Participant ID:	Date of Registration:	
Local ID:	Letters:	
Status:		
Site:		

OT06 - 3 Month Interim Phone Contact

* These fields are required in order to SAVE the							
* These fields are required in order to COMPLETE th							
Date of Visit: *		~		Date			
Interviewer User ID: *							
A. VISIT INFORMATION							
Information gathered from	:	OParent (Mother, Father)					
		⊖Guardian					
		○ Participant					
B. MEDICAL HISTORY							
1. Have there been any changes in health since the last scheduled visit?					⊖Yes ⊖No		
2. Have there been any changes in concomitant medications since last scheduled visit?					⊖Yes ⊖No		
C. PREGNANCY MONITORING							
1. If FEMALE, does the participant have reproductive potential?					⊖Yes ⊖No		
a. Does she currently use a form of birth control?					⊖Yes ⊖No		
b. Does she plan on becom	ning pregn	⊖Yes ⊖No					
D. COMPLIA NCE							
1. How many doses has th study visit?	e participa	last					
2. Is the participant curren	tly taking s	○Yes ○No					