

TLC Trial Form LTL_FUP.03 Follow-up Visit

Center ID:	_____ - _____
Study ID:	T _____ - _____
Visit Code:	F _____
Date of Visit	_____/_____/_____

INSTRUCTIONS: This form is to be filled out at mid-year post-treatment follow-up visits.

1. Has this child required inpatient hospitalization for any reason since her/his last TLC visit? Include **any** inpatient hospitalization, even if thought to be unrelated to TLC drug.

No Yes, specify _____

*If hospitalization occurred within 3 months of completion of treatment:
Fill out TLC Form ADE*

2. Were vitamins dispensed? No Yes

3. Has this child changed residence since the last visit?

No Yes

PHYSICAL MEASUREMENTS

4. **Length/Height**

a. **Method** Standing Supine

b. **Length or height** _____ . _____ cm Unable to obtain

c. **Concerns** No problems

Interference from hair or non-removable hair ornaments

Child would/could not stay still

Other, specify: _____

5. **Weight**

a. **Diaper** With Without Not applicable

b. **Clothing** Underwear only Light clothing Heavy clothing

c. **Shoes** With Without

d. **Weight** _____ . _____ kg --OR-- _____ lb _____ oz Unable to obtain

e. **Concerns** No problems

Child would/could not stay still

Other, specify: _____

