INSTRUCTIONS: Complete this form each time a dose adjustment or uptitration is attempted after the initial dose of study drug is administered. Enter this form in the "Dose Adjustment Cycle" event.

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number ___ ___ - ___ ___ ___ ___ ___ ___ - ___

A2. Study drug assigned
STUDY DRUG A ..... 1 **(A3a)**
STUDY DRUG B .....2 **(A3b)**

A3. Type of cycle

a. STUDY DRUG A	**b. STUDY DRUG B**
END OF CYCLE 1b……..1	END OF CYCLE 1.....1
END OF CYCLE 2……2	END OF CYCLE 2.....2
END OF CYCLE 3……3	END OF CYCLE 3.....3
END OF CYCLE 4……4	

c. Is this a re-attempted cycle? YES .....1 NO 2

A4. Prescription number ___ ___ ___

A5. Date of form completion ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

A6. Name of person completing form _____ ___ ___ ___
PRINT FULL NAME INITIALS

Section B: SAFETY ASSESSMENT

B1. Date of check-up call ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

B2. Is subject reporting any drug intolerances? YES .....1 NO.....2 **(B3)**

Record all intolerances reported by subject/parent. Be certain to provide answers to ALL questions listed (a-f).

		YES	NO
a.	Dizziness interfering with activities of daily living	1	2
b.	Fatigue interfering with activities of daily living	1	2
c.	Syncope	1	2
d.	Shortness of breath interfering with activities or new shortness of breath	1	2
e.	Other symptoms interfering with activities of daily living i. Specify: _____	1	2 **(B2f)**
f.	Other reason for not increasing dose i. Specify: _____	1	2 **(B3)**

For subjects < 18 months of age, obtain blood pressure measures <u>before</u> administration of new study drug dose for each cycle. BP will be taken at study center or locally. If BP taken locally, documentation must be obtained.

B3. Is the subject < 18 months of age? YES .....1 NO.....2 **(C0)**

a. Systolic blood pressure (BEFORE administration of new dose) ___ ___ ___ mmHg

b. Diastolic blood pressure (BEFORE administration of new dose) ___ ___ ___ mmHg

c. Is systolic BP < 2nd percentile for age? YES .....1* NO.....2

*If **YES**, subject must come to study center before continuing uptitration.

For subjects < 18 months of age, obtain safety labs at the end of cycle 1 and document results on form A112. This question only applies to the end of cycle 1. If cycle is not end of cycle 1, go to question C0.

B4. Were safety labs obtained? YES.....1 NO.....2 **(B4c)**

a. Date safety labs obtained ___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y)

b. Are safety laboratory values within normal limits for age?
ALL VALUES NORMAL..... 1 **(C0)**
ABNORMAL VALUE(S) – <u>BELOW</u> THRESHOLD FOR AUTOMATICALLY DECREASING STUDY DRUG DOSE..... 2 **(C0)**
ABNORMAL VALUE(S) – <u>ABOVE</u> THRESHOLD FOR AUTOMATICALLY DECREASING STUDY DRUG DOSE..... 3* **(C0)**

*** Must adjust the dose and re-attempt this cycle**

c. Specify reason safety labs not done _____

_____

Section C: HEART RATE ASSESSMENT

C0. Was an ECG done? YES……1 **(C1)** NO……2

a. Specify reason ECG was not done _____

_____ **(D1)**

C1. Date of ECG ___ ___ / ___ ___ / ___ ___ ___ ___ (M M D D Y Y Y Y)

C2. 24 hour average heart rate (from current 24-hr ECG) ___ ___ ___ BPM

a. 24 hour average heart rate above threshold for age? YES.....1 NO.....2*
- ≥ 60 BPM if < 12 months of age
- ≥ 55 BPM 12 – 24 months of age
- ≥ 50 BPM if > 24 months of age

*If **NO**, 24-hr ECG must be scanned

Answer the next questions only for subject randomized to study drug A (Atenolol). If subject is randomized to study drug B (Losartan), skip to question D1.

	Target average heart rate, represents minimum 20% decrease from baseline	___ ___ ___ BPM (not data entered)
b.	Is the current average heart rate below the target average heart rate?	YES..... 1* NO.....2 *If **YES**, stop uptitration. Current dose is maintenance dose.

Section D: ASSESSMENT OUTCOME

D1. What is the outcome of the above assessments?

CONTINUE UPTITRATION .....1 **(E1)**
ADJUST DOSE.....2 **(F1)**
END UPTITRATION ..... 3 **(G1)**

Section E: STUDY DRUG UPTITRATION

E1. Date uptitration prescription written ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Previous dose administered (report DAILY dose from previous cycle) ___ ___ ___ . ___ mg (See last form A120)

Subject weight ___ ___ ___ . ___ kg (See last form A120)

E2. Dose prescribed ___ . ___ mg/kg
(Enter '-5' if subject at MAX dose of study drug)

E3. Study drug administration
DAILY 1
TWICE A DAY (b.i.d) 2

E4. Dose to administer per day ___ ___ ___ . ___ mg/day **(Z1)**

This cycle is complete. Fill out another Form A122 at the end of the next cycle.

Section F: STUDY DRUG ADJUSTMENT

F1. Date adjustment prescription written ___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

F2. Action taken by study investigators
CHANGED TO NIGHT-TIME ADMINISTRATION ..... 1 **(F3)**
CHANGED TO TWICE-A-DAY ADMINISTRATION .....2 **(F3)**
DECREASED CURRENT DOSE .....3 **(F3)**
MAINTAINED CURRENT DOSE .....4 **(F3)**
PERMANENTLY DISCONTINUED STUDY DRUG..... 5 **(Z1)** (And complete A212)
OTHER 99

a. Specify: _____

F3. New/current dose prescribed ___ . ___ mg/kg

F4. New/current dose to administer per day ___ ___ ___ . ___ mg/day **(Z1)**

Re-attempt this cycle. Fill out another Form A122 at the end of the next attempt.
On that form, enter the same cycle number again, and answer "YES" to A3c:"Is this a re-attempted cycle?"

Section G: END UPTITRATION / RE-UPTITRATION

G1. Date subject reached the maintenance dose, highest tolerated dose, or maximum allowable dose of study drug (Date current Rx listed in A4 was written)

___ ___ / ___ ___ / ___ ___ ___ ___
M M D D Y Y Y Y

Once a subject has taken their maintenance dose of study drug for at least 21 but not more than 28 days, the subject must have safety labs drawn and must complete a 24-hr ECG.

- **Complete the form A112: Safety Laboratory Findings that is expected in this event**
- **Complete the form A113: 24-Hour ECG Monitor that is expected in this event**

Section Z: TIME TO COMPLETE FORM

Z1. How long did it take to complete this form? ___ ___ ___ minutes

END OF FORM

REMINDER: On day 21 and before day 28 of the next cycle, the Study Coordinator must:

1. **Contact each subject (or parent) to verify the presence or absence of drug intolerances and to change the drug dose.**
2. **Mail the 24-hr ECG. 24-hr ECG must be mailed such that the subject or family has it by day 21. The subject or family should be encouraged to obtain the 24-hr ECG ASAP (may be worn on a school day) and then to return ASAP. The 24-hr ECG should be started on Day 21, 22, or 23.**
3. **Remind the parent of subjects < 18 months of age that a blood pressure (BP) must be measured at the PHN center or by local physician. If BP measure taken outside PHN center, documentation must be provided to the study investigator BEFORE any increase in study drug can occur. BP should be measured on Day 21, 22, or 23.**
    a. **If the BP measure is < 2%tile for age, the subject must be recalled to the PHN center for evaluation.**
4. **All subjects must complete a safety laboratory assessment once they reach their maintenance dose or the Max dose of study drug. Safety laboratory results MUST be documented on form A112 (Safety Laboratory Findings).**