## **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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