

Voluntary PVI Follow-Up Worksheet for REDCap

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