

TLC Trial Form TX2.05

formerly Form RX3

Review of Medications and Physical Exam Treatment Day 28

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

INSTRUCTIONS: This form is to be filled out on Treatment Day 28 of each round of treatment.

1. Treatment round
- | | | |
|---------------------------------------|--------|-----|
| <input type="checkbox"/> ₁ | First | T2 |
| <input type="checkbox"/> ₂ | Second | T6 |
| <input type="checkbox"/> ₃ | Third | T10 |

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. Did you have any problems giving <insert child's name> the medicine?
- ₀ No ₁ Yes
3. About how many **doses** of medicine do you think <insert child's name> missed this past week?
- _____ doses
4. Has <insert child's name> moved since the last clinic visit?
- ₀ No ₁ Yes
5. 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 _____
6. Is this child currently taking any prescription medicine?
- ₀ No ₁ Yes, specify _____
7. 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

REVIEW OF MEDICINE DIARY

8. Did you bring <insert child's name> medicine diary with you today?
- ₀ No ₁ Yes
- IF YES: Record number of missed doses from diary _____*
9. Did the caregiver note any illnesses on TLC form MEDDIARY since the last TLC visit?
- ₀ No ₁ Yes, specify _____
- IF YES:*
- a. In the opinion of the TLC clinician, was this illness associated with TLC drug?
- ₀ No ₁ Yes

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

PHYSICAL MEASUREMENTS

10. **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: _____

11. **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: _____

12. **Blood pressure**

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

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

REVIEW OF SYMPTOMS

	ABSENT	MILD	MODERATE	SEVERE	Associated with drug?
13. Nausea	() ₀	() ₁	() ₂	() ₃	() ₁
14. Vomiting	() ₀	() ₁	() ₂	() ₃	() ₁
15. Diarrhea	() ₀	() ₁	() ₂	() ₃	() ₁
16. Abdominal pain	() ₀	() ₁	() ₂	() ₃	() ₁
17. Change in sleeping habits	() ₀	() ₁	() ₂	() ₃	() ₁
18. Irritability	() ₀	() ₁	() ₂	() ₃	() ₁
19. Rashes	() ₀	() ₁	() ₂	() ₃	() ₁
20. Change in eating habits	() ₀	() ₁	() ₂	() ₃	() ₁
21. Ear ache or ear infection	() ₀	() ₁	() ₂	() ₃	() ₁
22. Other	() ₀	() ₁	() ₂	() ₃	() ₁

If OTHER, specify: _____

PHYSICAL EXAM

23. Eyes	() ₁ Normal	() ₂ Abnormal, specify _____	() ₃ Not Done
24. ENT	() ₁ Normal	() ₂ Abnormal, specify _____	() ₃ Not Done
25. Neck	() ₁ Normal	() ₂ Abnormal, specify _____	() ₃ Not Done
26. Lungs	() ₁ Normal	() ₂ Abnormal, specify _____	() ₃ Not Done
27. Heart	() ₁ Normal	() ₂ Abnormal, specify _____	() ₃ Not Done
28. Abdomen	() ₁ Normal	() ₂ Abnormal, specify _____	() ₃ Not Done
29. Liver	() ₁ Normal	() ₂ Abnormal, specify _____	() ₃ Not Done
30. Lymph Nodes	() ₁ Normal	() ₂ Abnormal, specify _____	() ₃ Not Done
31. Extremities	() ₁ Normal	() ₂ Abnormal, specify _____	() ₃ Not Done

