

**SHORT PHYSICAL EXAM**

**SX**

Patient ID:   1    
 Patient Initials:         
 Visit Number:         
 Visit Date:     /     /      
          month          day          year  
 Interviewer ID:       

*(Clinic Coordinator completed)*

**VITAL SIGNS**

- 01** 1. Pulse \_\_\_\_\_ beats/min
- 02** 2. Respiration \_\_\_\_\_ breaths/min

**PREGNANCY TEST (Visits 4, 5, 7, 10 and 11 only)**

- 03** 3. Does the patient have a positive pregnancy test? <sub>1</sub> Yes <sub>0</sub> No <sub>9</sub> N/A
- If Yes, please complete the Termination of Study Participation form (TERM).*

**INTRANASAL STEROIDS**

- 04** 4. Is the patient on beclomethasone dipropionate at a dose  $\leq 100 \mu\text{g}$  in each nostril BID? <sub>1</sub> Yes <sub>0</sub> No

**ADVERSE EVENTS**

- 05** 5. **Ask the patient:** Have you experienced nervousness, tremors, nausea, palpitations, headaches, or dizziness since the last clinic visit? <sub>1</sub> Yes <sub>0</sub> No
- If Yes, please complete the Adverse Event form (ADVERSE).*
- 06** 6. **Ask the patient:** Have you had any other medical conditions since the last clinic visit? <sub>1</sub> Yes <sub>0</sub> No
- If Yes, please complete the Adverse Event form (ADVERSE).*