

SCREENING AND ELIGIBILITY

THE ROCK GROUP — PROSPECTIVE COHORT STUDY — FORM 1

SECTION A: STUDY INFORMATION

Subject ID: _____ - _____ - _____ Study Visit: Screening
Site Number: _____ Date: ____ / ____ / _____
Surgeon ID: _____ Age: _____

SECTION B: DEMOGRAPHICS

B1. Sex: Male Female B5. Ethnicity: Hispanic or Latino
B2. Date of Birth: ____ / ____ / _____ Not Hispanic or Latino
B3. Age: _____ Prefer not to answer
B4. Race: _____

SECTION C: INCLUSION CRITERIA

C1. Does the patient meet the following criteria?
Diagnosis of OCD confirmed by X-ray or MRI Yes No
Diagnosis of FACD's by MRI or Arthroscopy Yes No

SECTION D: ELIGIBILITY AND CONSENT

D1. Is patient eligible for study? Yes No
(requires diagnosis of OCD or focal cartilage defect confirmed on imaging)

D2. Did patient sign informed consent document? Yes No
a. If yes, date signed: ____ / ____ / _____

D3. If under 18 years, did patient sign assent? Yes No
a. If yes, date signed: ____ / ____ / _____

D4. Primary reason patient did NOT sign consent:
 Doesn't want to participate in the Prospective Cohort
 Lives too far away / will have further care close to home
 Does not understand study
 No reason given

D5. Did subject begin definitive treatment at this visit? Yes No
a. If not, when did subject begin definitive treatment?
Date: ____ / ____ / _____