

Please indicate current physical findings by checking the appropriate box(es) below and if ABNORMAL, please describe concisely:

		Not Done	Normal	Abnormal	
<input type="checkbox"/> LX_07	7. Hair and Skin	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
<input type="checkbox"/> LX_08	8. Lymph nodes	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
<input type="checkbox"/> LX_09	9. Eyes (excluding corrective lenses)	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
<input type="checkbox"/> LX_10	10. Ears, Nose, and Throat	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
<input type="checkbox"/> LX_11	11. Respiratory (excluding asthma)	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
<input type="checkbox"/> LX_12	12. Cardiovascular	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
<input type="checkbox"/> LX_13	13. Gastrointestinal	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
<input type="checkbox"/> LX_14	14. Musculoskeletal	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
<input type="checkbox"/> LX_15	15. Neurological	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____
<input type="checkbox"/> LX_16	16. Mental Status	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	_____

INTRANASAL STEROIDS (Visits 6 and 9 only)

LX_17 17. Is the subject on beclomethasone dipropionate at a dose $\leq 100 \mu\text{g}$ in each nostril BID? ₁ Yes ₀ No

ADVERSE EVENTS (Visits 6 and 9 only)

LX_18 18. **Ask the subject:** Have you experienced gastrointestinal side effects, abdominal cramping, diarrhea, or any other medical conditions since the last clinic visit? ₁ Yes ₀ No

LX_18a If **Yes**, is this an ongoing event from a previous visit? ₁ Yes ₀ No

If this is a new event since the last visit, please complete the Clinical Adverse Events form (AECLIN).

If any of the Clinical Adverse Events warrant a laboratory test, report any adverse results on a Laboratory Adverse Events form (AELAB).