

A1. Site/Study ID #: \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_  
A2. Date: \_\_\_ / \_\_\_ / \_\_\_  
Month Day Year

A3. Staff Initials: \_\_\_  
A4. Follow-up visit (month): 2 Week  1  2  3  6  OR Age: \_\_\_ mo/yr To DCC

**SECTION B: SCREENING**

- B1. Does or did the subject have hypertension (SBP  $\geq$ 112) ZFUB01HT V2(2) 1.  No 2.  Yes → Complete form S20B
- B2. Does or did the subject experience hyperglycemia (glucose  $\geq$ 200mg/dl) ZFUB02HY V2(2) 1.  No 2.  Yes → Complete form S20C
- B3. Does or did the subject experience hypokalemia (Potassium level  $<$ 3.0 meq/L) ZFUB03PL V2(2) 1.  No 2.  Yes → Complete form S20D
- B4. Does or did the subject experience impaired wound healing? ZFUB04WH V2(2) 1.  No 2.  Yes → Complete form S20E
- B5. Does or did the subject experience GI bleeding? ZFUB05GI V2(2) 1.  No 2.  Yes → Complete form S20F
- B6. Does or did the subject have pancreatitis? ZFUB06PA V2(2) 1.  No 2.  Yes → Complete form S20G
- B7. Does or did the subject experience severe irritability? ZFUB07SI V2(2) 1.  No 2.  Yes → Complete form S20H
- B8. Does or did the subject have a vaccine preventable infection? ZFUB08VA V2(2) 1.  No 2.  Yes → Complete form S20I
- B9. Does the subject have cataracts? ZFUB09CA V2(2) 1.  No 2.  Yes → Complete form S20J
- B10. Did the subject have any medical visits related to sentinel events? ZFUB10SE 1.  No 2.  Yes → Complete forms 24 & 25

Investigator Signature: ZFUINSIG V2(2) Date: ZFUSIGMM V2(2)/ ZFUSIGDD V2(2)/ ZFUSIGYY V2(4)/ ZFUSIGDT  
Month Day Year  
ZFUCMMNT V2(800) Comment