

## Prospective Cohort Screening and Eligibility Form

Surgeon ID

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Site Number

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Subject ID

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Date of Visit

		/			/				
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Month

Day

Year

Study Visit

☐ Baseline☐ Screening

### ELIGIBILITY AND CONSENT

Does the patient meet the following criteria?

Diagnosis of OCD confirmed by x-ray or MRI

☐ Yes☐ No

Is patient eligible for study?

☐ Yes ☐ No (If No, END OF FORM)

Did patient sign informed consent document?

☐ Yes ☐ No (If No, continue to next question)

If yes, date:

		/			/				
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Month

Day

Year

(END OF FORM)

Primary reason patient did not sign consent

☐ Doesn't want to participate in the Prospective Cohort☐ Lives too far away / will have further care closer to home☐ Does not understand study☐ No reason given