

# CitAD

## Follow-up Visit Checklist (FC-1)

**Purpose:** Record completion of scheduled follow-up visit procedures.  
**When:** At F3, F6, and F9.  
**By whom:** CitAD certified study personnel.  
**Instructions:** The checklist is to be used as a reference during scheduled follow-up visits. Check each item when completed, if applicable. See handbook for order of administration.

**A. Clinic, patient, and visit identification**

1. Clinic ID: \_\_\_\_\_
2. Patient ID:   C   \_\_\_\_\_
3. Patient four-letter code: \_\_\_\_\_
4. Date form completed: \_\_\_\_\_  
   \_\_\_\_ day          -          \_\_\_\_ month          -          \_\_\_\_ year
5. Visit ID: \_\_\_\_\_
6. Form version date:   2     7   -   o     c     t   -   1     1    
   \_\_\_\_ day                               month                      year

**B. Visit procedures: Complete all procedures below for all scheduled follow-up visits.**

*Verify ongoing consent:*

Completed

7. Patient ..... ( )
8. Caregiver ..... ( )

*Update the following forms, if needed:*

Completed

9. PL form (update Patient Location form if patient and caregiver contact information has changed) ..... ( )
10. CA form (update Caregiver Information form if caregiver changes) ..... ( )

*Collect assessments (by CitAD certified clinician):*

Completed

11. CW form (Clinical Global Impression Evaluation Worksheet) ..... ( )
12. CG form (Clinical Global Impression of Change) ..... ( )
13. NR form (Neurobehavioral Rating Scale) ..... ( )
14. Perform ECG and document on QT form (QT Prolongation Monitoring) (at F3 and as needed) ..... ( )

**Collect assessments (by CitAD certified personnel):**

Completed

- 15. MS form (Mini Mental State Exam) . . . . . ( )
- 16. NP form (Neuropsychiatric Inventory) . . . . . ( )
- 17. CM form (Cohen-Mansfield Agitation Inventory) . . . . . ( )
- 18. AD form (Activities of Daily Living Scale) . . . . . ( )
- 19. GU form (Get up and Go) . . . . . ( )

**Complete the following follow-up form:**

Completed

- 20. FH form (Follow-up Medical History form used to record medical history, current medications, vital signs, etc.) . . . . . ( )

**Administer treatment:**

Completed

- 21. Dispense study medication bottle (except at week 9) and retrieve unused drug from patient . . . . . ( )
- 22. Complete SD form (Study Drug Issue and Return form used to document administration of study drug) . . . . . ( )
- 23. Review instructions for medication use . . . . . ( )
- 24. Provide psychosocial intervention to caregiver . . . . . ( )

**Collect blood samples:**

Completed

- 25. Citalopram levels . . . . . ( )
- 26. Electrolyte panels . . . . . ( )
- 27. Complete BC form (Blood Collection form used to document details about blood collection) . . . . . ( )

Completed

- 28. Review visit schedule, compliance monitoring, and adverse event reporting . . . . . ( )

**C. Additional visit procedures at week 9: Complete all procedures below, in addition to those listed above, for F9 visits.**

- 29. Unmask treatment assignment . . . . . ( )
- 30. Complete TT form (Treatment Termination form used to document the termination of study treatment or placebo) . . . . . ( )
- 31. Complete SC form (Study Participation Closeout form used to document the closeout of the patient in the study) . . . . . ( )