

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 coordinator.

SECTION S: Surgeon

S1. Based on your observation of the child, you: ZTSH01OB V2(2)

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

Surgeon Signature: ZTSINSIG V2(2) Date: ZTSSIGMM V2(2)/ ZTSSIGDD V2(2)/ ZTSSIGYY V2(4)/ ZTSSIGDT

Month Day Year

ZTSCMMNT V2(800) Comment