

SHORT PHYSICAL EXAM

Subject ID: 2 _____
 Subject Initials: _____
 Visit Number: _____
 Visit Date: ____ / ____ / ____
month day year
 Interviewer ID: _____

data(Clinic Coordinator completed)

VITAL SIGNS

SX_01

1. Pulse

_____ beats/min

SX_02

2. Respiration

_____ breaths/min

INTRANASAL STEROIDS

SX_03

3. Is the subject on beclomethasone dipropionate at a dose $\leq 100 \mu\text{g}$ in each nostril BID?

₁ Yes ₀ No

ADVERSE EVENTS

SX_04

4. **Ask the subject:** Have you experienced gastrointestinal side effects, abdominal cramping, diarrhea, or any other medical conditions since the last clinic visit?

₁ Yes ₀ No

SX_04a

If **Yes**, is this an ongoing event from a previous visit?

₁ Yes ₀ No

If this is a new event since the last visit, please complete the Clinical Adverse Events form (AECLIN).

If any of the Clinical Adverse Events warrant a laboratory test, report any adverse results on a Laboratory Adverse Events form (AELAB).