FOLLOW-UP QUESTIONS

Area where the event took place: [Optional] [?] ⊘

- ○ Critical Care
- ○ ER
- ○ NICU
- ○ Electrophysiology Lab
- ○ Other
- ○ Not applicable
- ○ OR
- ○ Patient Room
- ○ PICU
- ○ Skilled Nursing Unit
- ○ Not known

If you selected "Other" from the above menu, please specify where the event took place in the hospital. [?]

[   ]

FOLLOW-UP QUESTIONS

Other location of event: [Optional] [?]

[   ]

FOLLOW-UP QUESTIONS

Date of death: (mm/dd/yyyy) [?]

[   ] 📅 Calendar

FOLLOW-UP QUESTIONS

Was intervention required to prevent permanent impairment or damage? [?] ⊘

- ○ Yes
- ○ Not known
- ○ No
- ○ Not applicable

Outcomes attributed to serious injury: (Check all that apply) [?]

- ☐ Life-threatening
- ☐ Congenital anomaly
- ☐ Other
- ☐ Not applicable
- ☐ Hospitalization, initial or prolonged
- ☐ Disability
- ☐ Not known

If you checked "Other" above, please describe the outcome. [?]

[   ]

FOLLOW-UP QUESTIONS

What problem did the user have (Check all that apply) [Optional] [?]

- ☐ Device failed (e.g. broke, couldn't get it to work or stopped working)
- ☐ Device was hard to use
- ☐ Not known
- ☐ Device malfunction - that is, the device did not do what it was supposed to do
- ☐ Other
- ☐ Not Applicable

FOLLOW-UP QUESTIONS

Who was operating the device? (Check all that apply) [Optional] [?]

- ☐ Doctor
- ☐ Allied Health Provider
- ☐ Patient
- ☐ Not known
- ☐ Nurse
- ☐ Family Member / Visitor
- ☐ Other
- ☐ Not applicable

If you selected "Other" above, please describe the type of person who was operating the device. Do not give the person's name. [?]

[   ]

FOLLOW-UP QUESTIONS

Date of dialysis: (mm/dd/yyyy) [?]

[   ] 📅 Calendar

FOLLOW-UP QUESTIONS

Was intervention required to prevent permanent impairment or damage? [?] ⊘

- ○ Yes
- ○ Not known
- ○ No
- ○ Not applicable

Outcomes attributed to serious injury: (Check all that apply) [?]

- ☐ Life-threatening
- ☐ Congenital anomaly
- ☐ Other
- ☐ Not applicable
- ☐ Hospitalization, initial or prolonged
- ☐ Disability
- ☐ Not known

If you checked "Other" above, please describe the outcome. [?]

[   ]

FOLLOW-UP QUESTIONS

What problem did the user have (Check all that apply) [Optional] [?]

- ☐ Device failed (e.g. broke, couldn't get it to work or stopped working)
- ☐ Device was hard to use
- ☐ Not known
- ☐ Device malfunction - that is, the device did not do what it was supposed to do
- ☐ Other
- ☐ Not Applicable

FOLLOW-UP QUESTIONS

Who was operating the device? (Check all that apply) [Optional] [?]

- ☐ Doctor
- ☐ Allied Health Provider
- ☐ Patient
- ☐ Not known
- ☐ Nurse
- ☐ Family Member / Visitor
- ☐ Other
- ☐ Not applicable

If you selected "Other" above, please describe the type of person who was operating the device. Do not give the person's name. [?]

FOLLOW-UP QUESTIONS

Date of dialysis: (mm/dd/yyyy) [?]

[   ] 📅 Calendar

FOLLOW-UP QUESTIONS

Date of chemotherapy: (mm/dd/yyyy) [?]

[   ] 📅 Calendar

FOLLOW-UP QUESTIONS

List other therapies used on the patient at the time of the event that may have caused or contributed to the event: [limit: 50 lines of text] [?]

[   ]