

**INSTRUCTIONS:** This form must be completed after consent has been provided, prior to randomization.

### Section A: KEY IDENTIFYING INFORMATION

- A1. Study Identification Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- A2. Study visit BASELINE ..... 0
- a. What number screening is this? \_\_\_\_\_
- A3. Date of form completion \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y Y Y
- A4. Name of person completing form \_\_\_\_\_  
PRINT FULL NAME INITIALS
- A5. Date of visit \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y Y Y

### Section B: CLINICAL ASSESSMENT AT TIME OF SCREENING

B1-B4 will be used to calculate the subject's BSA, arm span-to-height ratio, upper segment, and upper-to-lower segment ratio for the baseline visit. If Measures 1 & 2 for questions B1 and B2 differ by more than the stated amount in the "Difference" column, a 3rd measurement must be taken.

- |                         | a.<br>Measure 1 | b.<br>Measure 2 | Difference | c.<br>Measure 3 |
|-------------------------|-----------------|-----------------|------------|-----------------|
| B1. Weight (kg)         | _____ . _____   | _____ . _____   | > 0.1 kg → | _____ . _____   |
| B2. Height/ Length (cm) | _____ . _____   | _____ . _____   | > 1.0 cm → | _____ . _____   |
- d. How measured? STANDING..... 1  
RECUMBENT..... 2
- B3. Arm span \_\_\_\_\_ . \_\_\_\_\_ cm
- B4. Lower segment \_\_\_\_\_ . \_\_\_\_\_ cm

### Section Z: TIME TO COMPLETE FORM AND SIGNATURE

- Z1. How long did it take to complete this form? \_\_\_\_\_ minutes

Signature of PI: \_\_\_\_\_ Date: \_\_\_\_\_

**END OF FORM**