

# TLC Trial Form BIG\_FUP.04 Follow-up Visit

Center ID: \_\_\_\_\_ - \_\_\_\_\_  
Study ID: T \_\_\_\_\_ - \_\_\_\_\_  
Visit Code: F \_\_\_\_\_  
Date of Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy

*INSTRUCTIONS: This form is to be filled out at yearly post-treatment follow-up visits.*

1. 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.

( )<sub>0</sub> No ( )<sub>1</sub> Yes, specify \_\_\_\_\_

*If hospitalization occurred within 3 months of completion of treatment:  
Fill out TLC Form ADE*

2. Were vitamins dispensed? ( )<sub>0</sub> No ( )<sub>1</sub> Yes

3. Has this child changed residence since the last visit?

( )<sub>0</sub> No ( )<sub>1</sub> Yes

## PHYSICAL MEASUREMENTS

### 4. Length/Height

a. **Method** ( )<sub>1</sub> Standing ( )<sub>2</sub> Supine

b. **Measurement 1** \_\_\_\_\_ . \_\_\_\_\_ cm ( )<sub>1</sub> Unable to obtain

c. **Measurement 2** \_\_\_\_\_ . \_\_\_\_\_ cm ( )<sub>1</sub> Unable to obtain

*If the first two height measurements differ by more than 0.5 cm, obtain a third height measurement.*

d. **Measurement 3** \_\_\_\_\_ . \_\_\_\_\_ cm ( )<sub>1</sub> Unable to obtain

e. **Concerns** ( )<sub>0</sub> No problems

( )<sub>1</sub> Interference from hair or non-removable hair ornaments

( )<sub>2</sub> Child would/could not stay still

( )<sub>3</sub> Other, specify: \_\_\_\_\_

### 5. Weight

a. **Diaper** ( )<sub>1</sub> With ( )<sub>2</sub> Without ( )<sub>3</sub> Not applicable

b. **Clothing** ( )<sub>1</sub> Underwear only ( )<sub>2</sub> Light clothing ( )<sub>3</sub> Heavy clothing

c. **Shoes** ( )<sub>1</sub> With ( )<sub>2</sub> Without

d. **Weight** \_\_\_\_\_ . \_\_\_\_\_ kg --OR-- \_\_\_\_\_ lb \_\_\_\_\_ oz ( )<sub>1</sub> Unable to obtain

e. **Concerns** ( )<sub>0</sub> No problems

( )<sub>1</sub> Child would/could not stay still

( )<sub>2</sub> Other, specify: \_\_\_\_\_

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6. **Head circumference**

- a. **Circumference** \_\_\_\_\_ . \_\_\_\_\_ cm ( )<sub>1</sub> Unable to obtain  
 b. **Concerns** ( )<sub>0</sub> No problems  
 ( )<sub>1</sub> Interference from hair or non-removable hair ornaments  
 ( )<sub>2</sub> Other, specify: \_\_\_\_\_

7. **Blood Pressure**

- a. **Method** ( )<sub>1</sub> Seated ( )<sub>2</sub> Supine ( )<sub>3</sub> Standing ( )<sub>4</sub> Other  
 b. **Reading 1** \_\_\_\_\_ / \_\_\_\_\_ ( )<sub>1</sub> Unable to obtain  
 c. **Concerns** ( )<sub>0</sub> No problems  
 ( )<sub>1</sub> Child was crying during BP measurement  
 ( )<sub>2</sub> Child would not/could not stay still  
 ( )<sub>3</sub> Other, specify: \_\_\_\_\_  
 d. **Reading 2** \_\_\_\_\_ / \_\_\_\_\_ ( )<sub>1</sub> Unable to obtain  
 e. **Concerns** ( )<sub>0</sub> No problems  
 ( )<sub>1</sub> Child was crying during BP measurement  
 ( )<sub>2</sub> Child would not/could not stay still  
 ( )<sub>3</sub> Other, specify: \_\_\_\_\_  
 f. **Reading 3** \_\_\_\_\_ / \_\_\_\_\_ ( )<sub>1</sub> Unable to obtain  
 g. **Concerns** ( )<sub>0</sub> No problems  
 ( )<sub>1</sub> Child was crying during BP measurement  
 ( )<sub>2</sub> Child would not/could not stay still  
 ( )<sub>3</sub> Other, specify: \_\_\_\_\_

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**PHYSICAL EXAM**

8. **Eyes** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done  
 9. **ENT** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done  
 10. **Neck** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done  
 11. **Lungs** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done

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- 12. **Heart** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 13. **Abdomen** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 14. **Liver** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 15. **Lymph Nodes** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 16. **Extremities** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 17. **Skin** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 18. **Genitalia** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 19. **Neurological** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done
- 20. **Other** ( )<sub>1</sub> Normal ( )<sub>2</sub> Abnormal, specify ( )<sub>3</sub> Not Done

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21. **TLC Clinician** \_\_\_\_\_ - \_\_\_\_\_  
*Signature* *TLC Code*

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**CDC BLOOD SAMPLE**

22. **PbB**

*Place barcode label from CDC*  
**PbB**  
 sample in this box

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**ADMINISTRATIVE MATTERS**

23. **TLC Staff** \_\_\_\_\_ - \_\_\_\_\_  
*Signature* *TLC Code*

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**COMMENTS**