TLC Trial Form SCRNRVW.04
Pre-Randomization Eligibility Review

Center ID:	
Screening ID:	S
Visit Code:	

INSTR	UCTIONS:		n is to be filled out after completion of TLC Forms SCREEN (Parent/Guardian Interview) and SCRNLOG and before the een by a TLC clinician at Pre-Randomization Visit 1 (V1). If this form is completed over the telephone, enter "PHN" for 2.			
1.	Gender		$()_0$ Boy $()_1$ Girl			
2.	Date of b	irth	/ / mm/dd/gy			
3.	Referral	PbB				
	a.	Value	$_$ (), venous () ₂ capillary			
	b.	Date	/ / mm/dd/yy			
ELIG	IBILITY F	REVIEW	1			
4.	Has this c	child been	screened before for the TLC Trial?			
		() ₀ No	(), Yes			
			IF YES, under what screening ID? S			
5.	Will this	child s age	at randomization (in approximately 5 weeks) be less than 12 months or greater than 33 months?			
		() ₀ No	(), Yes			
6.	Was this	Was this child's birthweight less than three pounds?				
		() ₀ No	$()_1$ Yes $()_2$ Unknown			
7.	Does this	Does this child have a chronic illness precluding enrollment in the TLC Trial?				
		() ₀ Nc	(), Yes, specify			
8.	Is this chi	Is this child's current address outside the catchment area defined for this Center?				
		() ₀ Nc	(), Yes			
9.	Is this chi	Is this child's residence too dangerous for study personnel to visit?				
		() ₀ Nc	$()_1$ Yes $()_2$ Unknown			
10.	Does the	family pla	n to move outside the catchment area in the next six months?			
		() ₀ No	$()_{i}$ Yes $()_{2}$ Unknown			
11.	Is the chi	ld going to	be outside the catchment area for more than three of the next six months?			
		() ₀ No	$()_1$ Yes $()_2$ Unknown			
12.	Has the p	arent or le	gal guardian lived at five ormore different addresses in the last three years?			
		() ₀ No	() (), Yes			
13.	Is this ch	ild involve	d in a research study which conflicts with the TLC protocol?			
		(), No	$()_1$ Yes $()_2$ Unknown			

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14. Is there another child in the same household who is currently in the treatment phase of the TLC Trial?

 $()_0$ No $()_1$ Yes $()_2$ Unknown

If you have answered "Yes" to any of the above questions, this child is **NOT ELIGIBLE** for the TLC Trial.

ADMINISTRATIVE MATTERS								
15.	Date form completed	/ / mm/dd/yy						
16.	TLC Staff	Signature						
17.	Eligibility status	(), Eligible	() ₂ Not eligible, specify:					

COMMENTS