

ADVERSE EVENTS

ID NUMBER:											
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FORM CODE: **AES**
 VERSION: 1.0 10/23/2024

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed if a participant has an adverse event. An adverse event is defined as an unexpected or unintentional medical occurrence that happens to a participant **during a research procedure**. Adverse events can include physical or psychological harm or putting the participant at risk. Serious adverse events (SAEs) include events that result in death, are life-threatening, require hospitalization, or cause a significant disability. If an unanticipated problem occurs that indicates a greater risk of harm to the participants, the Adverse Event form should be entered in addition to the Protocol Deviation/Violation report form.

1) With which study visit is this Adverse Event associated?

- In-person Clinic Visit (E1)₁
- Other₆

1a) If Other, please describe: _____

2) Adverse Event: _____

2a) Start Date: / /

2b) Stop Date: / /

2c) Severity:

- Mild₁
Event results in mild or transient discomfort, not requiring intervention or treatment; does not limit or interfere with daily activities (e.g., insomnia, mild headache).
- Moderate₂
Event is sufficiently discomforting so as to limit or interfere with daily activities; may require interventional treatment (e.g., fever requiring antipyretic medication).
- Severe₃
Event results in significant symptom(s) that prevent(s) normal daily activities; may require hospitalization or invasive intervention (e.g., anemia resulting in blood transfusion).

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2d) Outcome of Adverse Event:

- Resolved, No Sequelae₁
- Still present - no treatment₂
- Still present - being treated₃
- Residual effects present - not treated₄
- Residual effects present - treated₅
- Death₆
- Unknown₇

2e) Was the Adverse Event expected?

- No₀
- Yes₁

2f) Was the Adverse Event serious?

- No₀
- Yes₁

2g) Please provide a detailed narrative description of the event:

END OF FORM