

COMPLIANCE

Subject ID: 2
 Subject Initials: _____
 Visit Number: _____
 Current Date: _____ / _____ / _____
 month day year
 Interviewer ID: _____

(Clinic Coordinator completed)

This form must be completed at each visit and between visits when new medication is distributed.

COM_01 1. Is this a packet form? ₁ Yes ₀ No

COM_02 2. If **No**, please indicate type of medication(s) distributed. ₁ rescue inhaler only
₂ capsules only (V2 - V5)
₃ both medications

RESCUE INHALERS

COM_03 3. Is there an "old" canister to be weighed? ₁ Yes ₀ No

COM_03a If **No**, why not? ₁ Visit 1
₂ "old" canister was lost
₃ other

COM_03b If **Yes**, provide weight (*canister only*). _____ . _____ g

COM_04 4. Is there a "new" canister to be weighed? ₁ Yes ₀ No

COM_04a If **No**, why not? ₁ Visit 6
₂ "old" canister is being re-used
₃ other

COM_04b If **Yes**, provide weight (*canister only*). _____ . _____ g

CAPSULES

COM_05 5. Did the subject return any capsules? ₁ Yes ₀ No

COM_05a If **No**, why not? ₁ Visit 1 or 2
₂ all capsules were taken
₃ "old" capsules were lost
₄ other

COM_5b If **Yes**, provide number of **returned** capsules since the last visit. _____

COM_DLN (**Visits 3 - 5**) Affix and sign the new drug label for the capsules below :

By signing the label here you are confirming that you have
 1) checked the label on the medication with the drug packet number on the outside of the packet and
 2) confirmed that the drug is being given to the subject with the name and ID number written on the packet.