CHEETAH CLUSTER RCT | NIHR Global Health Research Unit on Global Surgery

BCTU Birmingham Clinical Trials Unit

CHEETAH 30 DAY FOLLOW-UP FORM

	CHEETAH Trial Number	Please affix sticker here
	Centre name	_____
	Date of Birth (month/year)	m m y y y y

Before asking patients any trial-related questions at this 30-day follow-up, patients must have provided explicit verbal informed consent. By completing and signing this form you are confirming the patient provided verbal consent (during the 30-day follow-up contact) for the collection of their data.

Follow-up details	
Date of follow-up	d d m m y y y y

Patient status		
Has patient died?	☐ Yes	☐ No
If patient died, date of death	d d m m y y y y	

If patient is still in hospital at this 30-day time-point, please complete the 30-day Follow-up Form in hospital, by speaking directly with the patient

Consent		
Has patient provided verbal consent (at the time of the 30-day follow-up contact) for the collection and transfer of the 30-day follow-up data? *(if no/declined please complete the `form completed by` section at the bottom of this form)*	☐ Yes	☐ No/declined
If yes, date patient provided verbal consent	d d m m y y y y	

Follow-Up Questions		
Since discharge from hospital following surgery, has the patient returned to normal activities for example; school, work or family duties?	☐ Yes	☐ No

From the day of surgery up until 30-days post-operatively: have there been any of the following at the abdominal wound (skin, subcutaneous, muscle and fascia layers):
NB: If the patient has died, were any of the following present at the abdominal wound prior to death?

Pain or tenderness at the wound?	☐ Yes	☐ No
Localised swelling around the wound?	☐ Yes	☐ No
Redness of the wound?	☐ Yes	☐ No
Heat at the wound site?	☐ Yes	☐ No
Pus draining from the wound?	☐ Yes	☐ No
Fever?	☐ Yes	☐ No
Has the patient been re-admitted to hospital?	☐ Yes	☐ No

Has the patient been re-operated on?	☐ Yes	☐ No
If yes, was the re-operation for SSI?	☐ Yes	☐ No
The remainder of the information on this form should be checked from hospital records:		
Up until 30-days post-operatively:		
Are abdominal wound swab results available?	☐ Yes	☐ No
If yes, were any pathological organism(s) identified from a specimen from the superficial incision or subcutaneous tissue?	☐ Yes	☐ No
Was abdominal wound opening present (spontaneously opened or by clinician)?	☐ Yes	☐ No
Was SSI diagnosed by clinician or on imaging?	☐ Yes	☐ No
How has follow-up been performed? *(tick all that apply)*	☐ Phone call ☐ In-person, community ☐ In-person, hospital ☐ Clinical notes	

Form completed by									
Print full name									
Signature	Date form completed	d	d	m	m	y	y	y	y