

PEDS-C

Untreated Follow-Up Assessment Summary

Follow-Up Week 20 Telephone

PDC 66
Rev 1
08/22/2006
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19243

Please Use Black Pen To Fill Out Form.

Week #	Date of Assessment	Patient ID	Patient Letter Code	
[][] [][]	[][] / [][] / [][][][]	[][] - [][][][] - [][]	[][][][]	○ Correction
	mm dd yyyy			

Concurrent Medications and Conditions (Continued)

CRA Use Only

4.A. Is the patient a female at least 10 years of age? Yes No

If **No**, skip to item 5.

B. Was a urine pregnancy test done? Yes No

If **No**, skip to item 5.

C. Date of the test: [][] / [][] / [][][][]

mm dd yyyy

D. Urine pregnancy test result: Positive Negative

If **Negative**, skip to item 5.

E. Was a serum pregnancy test done? Yes No

If **No**, skip to item 5.

F. Date of the test: [][] / [][] / [][][][]

mm dd yyyy

G. Serum pregnancy test result: Positive Negative

H. If either the urine or serum test was **Positive**, was the pregnancy reported to your PI, the DCC/CRO, and the Ribavirin Registry (1-800-593-2214) within 24 hours? Yes No

5. Is the patient a sexually active female at least 10 years old or a sexually active male? Yes No

If **No**, skip to Signature and Certif. #.

6. Indicate all types of contraception used (Answer each item):

- | | | |
|---|-----------------------|-----------------------|
| A. Oral contraceptive | <input type="radio"/> | <input type="radio"/> |
| B. Intrauterine contraceptive device | <input type="radio"/> | <input type="radio"/> |
| C. Depot contraceptives (implants, injectables) | <input type="radio"/> | <input type="radio"/> |
| D. Physical barrier (condom, diaphragm) | <input type="radio"/> | <input type="radio"/> |
| E. Abstinence | <input type="radio"/> | <input type="radio"/> |
| F. None | <input type="radio"/> | <input type="radio"/> |
| G. Other | <input type="radio"/> | <input type="radio"/> |

Specify

Signature: _____

Certif. #: [][] - [][][][]