TLC Trial Form TX1.05

formerly Form RX2

Review of Medications and Physical Exam Treatment Day 7

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

INSTR	UCTIONS: This form is to be filled	ed out at Treatment Day 7 o	feach round of treatment.
1.	Treatment round	() ₁ First () ₂ Second () ₃ Third	T1 T5 T9
CAR	EGIVER INTERVIEW		
The fo	llowing questions should be asked dir	rectly of the adult accompan	nying the child at Treatment Day 7 of each round of treatment.
2.	Did you have any problems givin	ng <insert child's="" name=""> the</insert>	e medicine?
		() ₀ No	(), Yes
3.	About how many doses of medic	eine do you think <insert ch<="" td=""><td>ild's name> missed this past week?</td></insert>	ild's name> missed this past week?
		dose	s
4.	Has <insert child's="" name=""> move</insert>	ed since the last clinic visit?	
		() ₀ No	(), Yes
5.	Except for work related to the TI problems since the last clinic vis		ndergone any remodelling or repairs, been scraped for lead, or developed any structura
		() ₀ No	(), Yes, specify
6.	Is this child currently taking any	prescription medicine?	
		() ₀ No	(), Yes, specify
7.	Has this child required inpatient to be unrelated to TLC drug.	hospitalization for any reas-	on since her/his last TLC visit? Include any inpatient hospitalization, even if though
		() ₀ No	(), Yes, specify
		If YE	ES: Fill out TLC Form ADE
REV	IEW OF MEDICINE DIAF	RY	
8.	Did you bring <insert child's="" na<="" td=""><td>me> medicine diary with yo</td><td>u today?</td></insert>	me> medicine diary with yo	u today?
		() ₀ No	(), Yes
			IF YES: Record number of missed doses from diary
9.	Did the caregiver note any illnes	sses on TLC form MEDDIA	RY since the last TLC visit?
		() ₀ No	(), Yes, specify
	IF YES: a. In the opinion of the	TLC clinician, was this illne	ss associated with TLC drug?
		() ₀ No	(). Yes

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PHYSICAL MEASUREMENTS

10.	Length	/Height	
	a.	Method	() ₁ Standing () ₂ Supine
	b.	Length or height	cm (), Unable to obtain
	c.	Concerns	() ₀ No problems
			(), Interference from hair or non-removable hair ornaments
			() ₂ Child would/could not stay still
			() ₃ Other, specify:
11.	Weight	t	
	a.	Diaper	() ₁ With () ₂ Without () ₃ Not applicable
	b.	Clothing	() ₁ Underwear only () ₂ Light clothing () ₃ Heavy clothing
	c.	Shoes	() ₁ With () ₂ Without
	d.	Weight	kgOR lb oz () ₁ Unable to obtain
	e.	Concerns	() ₀ No problems
			(), Child would/could not stay still
			() ₂ Other, specify:
12.	Blood j	pressure	
	a.	Method	() ₁ Seated () ₂ Supine () ₃ Standing () ₄ Other
	b.	Reading 1	/ () ₁ Unable to obtain
	c.	Concerns	() ₀ No problems
			(), Child was crying during BP measurement
			() ₂ Child would/could not stay still
			() ₃ Other, specify:
	d.	Reading 2	/ () ₁ Unable to obtain
	e.	Concerns	() ₀ No problems
			(), Child was crying during BP measurement
			() ₂ Child would/could not stay still
			() ₃ Other, specify:

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REVIEW OF SYMPTOMS

		ABSENT	MILD	MODERATE	SEVERE	Associated with drug?
13.	Nausea	() ₀	()1	()2	()3	()1
14.	Vomiting	()0	()1	()2	()3	()1
15.	Diarrhea	()0	()1	()2	()3	()1
16.	Abdominal pain	()0	()1	()2	()3	()1
17.	Change in sleeping habits	() ₀	()1	()2	()3	()1
18.	Irritability	()0	()1	()2	()3	()1
19.	Rashes	()0	()1	()2	()3	()1
20.	Change in eating habits	()0	()1	()2	()3	()1
21.	Ear ache or ear infection	()0	()1	()2	()3	()1
22.	Other	()0	()1	()2	()3	()1
	If OTHER, specify:					

PHYSICAL EXAM

23.	Eyes	(), Normal	() ₂ Abnormal, specify	() ₃ Not Done
24.	ENT	(), Normal	() ₂ Abnormal, specify	() ₃ Not Done
25.	Neck	(), Normal	() ₂ Abnormal, specify	() ₃ Not Done
26.	Lungs	(), Normal	() ₂ Abnormal, specify	() ₃ Not Done
27.	Heart	(), Normal	() ₂ Abnormal, specify	() ₃ Not Done
28.	Abdomen	(), Normal	() ₂ Abnormal, specify	() ₃ Not Done
29.	Liver	(), Normal	() ₂ Abnormal, specify	() ₃ Not Done
30.	Lymph Nodes	(), Normal	() ₂ Abnormal, specify	() ₃ Not Done
31.	Extremities	(), Normal	() ₂ Abnormal, specify	() ₃ Not Done
32.	Skin	(), Normal	() ₂ Abnormal, specify	() ₃ Not Done

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3.	Genitalia	() ₁ Normal	() ₂ Abnormal, specify	_	() ₃ Not Done
4.	Neurological	(), Normal	() ₂ Abnormal, specify		() ₃ Not Done
5.	Other	(), Normal	() ₂ Abnormal, specify		() ₃ Not Done
VI	EW BY TLC C	LINICIAN			
	In the opinion of	the TLC clinician, is this	child on active drug or placebo?		
		() ₁ Ac	tive () ₂ Placebo	() ₃ No opinion	
		` '.	` / -		
	TLC Clinician				- TLC Code
	TLC Clinician	Signature			TLC Code
ЭC	TLC Clinician	Signature			TLC Code
DC		Signature			TLC Code
)C	BLOOD SAM	PLES	ce barcode label from CDC PbB		TLC Code
	BLOOD SAM	PLES	ce barcode label from CDC		TLC Code
	BLOOD SAM	PLES	ce barcode label from CDC PbB		TLC Code
OC.	BLOOD SAM РЬВ	PLES	ce barcode label from CDC PbB		TLC Code

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COMMENTS