

A1. Site/Study ID #: ____ / ____

A2. Date: ____ / ____ / ____
Month Day Year

A3. Initials: ____

Please complete the following form and place it in the attached, addressed envelope. Seal the envelope and return it to the study nurse.

SECTION M: MOTHER or PRIMARY GUARDIAN

M1. Completed by 1. Mother 2. Guardian ZTMF01CB V2(2)

M2. Based on your observation of your child, you: ZTMF02OB V2(2)

1. Strongly believe that the child was randomized to receive steroids → **END**
2. Think it is likely that the child was randomized to receive steroids → **END**
3. Cannot decide to which the child was randomized → **END**
4. Think it is likely that the child was randomized to receive placebo → **END**
5. Strongly believe that the child was randomized to receive placebo → **END**

M3. If you have been informed which treatment your child is receiving,

a. Who informed you? ZTMF03AW V2*300) _____

b. When were you informed? ZTMF03BW V2(300) _____

c. Which treatment is your child receiving? ZTMF03CT V2(2) 1. Steroids 2. Placebo