>                                | Yes   | No   | ND | Date  |                         | Yes   | No   | ND | Date  |                         |
| <b>TIA/Stroke</b>                        | Yes   | No   | ND | Date  |                         | Yes   | No   | ND | Date  |                         |
| <b>Renal Failure/Dialysis</b>            | Yes   | No   | ND | Date  |                         | Yes   | No   | ND | Date  |                         |
| <b>Transfusion</b>                       | Yes   | No   | ND | Date  |                         | Yes   | No   | ND | Date  |                         |