



27541

Follow-Up Week 20 Telephone

Please Use Black Pen To Fill Out Form.

Week # [ ][ ] [ ][ ] [ ][ ]      Date of Assessment [ ][ ] [ ][ ] / [ ][ ] [ ][ ] / [ ][ ][ ][ ] [ ][ ][ ][ ]      Patient ID [ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ]      Patient Letter Code [ ][ ][ ][ ]       Correction

mm      dd      yyyy

Instructions

Use this form for all therapy groups .

1.A. Is the patient willing and able to continue in the study?       Yes     No

B. If **No**, date of the Withdrawal/Close-out Form:      [ ][ ][ ] / [ ][ ][ ] / [ ][ ][ ][ ]

mm      dd      yyyy

CRA Use Only

Concurrent Medications and Conditions

2.A. Ask the parent (or patient) the following question:  
Has your child (have you) had any other problems since your last visit?       Yes     No

If **No**, skip to item 3.

B. Was a Concurrent Medical Condition Form completed?       Yes     No

C. If **Yes**, date of the form:      [ ][ ][ ] / [ ][ ][ ] / [ ][ ][ ][ ]

mm      dd      yyyy

D. Was a Serious Adverse Event Form completed?       Yes     No

E. If **Yes**, date of the SAE form:      [ ][ ][ ] / [ ][ ][ ] / [ ][ ][ ][ ]

mm      dd      yyyy

F. Was an Adverse Event Form completed?       Yes     No

G. If **Yes**, date of the AE form:      [ ][ ][ ] / [ ][ ][ ] / [ ][ ][ ][ ]

mm      dd      yyyy

3.A. Ask the parent (or patient) the following question:  
Has your child (have you) taken any new medicines, other than those given to you within this study, since the last visit?       Yes     No

If **No**, skip to item 4.

B. Has the Concurrent Medications Form been completed?       Yes     No

C. If **Yes**, date of the form:      [ ][ ][ ] / [ ][ ][ ] / [ ][ ][ ][ ]

mm      dd      yyyy

Signature: \_\_\_\_\_      Certif. #: [ ][ ][ ] - [ ][ ][ ][ ]

