

# 12-MONTH FOLLOW-UP MEMORY AID CARD

A Randomized, Triple-Blind, Phase 2 Pilot study Comparing 3 Different Doses of MDMA in Conjunction with Manualized Psychotherapy in 16 Veterans with Chronic Posttraumatic Stress Disorder (PTSD)

## MAPS - Study MP-8

Subject Number: \_\_\_\_\_ Initials: \_\_\_\_\_

Card Issued Date:    /   /     
                          dd      mmm      yyyy

You will be contacted to schedule your next visit around:

   /   /     
      dd      mmm      vvvv

## WHO SHALL I CONTACT DURING THE FOLLOW UP?

If you have any **questions** during the follow up, or if you have any health problems, you can reach the study team by calling:

(843) 849-6899

For any urgent problems, call the **24 hour emergency** number:

(843) 412-8375

**Reminder:** You will be asked about any harms or benefits of the study and how long they lasted. Use this card for reference during your follow up visit.

## WHY DO I NEED TO COMPLETE THIS CARD?

This card will help you to remember medical issues during your long term follow up. The doctor will ask you about the information on this card when you have your 12-month follow up visit.

**Please record hospitalizations, changes in your mental health and all medications to treat these events during your 12-month follow up period.**

**Please record:**

- **Any Hospitalization.** Call the study doctor **as soon as you can** if you have been admitted to the hospital. Ask your doctor to record the symptoms and medications on this card.
- Any **changes** in your **mental health** including symptoms getting worse or better.
- Any **medication** used to treat these symptoms or any change in your medications.

Please specify both the start and the end date (dd/mmm/yyyy) of a symptom. Please note if you have seen a doctor or left the study due to this symptom in Table 1.

Please specify the name of any psychiatric medicine taken and include the start date and end date (dd/mmm/yyyy) in Table 2.

**If you are hospitalized for any reason or if you are concerned about your health, please contact Dr. Mithoefer immediately**

**(843) 412-8375**

**If there is nothing to record in Table 1 or Table 2 Check the 'Nothing to record' box and leave the tables empty**



**Nothing to record**

**TABLE 1 – Record Diagnosis/Symptoms relating to hospitalizations or causing withdrawal from the study or changes to mental health (1/2)**

Diagnosis/ Symptom	<u>START DATE</u> of Diagnosis/ Symptom dd/mm/yyy	<u>END DATE</u> of Diagnosis/ symptom dd/mm/yyy	Did the Diagnosis/ symptom require a medical visit?	Any MEDICATION(S) to treat the illness/ symptom?	Did the Diagnosis/ symptom lead to withdrawal?
	--/---/---	--/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES Date of Visit --/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES, specify in Table 2	<input type="checkbox"/> NO <input type="checkbox"/> YES
	--/---/---	--/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES Date of Visit --/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES, specify in Table 2	<input type="checkbox"/> NO <input type="checkbox"/> YES
	--/---/---	--/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES Date of Visit --/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES, specify in Table 2	<input type="checkbox"/> NO <input type="checkbox"/> YES
	--/---/---	--/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES Date of Visit --/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES, specify in Table 2	<input type="checkbox"/> NO <input type="checkbox"/> YES

**TABLE 1 – Record Diagnosis/Symptoms relating to hospitalizations or causing withdrawal from the study or changes to mental health (2/2)**

Diagnosis/ Symptom	<u>START DATE</u> of Diagnosis/ Symptom dd/mm/yy	<u>END DATE</u> of Diagnosis/ symptom dd/mm/yy	Did the Diagnosis/ symptom require a medical visit?	Any MEDICATION(S) to treat the illness/ symptom?	Did the Diagnosis/ symptom lead to withdrawal?
	--/---/---	--/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES Date of Visit --/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES, specify in Table 2	<input type="checkbox"/> NO <input type="checkbox"/> YES
	--/---/---	--/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES Date of Visit --/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES, specify in Table 2	<input type="checkbox"/> NO <input type="checkbox"/> YES
	--/---/---	--/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES Date of Visit --/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES, specify in Table 2	<input type="checkbox"/> NO <input type="checkbox"/> YES
	--/---/---	--/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES Date of Visit --/---/---	<input type="checkbox"/> NO <input type="checkbox"/> YES, specify in Table 2	<input type="checkbox"/> NO <input type="checkbox"/> YES

**TABLE 2 – Record medications used to treat a Diagnosis/Symptom, and medications used to treat a diagnosis/symptom from a hospitalization or withdrawal from the study and/or changes to mental health**

Diagnosis/ Symptom	<u>START DATE</u> of Medication dd/mm/yyyy	<u>END DATE</u> of Medication dd/mm/yyyy	Reason for taking medication
	--/---/---	--/---/---	
	--/---/---	--/---/---	
	--/---/---	--/---/---	
	--/---/---	--/---/---	
	--/---/---	--/---/---	

Please use lines below to report additional information not reported in the previous tables because of lack of space or any other comment you consider relevant.
