## **STOP Leg Clots – first revisit (2 weeks)**

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| --- | --- |
| Personal identification number: | Visit date: |
| **Ask the patient if he/she has filled in the digital diary:**  | Yes [ ]  | No [ ]  |
| *If no – remind the patient to do that* |
| **If conservatively treated ankle fracture🡪 Callus on the x-ray?** Not relevant [ ]  | Yes [ ]  | No [ ]  | Unsure[ ]  | X-ray not completed[ ]  |
| **If conservatively treated ankle fracture 🡪** **Unchanged good fracture position?** Not relevant [ ]  | Yes [ ]  | No – dislocation according to x-ray answer [ ]  |
| **If surgically treated ankle/Achilles tendon – sign of infection?** No surgery[ ]  | Yes [ ]  | No [ ]  |
| *If yes – Is antibiotics needed?* | Yes [ ]  | No [ ]  |
| **From the time of study-inclusion until todays visit, the patients injured leg has been:** | Unloaded with plaster cast[ ]  | Unloaded with orthosis[ ]  | Loaded with plaster cast[ ]  | Loaded with orthosis[ ]  |
| **Change of immobilization treatment at today’s visit?** | Yes [ ]  | No [ ]  |
|  *If yes – for how many days since the inclusion into the study has the first type of immobilization been used?* |  |
| *If Yes – changed to:* | Orthosis[ ]  | Plaster cast[ ]  | Other[ ]  |
| *If other – Describe:* |  |
| **DVT during time of immobilization diagnosed at a hospital until today?** | Yes [ ]  | No [ ]  |
| *If Yes – when was medical care sought for this?* |  |
| **Pulmonary embolism during the time of immobilization confirmed by radiological examination up until today?** | Yes [ ]  | No [ ]  |
| Anything else to report? |  |

 **For questions:
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