

SHORT PHYSICAL EXAM

SX

Patient ID: 1
 Patient Initials:
 Visit Number:
 Visit Date: / /
 month day year
 Interviewer ID:

(Clinic Coordinator completed)

VITAL SIGNS

- 01** 1. Pulse _____ beats/min
- 02** 2. Respiration _____ breaths/min

PREGNANCY TEST (Visits 4, 5, 7, 10 and 11 only)

- 03** 3. Does the patient have a positive pregnancy test? ₁ Yes ₀ No ₉ N/A
- If Yes, please complete the Termination of Study Participation form (TERM).*

INTRANASAL STEROIDS

- 04** 4. Is the patient on beclomethasone dipropionate at a dose $\leq 100 \mu\text{g}$ in each nostril BID? ₁ Yes ₀ No

ADVERSE EVENTS

- 05** 5. **Ask the patient:** Have you experienced nervousness, tremors, nausea, palpitations, headaches, or dizziness since the last clinic visit? ₁ Yes ₀ No
- If Yes, please complete the Adverse Event form (ADVERSE).*
- 06** 6. **Ask the patient:** Have you had any other medical conditions since the last clinic visit? ₁ Yes ₀ No
- If Yes, please complete the Adverse Event form (ADVERSE).*