Schedule of Activities Template

***The schedule below is provided as an example and should be modified or replaced as appropriate.***

|  | Pre-screening(Pre-consent) | Visit 1Day 1 | Visit 2Day 14 ±7 | Visit 3 Day 28 ±7 | Visit 4Day 42 ±7 | Visit 5Day 56 ±7 | Visit 6Day 365 ±30 | Unscheduled Visit |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMR Review Eligibility | X |  |  |  |  |  |  |  |
| Informed Consent |  | X |  |  |  |  |  |  |
| Demographics |  | X |  |  |  |  |  |  |
| Clinical history |  | X |  |  |  |  | X |  |
| Height & Weight |  | X | X |  |  |  | X |  |
| Outcome Evaluation |  |  |  |  |  |  |  |  |
| Pain Assessment (Brief Pain Inventory) |  | X |  |  | X |  | X | X |
| Quality of Life Questionnaire |  | X | X | X | X | X | X |  |
| Randomization |  | X |  |  |  |  |  |  |
| Control & Experimental Interventions – Occupational therapy |  | X | X | X | X |  |  |  |
| Adverse Events Reporting |  | X | X | X | X | X | X | X |