## TLC Trial Form LTL\_FUP.03 Follow-up Visit

Center ID:	
Study ID:	T
Visit Code:	F
Date of Visit	//

1.		Has this child required inpatient hospitalization for any reason since her/his last TLC visit? Include any inpatient hospitalization, even if thoughto be unrelated to TLC drug.				
			( ) <sub>0</sub> No	( ) <sub>1</sub> Yes, specify		
				If hospitalization occurred within 3 mo Fill out TLC Form ADE	onths of completion of treatment:	
2.	Were vi	tamins dispensed?	( ), No	( ) <sub>1</sub> Yes		
3.	Has this	Has this child changed residence since the last visit?				
			( ) <sub>0</sub> No	( ) <sub>1</sub> Yes		
PHY:	SICAL ME	EASUREMENTS				
	Length/Height					
	a.	Method	( ), Standing	( ) <sub>2</sub> Supine		
	b.	Length or height	·	cm ( ) <sub>1</sub> Unable to obtain		
	c.	Concerns	( ) <sub>0</sub> No probler	ms		
			( ) <sub>1</sub> Interference	ee from hair or non-removable hair ornamen	ts	
			( ) <sub>2</sub> Child would	ld/could not stay still		
			( ) <sub>3</sub> Other, spec	cify:		
5.	Weight					
	a.	Diaper	( ), With	( )2 Without	( ) <sub>3</sub> Not applicable	
	b.	Clothing	( ) <sub>1</sub> Underwear	ronly ( )2 Light clothing	( ) <sub>3</sub> Heavy clothing	
	c.	Shoes	( ) <sub>1</sub> With	( ) <sub>2</sub> Without		
	d.	Weight	·	kgORlb	oz ( ), Unable to obtain	
	e.	Concerns	( ) <sub>0</sub> No probler	ms		
			( ) <sub>1</sub> Child would	ld/could not stay still		
			( ) <sub>2</sub> Other, spec	eify:		

Study ID:	Т		
Visit Code:			F
Date of Visit		/	/

6.	Blood P	Pressure		
	a.	Method	( ) <sub>1</sub> Seated ( ) <sub>2</sub> Supine ( ) <sub>3</sub> Standing ( ) <sub>4</sub> Other	
	b.	Reading 1	/( )ı Unable to obtain	
	c.	Concerns	( ) <sub>0</sub> No problems	
			( ), 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	
			( ), Child was crying during BP measurement	
			( ) <sub>2</sub> Child would not/could not stay still	
			( ) <sub>3</sub> Other, specify:	
CDC B	BLOOD :	SAM PLE		
7.	PbB			
			Place barcode label from CDC  PbB  sample in this box	
		TIVE MATT	ERS	
8.	TLC Sta		gnature TLC Code	

COMMENTS