

TLC Trial Form SCRNRVW.04 Pre-Randomization Eligibility Review

Center ID:	_____ - _____
Screening ID:	S _____ - _____
Visit Code:	_____

INSTRUCTIONS: This form is to be filled out **after** completion of TLC Forms SCREEN (Parent/Guardian Interview) and SCRNLG and **before** the child is seen by a TLC clinician at Pre-Randomization Visit 1 (V1). If this form is completed over the telephone, enter "PHN" for visit code.

1. **Gender** ₀ Boy ₁ Girl
2. **Date of birth** _____ / _____ / _____ mm/dd/yy
3. **Referral PbB**
 - a. **Value** _____ ₁ venous ₂ capillary
 - b. **Date** _____ / _____ / _____ mm/dd/yy

ELIGIBILITY REVIEW

4. Has this child been screened before for the TLC Trial?
 ₀ No ₁ Yes
IF YES, under what screening ID? S _____ - _____
5. Will this child's age at randomization (in approximately 5 weeks) be less than 12 months or greater than 33 months?
 ₀ No ₁ Yes
6. Was this child's birthweight less than three pounds?
 ₀ No ₁ Yes ₂ Unknown
7. Does this child have a chronic illness precluding enrollment in the TLC Trial?
 ₀ No ₁ Yes, specify _____
8. Is this child's current address outside the catchment area defined for this Center?
 ₀ No ₁ Yes
9. Is this child's residence too dangerous for study personnel to visit?
 ₀ No ₁ Yes ₂ Unknown
10. Does the family plan to move outside the catchment area in the next six months?
 ₀ No ₁ Yes ₂ Unknown
11. Is the child going to be outside the catchment area for more than three of the next six months?
 ₀ No ₁ Yes ₂ Unknown
12. Has the parent or legal guardian lived at five or more different addresses in the last **three** years?
 ₀ No ₁ Yes
13. Is this child involved in a research study which conflicts with the TLC protocol?
 ₀ No ₁ Yes ₂ Unknown

Send to:
TLC Data Coordinating Center

