

**Vital Signs**

Please mark if evaluation was not done

Any significant findings after the start of the study drug should be recorded on the Adverse Events page.

Please circle the correct measurement, when applicable.

**Weight** \_\_\_\_\_ kg or lb

**Sitting Pulse** \_\_\_\_\_ bpm

**Sitting Blood Pressure** \_\_\_\_\_ / \_\_\_\_\_  
systolic/diastolic  
MmHg

**Respirations** \_\_\_\_\_ /minute

**Temperature** \_\_\_\_\_ degrees Centigrade or Fahrenheit

**Collect Symptom Diary**


Month Day Year

0 \_\_\_ No

1 \_\_\_ Yes

**Dispense Symptom Diary**


Month Day Year

0 \_\_\_ No

1 \_\_\_ Yes

**Urine Pregnancy Test**


Month Day Year

0 \_\_\_ Negative

1 \_\_\_ Positive

9 \_\_\_ N/A

**Last Menstrual Cycle Start Date**


Month Day Year

0 \_\_\_ No

1 \_\_\_ Yes

9 \_\_\_ N/A

### Scintigraphy (Gastric Emptying)

**SCG**

**Scint Completed** \_\_\_\_\_ **0 = No**  
**1 = Yes**  
**9 = Unknown**

**Date of Scintigraphy**    |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|  
                                  Month    Day    Year

**Results:**                    **0**    \_\_\_\_\_  
  
                                  **30 min.** \_\_\_\_\_  
  
                                  **60 min.** \_\_\_\_\_  
  
                                  **120 min.** \_\_\_\_\_  
  
                                  **240 min.** \_\_\_\_\_  
  
                                  **Mins GET 1/2** \_\_\_\_\_  
  
                                  **% CF 6 hrs**    \_\_\_\_\_

**Results**  
**0**\_\_Normal  
**1**\_\_Delayed

### Gastric Accommodation (Mayo Sites Only)

**Spect Completed** \_\_\_\_\_ **0 = No**  
**1 = Yes**  
**9 = N/A**

**Date of Test:**            |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|  
                                  Month    Day    Year

**Results:**                    \_\_\_\_\_

### Liquid Nutrient Drink Test

**Drink Test Completed** \_\_\_\_\_ **0 = No**  
**1 = Yes**  
**9 = N/A**

**Date of Test:**

Month	Day	Year							

**Total Volume** \_\_\_\_\_ **ml**