

TLC Trial Form TX3.05
formerly Form RX4
Treatment Day 42

Center ID:	_____ - _____
Study ID:	T _____ - _____
Visit Code:	T _____
Date of Visit	_____/_____/_____

INSTRUCTIONS: This form is to be filled out on Treatment Day 42 of each round of treatment.

1. Treatment round ()₁ First T3
()₂ Second T7
()₃ Third T11

CAREGIVER INTERVIEW

The following questions should be asked directly of the adult accompanying the child at Treatment Day 28 of each round of treatment.

2. Has <insert child's name> moved since the last clinic visit?
()₀ No ()₁ Yes
3. Except for work related to the TLC Study, has your home undergone any remodelling or repairs, been scraped for lead, or developed any structural problems since the last clinic visit?
()₀ No ()₁ Yes, specify _____
4. Has this child required inpatient hospitalization for any reason since her/his last TLC visit? Include **any** inpatient hospitalization, even if thought to be unrelated to TLC drug.
()₀ No ()₁ Yes, specify _____

If YES: Fill out TLC Form ADE

PHYSICAL MEASUREMENTS

5. Length/Height
- a. Method ()₁ Standing ()₂ Supine
- b. Length or height _____ . _____ cm ()₁ Unable to obtain
- c. Concerns ()₀ No problems
()₁ Interference from hair or non-removable hair ornaments
()₂ Child would/could not stay still
()₃ Other, specify: _____
6. Weight
- 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 _____ . _____ kg --OR-- _____ lb _____ oz ()₁ Unable to obtain
- e. Concerns ()₀ No problems
()₁ Child would/could not stay still
()₂ Other, specify: _____

