TLC Trial Form TX3.05 formerly Form RX4

Treatment Day 42

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

INSTR	UCTIONS: This form is to b	be filled out on Treatment Day 42 oj	f each round of treatment.			
1.	Treatment round	(), First () ₂ Second () ₃ Third	T3 T7 T11			
CAR	EGIVER INTERVIEW	1				
The fo	llowing questions should be ask	xed directly of the adult accompany	ring the child at Treatment Day 28 of each round of treatment.			
2.	Has <insert child's="" name=""></insert>	moved since the last clinic visit?				
		() ₀ No	(), Yes			
3.	Except for work related to problems since the last clir		lergone any remodelling or repairs, been scraped for lead, or developed any structur			
		() ₀ No	(), Yes, specify			
4.	Has this child required inpatient hospitalization for any reason since her/his last TLC visit? Include any inpatient hospitalization, even if thoug to be unrelated to TLC drug.					
		() ₀ No	(), Yes, specify			
			If YES: Fill out TLC Form ADE			
PHY	SICAL MEASUREME	NTS	_			
5.	Length/Height					
	a. Method	() ₁ Standing () ₂ S	Supine			
	b. Length or heig	ghtcm	() ₁ Unable to obtain			
	c. Concerns	() ₀ No problems				
		() ₁ Interference from hair	or non-removable hair ornaments			
		() ₂ Child would/could not	t stay still			
		() ₃ Other, specify:				
6.	Weight					
	a. Diaper	(), With	() ₂ Without () ₃ Not applicable			
	b. Clothing	() ₁ Underwear only	() ₂ Light clothing () ₃ Heavy clothing			
	c. Shoes	(), With	() ₂ Without			
	d. Weight	kg	OR lb oz () ₁ Unable to obtain			
	e. Concerns	() ₀ No problems				
		(), Child would/could not	t stay still			
		() ₂ Other, specify:				

			Visit Code: T
			Date of Visit / /
7.	Blood	pressure	
	a.	Method	() ₁ Seated () ₂ Supine () ₃ Standing () ₄ Other
	b.	Reading 1	/ (), Unable to obtain
	c.	Concerns	() ₀ No problems
			(), Child was crying during BP measurement
			() ₂ Child would not/could not stay still
			(), Other, specify:
	d.	Reading 2	/() ₁ Unable to obtain
	e.	Concerns	() ₀ No problems
			() ₁ Child was crying during BP measurement
			() ₂ Child would not/could not stay still
			() ₃ Other, specify:
REVI	IEW BY	TLC CLINICI	AN
8.	In the	opinion of the TLC c	clinician, is this child on active drug or placebo?
			() ₁ Active () ₂ Placebo () ₃ No opinion
9.			Signature TLC Code
CDC	RLOO	D SAMPLES	
10.	PbB	<i>5 07</i> 220	
10.	1 00		
			Place barcode label from CDC PbB
			sample in this box

Center ID: Study ID:

COMMENTS

11.

ADMINISTRATIVE MATTERS

Signature

TLC Staff

TLC Code