

# TLC Trial Form SCREEN.03 Parent/Guardian Interview Pre-Randomization Eligibility Review

Center ID: \_\_\_\_\_ - \_\_\_\_\_  
Screening ID: S \_\_\_\_\_ - \_\_\_\_\_  
Visit Code: \_\_\_\_\_

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*INSTRUCTIONS: This interview is to be administered to the parent or legal guardian of a potential subject prior to or at the beginning of Pre-Randomization Visit 1 (V1). Before beginning the interview, confirm that you are speaking to the parent or legal guardian of the subject.*

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1. How much did <insert child's name> weigh when he or she was born?  
\_\_\_\_\_ lbs \_\_\_\_\_ oz --OR-- \_\_\_\_\_ grams  
( )<sub>0</sub> Don't know
2. Does <insert child's name> have an illness or medical problem which requires frequent visits to the doctor or any special medicines?  
( )<sub>0</sub> No ( )<sub>1</sub> Yes, specify \_\_\_\_\_
3. Do you have **definite** plans to move out of the area within the next six months?  
( )<sub>0</sub> No ( )<sub>1</sub> Yes ( )<sub>2</sub> Don't know
4. Will <insert child's name> be away from the area for more than three of the next six months?  
( )<sub>0</sub> No ( )<sub>1</sub> Yes ( )<sub>2</sub> Don't know
5. How long have you <parent> lived at your present address?  
\_\_\_\_\_ Years \_\_\_\_\_ Months  
*If less than three years:*
  - a. How many different addresses have you <parent> lived at during the last three years?  
\_\_\_\_\_ addresses
6. Is <insert child's name> currently enrolled in any **other** research study?  
( )<sub>0</sub> No ( )<sub>1</sub> Yes ( )<sub>2</sub> Don't know  
*IF YES:*
  - a. What is the name of the study? *If does not know name of study:* Where do you go for visits?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Does <insert child's name> give blood as part of this study?  
( )<sub>0</sub> No ( )<sub>1</sub> Yes ( )<sub>2</sub> Don't know
  - c. Does <insert child's name> get any shots as part of this study?  
( )<sub>0</sub> No ( )<sub>1</sub> Yes ( )<sub>2</sub> Don't know
  - d. Does <insert child's name> take any medicine as part of this study?  
( )<sub>0</sub> No ( )<sub>1</sub> Yes ( )<sub>2</sub> Don't know
  - e. Are there any psychological tests as part of this study?  
( )<sub>0</sub> No ( )<sub>1</sub> Yes ( )<sub>2</sub> Don't know

