

# TLC Trial Form BIG\_FUP.04 Follow-up Visit

Center ID: \_\_\_\_\_ - \_\_\_\_\_  
Study ID: T \_\_\_\_\_ - \_\_\_\_\_  
Visit Code: F \_\_\_\_\_  
Date of Visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm/dd/yy

**INSTRUCTIONS:** This form is to be filled out at yearly post-treatment follow-up visits.

1. Has this child required inpatient hospitalization for any reason since her/his last TLC visit? Include **any** inpatient hospitalization, even if thought to be unrelated to TLC drug.

No                       Yes, specify \_\_\_\_\_

*If hospitalization occurred within 3 months of completion of treatment:  
Fill out TLC Form ADE*

2. Were vitamins dispensed?     No                       Yes

3. Has this child changed residence since the last visit?

No                       Yes

## PHYSICAL MEASUREMENTS

### 4. Length/Height

- a. **Method**                       Standing                       Supine

- b. **Measurement 1**    \_\_\_\_\_ . \_\_\_\_\_ cm                       Unable to obtain

- c. **Measurement 2**    \_\_\_\_\_ . \_\_\_\_\_ cm                       Unable to obtain

*If the first two height measurements differ by more than 0.5 cm, obtain a third height measurement.*

- d. **Measurement 3**    \_\_\_\_\_ . \_\_\_\_\_ cm                       Unable to obtain

- e. **Concerns**                       No problems

Interference from hair or non-removable hair ornaments

Child would/could not stay still

Other, specify: \_\_\_\_\_

### 5. Weight

- a. **Diaper**                       With                       Without                       Not applicable

- b. **Clothing**                       Underwear only                       Light clothing                       Heavy clothing

- c. **Shoes**                       With                       Without

- d. **Weight**                      \_\_\_\_\_ . \_\_\_\_\_ kg                      --OR--                      \_\_\_\_\_ lb \_\_\_\_\_ oz                       Unable to obtain

- e. **Concerns**                       No problems

Child would/could not stay still

Other, specify: \_\_\_\_\_

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6. **Head circumference**

- a. **Circumference** \_\_\_\_\_ . \_\_\_\_\_ cm ( )<sub>1</sub> Unable to obtain  
 b. **Concerns** ( )<sub>0</sub> No problems  
 ( )<sub>1</sub> Interference from hair or non-removable hair ornaments  
 ( )<sub>2</sub> Other, specify: \_\_\_\_\_

7. **Blood Pressure**

- a. **Method** ( )<sub>1</sub> Seated ( )<sub>2</sub> Supine ( )<sub>3</sub> Standing ( )<sub>4</sub> Other  
 b. **Reading 1** \_\_\_\_\_ / \_\_\_\_\_ ( )<sub>1</sub> Unable to obtain  
 c. **Concerns** ( )<sub>0</sub> No problems  
 ( )<sub>1</sub> Child was crying during BP measurement  
 ( )<sub>2</sub> Child would not/could not stay still  
 ( )<sub>3</sub> Other, specify: \_\_\_\_\_  
 d. **Reading 2** \_\_\_\_\_ / \_\_\_\_\_ ( )<sub>1</sub> Unable to obtain  
 e. **Concerns** ( )<sub>0</sub> No problems  
 ( )<sub>1</sub> Child was crying during BP measurement  
 ( )<sub>2</sub> Child would not/could not stay still  
 ( )<sub>3</sub> Other, specify: \_\_\_\_\_  
 f. **Reading 3** \_\_\_\_\_ / \_\_\_\_\_ ( )<sub>1</sub> Unable to obtain  
 g. **Concerns** ( )<sub>0</sub> No problems  
 ( )<sub>1</sub> Child was crying during BP measurement  
 ( )<sub>2</sub> Child would not/could not stay still  
 ( )<sub>3</sub> Other, specify: \_\_\_\_\_

**PHYSICAL EXAM**

8. **Eyes** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done  
 9. **ENT** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done  
 10. **Neck** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done  
 11. **Lungs** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done

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- 12. **Heart** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 13. **Abdomen** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 14. **Liver** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 15. **Lymph Nodes** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 16. **Extremities** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 17. **Skin** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 18. **Genitalia** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 19. **Neurological** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 20. **Other** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done

21. **TLC Clinician** \_\_\_\_\_  
*Signature* \_\_\_\_\_  
*TLC Code*

CDC BLOOD SAMPLE

22. **PbB**

*Place barcode label from CDC*  
**PbB**  
 sample in this box

ADMINISTRATIVE MATTERS

23. **TLC Staff** \_\_\_\_\_  
*Signature* \_\_\_\_\_  
*TLC Code*

COMMENTS