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Dataset: F16

Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial

Follow-up Visit Form (Form # 16)

PID	ALPHCD	VISN	VISDT
1. Participant ID Number	2. Alpha Code	3. Visit Number	4. Date of Visit (dd/mmm/yyyy)

5. Primary reason for this visit ..... ___ VISRSN
   1 = protocol visit
   2 = adverse event
   3 = laboratory
   4 = dispensing medications
   5 = questions/counseling

Symptoms since the last visit. Code 0 = no, 1 = yes.

6. Edema (10014210) ..... ___ EDEMA
7. Fainting (10016169) ..... ___ FAINT
8. Dizzy on standing (10013581) ..... ___ DIZZY
9. Nausea (10028813) ..... ___ NAUSEA
10. Vomiting (10047700) ..... ___ VOMIT
11. Diarrhea (10012727) ..... ___ DIARRH
12. a. Cough (10011224) ..... ___ COUGH
    b. If the participant is taking lisinopril, was the cough related to lisinopril? ..... (0 = no, 1 = yes, 8 = not applicable) ___ CLISIN1

Other Symptoms:	MedDRA Code:
13. MDVT1	mdcllt1
14. MDVT2	mdcllt2
15. MDVT3	MDCLLT3
16. MDVT4	MDCLLT4

If a significant/severe symptom is new, increased, unexpected, and/or precipitates a study medication change, complete the Adverse Event Form (Form #60). Use the Serious Adverse Event Form (Form #61) for serious events that are life threatening.

17. Current menarche status?..... ___ MNSTAT
    1 = pre menarche female
    2 = currently menstruating female
    3 = post menopausal
    8 = not applicable (male)

18. Low potassium diet prescribed? ..... (0 = no, 1 = yes, 9 = unknown) ___ LPOTAS

19. Low sugar diet prescribed? ..... (0 = no, 1 = yes, 9 = unknown) ___ LSUGAR

20. Review the patient prescription with the participant. Ask the participant:
    "Have you missed any pills in the last week?"..... (0 = no, 1 = yes, 8 = not applicable) ___ CLISIN2

200. Date this form completed.....(dd/mmm/yyyy) ___ ___/___ ___ ___/___ ___ ___ ___

201. Username of person completing this form..... ___ ___ ___ ___ ___ ___ ___ ___

Automatically stored:

202. Date this form entered (dd/mmm/yyyy) ("Created On")

203. Username of person entering this form ("By")