

INSTRUCTIONS: Complete this form for all randomized subjects. For subjects who reside outside of the United States and Canada, please complete Section A only.

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____

Replaced by blinded subject ID

blind_id	Blinded ID
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A2. Study visit BASELINE 0

VISIT	A2. Study visit
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A3. Date of form completion _____ / _____ / _____

M M / D D / Y Y Y Y

Replaced by age (days) at R144 completion

R144_age	<created var>Age at date form completed, days. (A3. COMP_D-DOB)
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A4. Name of person completing form _____

PRINT FULL NAME INITIALS

Removed to protect privacy

A5. Subject's country of residence UNITED STATES 1

CANADA 2

OTHER..... 3 (Z1)

COUNTRY	A5. Country
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Section B: SUBJECT STATUS AT TIME OF RANDOMIZATION

B1. Date of Information _____ / _____ / _____

M M / D D / Y Y Y Y

Replaced by age (days) of Information

INF_AGE	<created var>Age at the date of information, days (B1. INF_D-DOB)
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B2. State or Province of Residence _____ (See codes on page 3)

STATE	B2. State
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a. If other, specify _____

STATE_SP	B2a. Specify
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B3. County or CMA (Census Metropolitan Area) _____
Removed to protect privacy

B4. Census Tract _____

CENSUS_TR	B4. Census tract
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B5. Census Block Group _____

CENSUS_BL	B5. Census block
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B6. Does the subject have medical insurance? YES..... 1 NO 2 (C1)

MED_INSUR	B6. Medical insurance
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- a. Type of Insurance
 - PRIVATE..... 1 (C1)
 - PUBLIC..... 2 (C1)
 - PUBLIC AND PRIVATE (may apply in Canada) 3 (C1)
 - UNKNOWN -8 (C1)
 - OTHER 99

1. If other, specify: _____

MED_INSUR_T	B6a. Type
MED_INSUR_SP	B6a1. Specify

Section C: SUBJECT STATUS AT TIME OF 14-MONTH VISIT

C1. Did the subject withdraw before the time of the 14-month visit? YES.....1 (Z1)
 NO2

WITHDRAW	C1. Withdraw
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C2. Date of Information / /

M M / D D / Y Y Y Y

Replaced by age (days) of Information

INF_D14_AGE	<created var>Age at the date of information, days. (C2. INF_D14-DOB)
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C3. State or Province of Residence _____ (See codes on page 3)

STATE_14	C3. State
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a. If other, specify _____

STATE_SP14	C3a. Specify
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C4. County or CMA (Census Metropolitan Area)
Removed to protect privacy

C5. Census Tract _____

CENSUS_TR14	C5. Census tract
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C6. Census Block Group (United States only) _____

CENSUS_BL14	C6. Census block
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C7. Does the subject have medical insurance? YES.....1 NO2 (Z1)

MED_INSUR14	C7. Medical insurance
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a. Type of Insurance PRIVATE.....1 (Z1)
 PUBLIC.....2 (Z1)
 PUBLIC AND PRIVATE (may apply in Canada)....3 (Z1)

UNKNOWN-8 (Z1)

OTHER 99

1. If other, specify: _____

MED_INS_T14	C7a. Type
MED_INS_SP14	C7a1. Specify

Section Z: TIME TO COMPLETE FORM

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

COMP_TIME	Z1. Time
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END OF FORM

State Abbreviations

State	Abbreviation	State	Abbreviation
Alabama	AL	Montana	MT
Alaska	AK	Nebraska	NE
Arizona	AZ	Nevada	NV
Arkansas	AR	New Hampshire	NH
California	CA	New Jersey	NJ
Colorado	CO	New Mexico	NM
Connecticut	CT	New York	NY
Delaware	DE	North Carolina	NC
District of Columbia	DC	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Rhode Island	RI
Indiana	IN	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN
Kentucky	KY	Texas	TX
Louisiana	LA	Utah	UT
Maine	ME	Vermont	VT
Maryland	MD	Virginia	VA
Massachusetts	MA	Washington	WA
Michigan	MI	West Virginia	WV
Minnesota	MN	Wisconsin	WI
Mississippi	MS	Wyoming	WY
Missouri	MO	Other	99

Province Abbreviations

Province	Abbreviation
Alberta	AB
British Columbia	BC
Manitoba	MB
New Brunswick	NB
Newfoundland and Labrador	NL
Northwest Territories	NT
Nova Scotia	NS
Nunavut	NU
Ontario	ON
Prince Edward Island	PE
Quebec	QC
Saskatchewan	SK
Yukon	YT
Other	99