

Site Number: _____ Participant ID: _____ Participant Letters: _____

A. VISIT INFORMATION

1. Date Visit Completed (e.g. 10/Sep/2015): * / /
DAY MONTH YEAR

B. MEDICAL HISTORY

1. Have there been any changes in health since the last scheduled visit? * Y N

2. Have there been any changes in concomitant medications since the last scheduled visit? * Y N

C. PREGNANCY MONITORING

1. Does the participant have reproductive or childbearing potential? * Y N

If YES,

a. Was a urine pregnancy test completed at this visit? * Y N

If YES,

1) Was the test result positive? * Y N

D. GENERAL PHYSICAL EXAM

1. Seated arm blood pressure: * mmHg (Systolic) / mmHg (Diastolic) not done

2. Weight: * kg not done

3. Height: * cm not done

a. Was a physical exam performed at this visit? * Yes No

- | | Findings |
|------------------|--|
| a. HEENT* | <input type="radio"/> Normal
<input type="radio"/> Abnormal
<input type="radio"/> Not Assessed |
| b. Neck/Thyroid* | <input type="radio"/> Normal
<input type="radio"/> Abnormal
<input type="radio"/> Not Assessed |
| c. Heart* | <input type="radio"/> Normal
<input type="radio"/> Abnormal
<input type="radio"/> Not Assessed |

If ABNORMAL, explain:

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d. Lungs*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
e. Pulses*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
f. Musculoskeletal*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
g. Genitalia*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
h. Abdomen*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
i. Lymphatics*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
j. Skin*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
k. Neurologic*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
l. Other*	<input type="radio"/> Abnormal <input type="radio"/> Not Assessed	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

E. COMPLIANCE (The Study Coordinator should assess the participant’s study drug compliance and record on Source Document)

1. Was the participant contacted at a minimum of every other week between visits?*	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Y</td> <td style="width:50%; text-align: center;">N</td> </tr> </table>	Y	N
Y	N		
2. Is the participant currently taking study drug?*	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Y</td> <td style="width:50%; text-align: center;">N</td> </tr> </table>	Y	N
Y	N		