Study Information:

<u>Protocol</u>	<u>ProtocolDs</u>	<u>ProtocolDetailDs</u>			<u>StartDt</u>	1stRecruitDt	<u>RecruitEndDt</u>	<u>FinalVisitDt</u>
MTS1	Myopia Treatment Study 1	Low-Dose Atropine for	r Treatmen	t of Myopia	3/1/2018	6/1/2018	3/6/2020	9/12/2022
# of Sites	# Sites	# Sites	# Pts	# Pts				
<u>Certified</u>	<u>Enrolling</u>	w/Randomized Pts	<u>Enroll</u>	<u>Randomized</u>	<u>d</u>	NCT ID	FDA IND	
14	13	12	200	187		NCT03334253	137441	

- 1. The case report form (CRF) for each follow up visit post-randomization (i.e. after the Run-In Follow Up visit) is the same for 6, 12, 18, 24, and 30-month visits, with the following exceptions:
 - The eyedrop questionnaire is assessed at all visits except the 30-month visit
 - Distance visual acuity is assessed at the 30-month visit only
 - Binocular near visual acuity is assessed at 6 months only
- 2. The CRF for each phone call is the same for all phone calls at (2-weeks, 3-, 9-, 15-, and 21-months).
- 3. The data from masked exams (cycloplegic refraction and autorefraction data) at 6, 12, 18, 24, and 30-month visits is in the clinical testing table (MTS1ClinicTesting), one row per participant PtID per Visit, which also contains cycloplegic refraction and autorefraction data from the Enrollment and Run-In Follow Up Visits prior to randomization.

Data Tables and Annotated CRF/s:

Table Name	Short Description	Comments	Name of Annotated CRF/s
MTS1AdvEvent	Adverse Event CRF	One record per PtID per adverse event reported during the study.	99MTS1AdverseEventForm
MTS1ClinicMeas	Clinical Measures CRF	One record per Visit per PtID with results of: Distance visual acuity testing (run-in FU/randomization and 30-month FU visits only or any time an ocular adverse event is reported), near visual acuity testing (run-in	02MTS1Month00RuninFURandomizationVisit 05MTS1Month06Visit 06MTS1Month12Visit 08MTS1Month18Visit 10MTS1Month24Visit 12MTS1Month30Visit

		FU/randomization and 6-month FU visits only), and binocular accommodative	
		amplitude testing (all visits).	
MTS1ClinicTesting	Clinical Testing CRF	One record per Visit per PtID with results	01MTS1Month00EnrollmentVisit
		of:	02MTS1Month00RuninFURandomizationVisit
			05MTS1Month06Visit
		Cycloplegic autorefraction and axial length	06MTS1Month12Visit
		measurement and additional biometry	08MTS1Month18Visit
		measures.	10MTS1Month24Visit
			12MTS1Month30Visit
		Evaluated at time of enrollment; to be	
		repeated at run-inFURandomization if >28	
		days from enrollment.	
MTS1CompAssess	Compliance Assessment	One record per FU Visit per PtID with	05MTS1Month06Visit
	CRF	assessment of study medication and	06MTS1Month12Visit
		spectacle compliance.	08MTS1Month18Visit
			10MTS1Month24Visit
			12MTS1Month30Visit
MTS1CompEnroll	Miscellaneous Eligibility	One record per PtID enrolled with optical	01MTS1Month00EnrollmentVisit
	and Complete	correction prescribed at time of enrollment	
	Enrollment CRF	and confirmation of eligibility.	
MTS1ConfRand	Confirm Randomization	One record per PtID randomized with final	02MTS1Month00RuninFURandomizationVisit
	CRF	confirmation of eligibility to randomize.	
MTS1DemoMedOcuHx	Demographics/Medical	One record per PtID enrolled with sex, race,	01MTS1Month00EnrollmentVisit
	and Optical Correction	ethnicity, eye color, parental history with	
	History CRF	myopia, menarche status, refractive status	
		at time of enrollment, and review of	
		medical history / confirmation of eligibility	
		at time of enrollment	
MTS1DrugPackage	Drug Packages Assigned	One record per drug package per PtID	No CRF
	to Each Participant –	(atropine or placebo) assigned to each	
	Admin	participant PtID during the study.	
MTS1EyeDropQuest	Eye Drop Questionnaire	One record per Visit per PtID with child	02MTS1Month00RuninFURandomizationVisit
	CRF	assessment of their experience with eye	05MTS1Month06Visit
		drops since the prior visit.	06MTS1Month12Visit

			08MTS1Month18Visit
			10MTS1Month24Visit
			12MTS1Month30Visit
MTS1FUCall	Phone Call CRF	One record per Visit per PtID for each	03MTS1Week02Call
		phone call during the study (2-weeks, 3, 9,	04MTS1Month03Call
		15, 21, and 27-months).	06MTS1Month09Call
			07MTS1Month15Call
			09MTS1Month21Call
			11MTS1Month27Call
MTS1MedHxFU	Medical History Follow-	One record per FU Visit per PtID with	05MTS1Month06Visit
	up CRF	medical history since prior visit.	06MTS1Month12Visit
			08MTS1Month18Visit
			10MTS1Month24Visit
			12MTS1Month30Visit
MTS1Medication	Medications CRF	One record per PtID per concomitant medication reported during the study.	99MTS1ConcomitantMedications
MTS1OptCorrHxCompAssess	Optical Correction	One record per PtID per run-in FU visit with	02MTS1Month00RuninFURandomizationVisit
	History and Compliance	assessment of artificial tear eye drop	
	Assessment CRF	compliance in run-in phase prior to	
		randomization.	
MTS1PreExistingCondition	Pre-Exisitng Condition	One record per PtID per condition pre-	00MTS1PreExistingConditionForm
	CRF	existing at time of enrollment prior to	_
		randomization.	
MTS1PtFinalStat	Final Status CRF	One record per PtID defining patient status	99MTS1FinalStatusForm
		as dropped or completed for the study.	
MTS1TreatRx	Treatment Prescribed	One record per PtID per FU visit with	05MTS1Month06Visit
	CRF	treatment prescribed information.	06MTS1Month12Visit
			08MTS1Month18Visit
			10MTS1Month24Visit
			12MTS1Month30Visit
MTS1VisitInfo	Visit Information CRF	One record per PtID per Visit with visit	01MTS1Month00EnrollmentVisit
		related information.	02MTS1Month00RuninFURandomizationVisit
			05MTS1Month06Visit
			06MTS1Month12Visit
			08MTS1Month18Visit

			10MTS1Month24Visit 12MTS1Month30Visit
MTS1PtRoster	Patient Roster - Admin	One record per PtID screened and enrolled into the study.	No CRF

MTS1AdvEvent

Description: Adverse Event Form Data Source: Case Report Form

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			
PtID	Patient Identifier			
ParentLoginVisitID	Unique ID for the Visit			
AENotifiedDt	Date notified of/identified			
	adverse event			
MedicalCondition	Medical Condition			
MedicalConditionMM	Medical Condition			
	determined by the Medical			
	Monitor			
AdverseEventType	If ocular event, select eye			OD = Right Eye, OS = Left Eye
AEOnsetDt	Date of onset (or worsening			,
	of a pre-existing condition)			
AEPrEnroll	Is the adverse event a			Yes, No
	worsening of a pre-existing			
	condition present prior to			
	study entry			
AENotedStdyVisExam	Was the adverse event an			Yes, No
	abnormality (or worsening			
	of an existing abnormality)			
	identified on a study visit			
	exam			
AEIntensity	Maximum intensity			Mild, Moderate,
	(Severity)			Severe
AERelStdyTrt	Is there a reasonable			Yes, No
	possibility that the event			
	was caused by a study			
	treatment/study device			
AERelStdyTrtUncertain	Uncertain which			1 = Checked
	treatment/study device			
	caused event			
AERelStdyProc	Is there a reasonable			Yes, No
	possibility that the event			
	was caused by a study			
	procedure			
AEEffectTrt	Effect on study			No change, Discontinued
	treatment/device			temporarily,
				Discontinued
				permanently,
				Reduced dose,
				Reduced use
				frequency/schedule
AESerious	Does the event meet criteria	+		Yes, No
ALJUIUUJ	for a serious adverse event			103, 140
	ioi a serious auverse everit			

AETrt	Did patient receive		Yes, No
AEIIL	treatment for the Adverse		res, NO
AFC	Event		W. N.
AESurg	Surgery/procedure		Yes, No
AESurgDt	Date of surgery/procedure		
AEMedsList	If yes, list medications here		
AEOthTrt	Other Treatment of Adverse		Yes, No
	Event		
AEOutcome	Outcome		Ongoing (further
			improvement /
			worsening possible),
			Ongoing, medically
			stable, Complete
			Recovery, Recovered
			with Sequelae, Fatal
AEResDt	Date of Recovery (with or		
	without sequelae)		
AEDeathCause	Cause of death		
AEDeathDt	Date of Death		
AEDeath	Criteria Defining Event as		1 = Checked
	Serious Adverse Event:		
	Death		
AEConAnomaly	Criteria Defining Event as		1 = Checked
•	Serious Adverse Event:		
	Congenital Anomaly		
AELifeThreat	Criteria Defining Event as		1 = Checked
	Serious Adverse Event: Life		
	Threatening		
AEHosp	Criteria Defining Event as		1 = Checked
	Serious Adverse Event:		
	Hospitalization inital or		
	prolonged		
AEDisability	Criteria Defining Event as		1 = Checked
•	Serious Adverse Event:		
	Significant Disability or		
	Incapacity		
AEOther	Criteria Defining Event as		1 = Checked
	Serious Adverse Event:		
	Other		
Weight	Weight	0	
WeightMeas	Weight Measurement		lbs, kgs
WeightNotAvail	Weight: Not available		1 = Checked
AERelLabData	Relevant Tests/Laboratory		Yes, No
AEREILADDAIA	Data		res, NO
AEOthRelHx	Other relevant history,		Yes, No
ALUMINGIA	including preexisting medical		res, NO
	conditions (e.g., allergies,		
	pregnancy, smoking and		
	alcohol use, hepatic/renal		
ACM adDired	dysfunction, etc)		V N
AEMedProd	Concomitant medical		Yes, No

WITST Data Glossary – I	products and therapy dates	
	(exclude treatment of event)	
FormCmts	Form Comments	
MMAERelStdyTrt	MM Is there a reasonable	Yes, No, Unrelated,
inition terrelocally in t	possibility that the event	Unlikely related,
	was caused by a study	Possibly related,
	treatment/study device	Probably related,
	treatment/study device	Definitely related,
		Not assessable
MMAESerious	MM Does the event meet	Yes, No
MINIAESETIOUS	criteria for a serious adverse	res, NO
NANAL In over cate of	event NAM Was the great	Vec No
MMUnexpected	MM Was the event	Yes, No
455 IS: 1 5 5 1	unexpected	
AERelStdyDrugDevice	What is the relationship of	Unrelated, Unlikely
	the event to study	related, Possibly
	drug/device	related, Probably
		related, Definitely
		related, Not
		assessable
AERelStdyDrugDeviceUncert	Uncertain which study	1 = Checked
ain	drug/device is related to	
	event	
MMHospDiscRptObtained	MM Hospital Discharge	Yes, No, Not
	Reports Obtained	Requested, No,
		Requested Not
		Obtained
AERelStdyTrtHighLvl	If Yes, to which of the	Study drug (drug
	following was the adverse	effect), Other study
	event possibly related	treatment, Study
	, ,	device (function),
		Administration of
		study drug/device,
		Prep for the
		administration of
		study drug, Study
		diagnostic
		_
		procedure, More
		than one of the
AFD alcade Testable ! - !	If value of to the standard	above
AERelStdyTrtWhich	If related to the study	
	drug/device and the study	
	has more than one study	
	drug or device, please	
	indicate which one or	
	indicate uncertain if you	
	cannot determine	
AERelStdyDrugDeviceHighLvl	If possibly, probably or	Study drug (drug
	definitely related, to which	effect), Other study
	of the following was the	treatment, Study
	adverse event	device (function),

	possibly/probably/definitely related	Administration of study drug/device, Prep for the administration of study drug, Study diagnostic procedure, More than one of the above
AERelStdyDrugDeviceWhich	If related to the study drug/device and the study has more than one study drug or device, please indicate which one or indicate uncertain if you cannot determine	
MMAERelStdyTrtHighLvl	MM To which of the following was the adverse event possibly related	Study drug (drug effect), Other study treatment, Study device (function), Administration of study drug/device, Prep for the administration of study drug, Study diagnostic procedure, More than one of the above
MMInitialCmtsDt	MM Date Initial Comments entered	
AEMedEvent	Criteria Defining Event as Serious Adverse Event: Significant Medical Event	1 = Checked
AENCILevel	Level of Severity (based on National Cancer Institute)	Grade 1, Grade 2, Grade 3, Grade 4, Grade 5

MTS1ClinicMeas

Description: MTS1 Clinical Measures form

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			_
PtID	Patient Identifier			
ParentLoginVisitID	Unique ID for the Visit			
DistVANotDoneReas	Distance Visual Acuity Not			
	Done			
ETDRSVisAcuOD	Right Eye score			0, 1, 2, 3, 4, 5, 6, 7, 8,
				9, 10, 11, 12, 13, 14,
				15, 16, 17, 18, 19, 20,
				21, 22, 23, 24, 25, 26,
				27, 28, 29, 30, 31, 32,
				33, 34, 35, 36, 37, 38,
				39, 40, 41, 42, 43, 44,
				45, 46, 47, 48, 49, 50,
				51, 52, 53, 54, 55, 56,
				57, 58, 59, 60, 61, 62,
				63, 64, 65, 66, 67, 68,
				69, 70, 71, 72, 73, 74,
				75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86,
				87, 88, 89, 90, 91, 92,
				93, 94, 95, 96, 97, 98,
				99, 100
ETDRSVisAcuOS	Left Eye score			0, 1, 2, 3, 4, 5, 6, 7, 8,
LI DII SVISACUOS	Left Lye score			9, 10, 11, 12, 13, 14,
				15, 16, 17, 18, 19, 20,
				21, 22, 23, 24, 25, 26,
				27, 28, 29, 30, 31, 32,
				33, 34, 35, 36, 37, 38,
				39, 40, 41, 42, 43, 44,
				45, 46, 47, 48, 49, 50,
				51, 52, 53, 54, 55, 56,
				57, 58, 59, 60, 61, 62,
				63, 64, 65, 66, 67, 68,
				69, 70, 71, 72, 73, 74,
				75, 76, 77, 78, 79, 80,
				81, 82, 83, 84, 85, 86,
				87, 88, 89, 90, 91, 92,
				93, 94, 95, 96, 97, 98,
				99, 100
BinNrVANotDone	Near Visual Acuity Not Done			1 = Checked
BinNrVAOU	Binocular Near VA			20/12, 20/16, 20/20,
				20/25, 20/32, 20/40,
				20/50, 20/63, 20/80,
				20/100, 20/125,
				20/160, 20/200,
				20/250, 20/320,

				20/400, 20/500, 20/640, 20/800
BinAccAmpNotDone	Binocular Accommodative Amplitue Not Done			1 = Checked
NrPtAcc	Near point of accommodation (cm)	0.5	60	
Visit	Visit			

MTS1ClinicTesting

Description: MTS1 Clinical Testing Data Source: Case Report Form

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			
PtID	Patient ID			
ParentLoginVisitID	Unique ID for the Visit			
Visit	Visit			
AutoRefNotDone	Autorefraction Not Done			1 = Checked
AutoRef1SphOD	Autorefraction right eye			
·	sphere measurement 1			
AutoRef1CylOD	Autorefraction right eye			
•	cylinder measurement 1			
AutoRef1AxisOD	Autorefraction right eye axis			180, 179, 178, 177,
	measurement 1			176, 175, 174, 173,
				172, 171, 170, 169,
				168, 167, 166, 165,
				164, 163, 162, 161,
				160, 159, 158, 157,
				156, 155, 154, 153,
				152, 151, 150, 149,
				148, 147, 146, 145,
				144, 143, 142, 141,
				140, 139, 138, 137,
				136, 135, 134, 133,
				132, 131, 130, 129,
				128, 127, 126, 125,
				124, 123, 122, 121,
				120, 119, 118, 117,
				116, 115, 114, 113,
				112, 111, 110, 109,
				108, 107, 106, 105,
				104, 103, 102, 101,
				100, 99, 98, 97, 96,
				95, 94, 93, 92, 91, 90
				, 89, 88, 87, 86, 85,
				84, 83, 82, 81, 80, 79
				78, 77, 76, 75, 74, 73
				72, 71, 70, 69, 68, 67
				66, 65, 64, 63, 62, 61
				60, 59, 58, 57, 56, 55
				54, 53, 52, 51, 50, 49
				48, 47, 46, 45, 44, 43
				42, 41, 40, 39, 38, 37
				36, 35, 34, 33, 32, 31
				30, 29, 28, 27, 26, 25
				24, 23, 22, 21, 20, 19
				18, 17, 16, 15, 14, 13,
				12, 11, 10, 9, 8, 7, 6,
				5, 4, 3, 2, 1

	Autorefraction left eye	
AutoRef1SphOS	sphere measurement 1	
AutoRef1CylOS	Autorefraction left eye	
Adtonericylos	cylinder measurement 1	
AutoRef1AxisOS	Autorefraction left eye axis	180, 179, 178, 177,
Adtonerransos	measurement 1	176, 175, 174, 173,
	measurement 1	173, 173, 173, 173, 173, 172, 173, 173, 173, 173, 173, 173, 173, 173
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		156, 155, 154, 153,
		150, 153, 154, 153,
		148, 147, 146, 145,
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		130, 133, 134, 133,
		128, 127, 126, 125,
		124, 123, 122, 121,
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		72, 71, 70, 69, 68, 67,
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		36, 35, 34, 33, 32, 31,
		30, 29, 28, 27, 26, 25,
		24, 23, 22, 21, 20, 19,
		18, 17, 16, 15, 14, 13,
		12, 11, 10, 9, 8, 7, 6,
		5, 4, 3, 2, 1
AutoRef2SphOD	Autorefraction right eye	
	sphere measurement 2	
AutoRef2CylOD	Autorefraction right eye	
	cylinder measurement 2	
AutoRef2AxisOD	Autorefraction right eye axis	180, 179, 178, 177,
	measurement 2	176, 175, 174, 173,
		172, 171, 170, 169,
		168, 167, 166, 165,
		164, 163, 162, 161,
		160, 159, 158, 157,
		156, 155, 154, 153,

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		124, 123, 122, 121,
		120, 119, 118, 117,
		116, 115, 114, 113,
		112, 111, 110, 109,
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		104, 103, 102, 101,
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		42, 41, 40, 39, 38, 37,
		36, 35, 34, 33, 32, 31,
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		24, 23, 22, 21, 20, 19,
		18, 17, 16, 15, 14, 13,
		12, 11, 10, 9, 8, 7, 6,
		5, 4, 3, 2, 1
AutoRef2SphOS	Autorefraction left eye	3, 4, 3, 2, 1
Autokeizspilos	sphere measurement 2	
Auto Pof2CulOS	·	
AutoRef2CylOS	Autorefraction left eye	
	cylinder measurement 2	
AutoRef2AxisOS	Autorefraction left eye axis	180, 179, 178, 177,
	measurement 2	176, 175, 174, 173,
		172, 171, 170, 169,
		168, 167, 166, 165,
		164, 163, 162, 161,
		160, 159, 158, 157,
		156, 155, 154, 153,
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		, 89, 88, 87, 86, 85,
		84, 83, 82, 81, 80, 79,
		78, 77, 76, 75, 74, 73,
		72, 71, 70, 69, 68, 67,
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		60, 59, 58, 57, 56, 55,
		54, 53, 52, 51, 50, 49,
		48, 47, 46, 45, 44, 43,
		42, 41, 40, 39, 38, 37,
		36, 35, 34, 33, 32, 31,
		30, 29, 28, 27, 26, 25,
		24, 23, 22, 21, 20, 19,
		18, 17, 16, 15, 14, 13,
		12, 11, 10, 9, 8, 7, 6,
		5, 4, 3, 2, 1
AutoRef3SphOD	Autorefraction right eye	
	sphere measurement 3	
AutoRef3CylOD	Autorefraction right eye	
-	cylinder measurement 3	
AutoRef3AxisOD	Autorefraction right eye axis	180, 179, 178, 177,
	measurement 3	176, 175, 174, 173,
		172, 171, 170, 169,
		168, 167, 166, 165,
		164, 163, 162, 161,
		160, 159, 158, 157,
		156, 155, 154, 153,
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		144, 143, 142, 141,
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		136, 135, 134, 133,
		132, 131, 130, 129,
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		124, 123, 122, 121,
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		116, 115, 114, 113,
		112, 111, 110, 109,
		108, 107, 106, 105,
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		, 89, 88, 87, 86, 85,
		84, 83, 82, 81, 80, 79,
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		60, 59, 58, 57, 56, 55,
		54, 53, 52, 51, 50, 49,

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				48, 47, 46, 45, 44, 43,
				42, 41, 40, 39, 38, 37,
				36, 35, 34, 33, 32, 31,
				30, 29, 28, 27, 26, 25,
				24, 23, 22, 21, 20, 19,
				18, 17, 16, 15, 14, 13,
				12, 11, 10, 9, 8, 7, 6,
				5, 4, 3, 2, 1
AutoRef3SphOS	Autorefraction left eye			
	sphere measurement 3			
AutoRef3CylOS	Autorefraction left eye			
	cylinder measurement 3			
AutoRef3AxisOS	Autorefraction left eye axis			180, 179, 178, 177,
	measurement 3			176, 175, 174, 173,
				172, 171, 170, 169,
				168, 167, 166, 165,
				164, 163, 162, 161,
				160, 159, 158, 157,
				156, 155, 154, 153,
				152, 151, 150, 149,
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				144, 143, 142, 141,
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				128, 127, 126, 125,
				124, 123, 122, 121,
				120, 119, 118, 117,
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				104, 103, 102, 101,
				100, 99, 98, 97, 96,
				95, 94, 93, 92, 91, 90,
				, 89, 88, 87, 86, 85,
				84, 83, 82, 81, 80, 79,
				78, 77, 76, 75, 74, 73,
				72, 71, 70, 69, 68, 67,
				66, 65, 64, 63, 62, 61,
				60, 59, 58, 57, 56, 55,
				54, 53, 52, 51, 50, 49,
				48, 47, 46, 45, 44, 43,
				42, 41, 40, 39, 38, 37,
				36, 35, 34, 33, 32, 31,
				30, 29, 28, 27, 26, 25,
				24, 23, 22, 21, 20, 19,
				18, 17, 16, 15, 14, 13,
				12, 11, 10, 9, 8, 7, 6,
				5, 4, 3, 2, 1
AxialLenNotDone	Axial Length and Additional			1 = Checked
	Biometry Not Done			
AxialLen1OD	Right eye axial length	15.00	30.00	

WITST Data Glossary		1		
Avialian100	measurement 1	15.00	20.00	
AxialLen1OS	Left eye axial length	15.00	30.00	
	measurement 1		10.00	
MeanCorneaRad1OD	Right eye mean corneal	7.00	10.00	
	radius measurement 1			
MeanCorneaRad1OS	Left eye mean corneal radius	7.00	10.00	
	measurement 1			
AntChamDepth10D	Right eye anterior chamber	3.00	5.00	
	depth measurement 1			
AntChamDepth1OS	Left eye anterior chamber	3.00	5.00	
	depth measurement 1			
LensThick1OD	Right eye lens thickness	2.50	5.00	
	measurement 1			
LensThick1OS	Left eye lens thickness	2.50	5.00	
	measurement 1			
LensThick1NA	Lens thickness not available			1 = Checked
	measurement 1			
AxialLen2OD	Right eye axial length	15.00	30.00	
	measurement 2			
AxialLen2OS	Left eye axial length	15.00	30.00	
	measurement 2			
MeanCorneaRad2OD	Right eye mean corneal	7.00	10.00	
	radius measurement 2			
MeanCorneaRad2OS	Left eye mean corneal radius	7.00	10.00	
	measurement 2			
AntChamDepth2OD	Right eye anterior chamber	3.00	5.00	
-	depth measurement 2			
AntChamDepth2OS	Left eye anterior chamber	3.00	5.00	
•	depth measurement 2			
LensThick2OD	Right eye lens thickness	3.00	5.00	
	measurement 2			
LensThick2OS	Left eye lens thickness	3.00	5.00	
	measurement 2			
LensThick2NA	Lens thickness not available			1 = Checked
	measurement 2			
AxialLen3OD	Right eye axial length	15.00	30.00	
	measurement 3			
AxialLen3OS	Left eye axial length	15.00	30.00	
	measurement 3			
MeanCorneaRad3OD	Right eye mean corneal	7.00	10.00	
	radius measurement 3			
MeanCorneaRad3OS	Left eye mean corneal radius	7.00	10.00	
	measurement 3			
AntChamDepth3OD	Right eye anterior chamber	3.00	5.00	
	depth measurement 3		3.55	
AntChamDepth3OS	Left eye anterior chamber	3.00	5.00	
	depth measurement 3		3.00	
LensThick3OD	Right eye lens thickness	3.00	5.00	
Ecris i meksob	measurement 3	3.00	3.00	
LensThick3OS	Left eye lens thickness	3.00	5.00	
LCII3 I IIICN3U3	measurement 3	3.00	3.00	
	ilicasui ciliciit 3	L		

ivii 31 Data Glossary				
LensThick3NA	Lens thickness not available			1 = Checked
	measurement 3			
Unblind	Was ANY masked examiner			Yes, No, Not
	able to identify the patient's			Applicable
	treatment group at any time			
AutoRefinstrID	Instrument Identifier			
	(autorefraction)			
AxialLenInstrID	Instrument Identifier			
	(biometry)			
TestingDone	Testing: Not Done, Right eye			Not Done, Right eye
	only, Left eye only, or Both			only, Left eye only,
	eyes			Both eyes
FlatCorneaRad1OD	Right eye flat corneal radius	33.75	52.00	-
	measurement 1			
FlatCorneaRad1OS	Left eye flat corneal radius	33.75	52.00	
	measurement 1			
AR_RecdDt	Date Autorefraction printout			
_	received at Jaeb Center			
AR_ProcessDt	Date Autorefraction printout			
_	processed at Jaeb Center			

MTS1CompAssess

Description: MTS1 Compliance Assessment form

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			
PtID	Patient ID			
ParentLoginVisitID	Unique ID for the Visit			
ParentLoginID	RecID from tblLogin			
Visit	Visit			
AmpulesReturned	Were remaining ampules of study medication brought to the visit			
AmpulesRemain	Number of remaining ampules of study medication	0	210	
CalendarReturned	Was the participant's compliance calendar brought to the visit			
MTS1MedCompl	Assessment of compliance with study medication based on review of calendar and interview with parent and/or child			Poor (<25%), Fair (26% to 50%), Good (51% to 75%), Excellent (76% to 100%), N/A (30- month Visit)
MTS1SpecCompl	Assessment of spectacle (or contact lens) wear compliance since last visit (after interview with parent and/or child)			Poor (<25% of waking hours), Fair (26% to 50% of waking hours), Good (51% to 75% of waking hours), Excellent (76% to 100% of waking hours)

MTS1CompEnroll

Description: MTS1 Miscellaneous Eligibility and Complete Enrollment

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			
PtID	Patient ID			
ParentLoginVisitID	Unique ID for the Visit			
ParentLoginID	RecID from tblLogin			
OptCorrRx	Optical correction prescribed			Change in optical correction, Continuing in current optical correction
SpecCritMet	Do spectacles (and/or contact lenses) meet study criteria based on a standard refractions (with or without cycloplegia)			Yes, No
EligCriteria	Verify all of the following			1 = Checked
PtContactComp	Participant Contact Information Form has been completed			1 = Checked

MTS1ConfRand

Description: Confirm Randomization
Data Source: Case Report Form

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			_
PtID	Patient ID			
ParentLoginVisitID	Unique ID for the Visit			
ParentLoginID	RecID from tblLogin			
RandCriteria	Randomization Criteria			1 = Checked
AddlArtTears	Were an additional 30 ampules of Artificial Tears given to subject during Run-In?			Yes, No

MTS1DemoMedOcuHx

Description: MTS1 Demographics/Medical and Optical Correction History

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			
PtID	Patient ID			
ParentLoginVisitID	Unique ID for the Visit			
ParentLoginID	RecID from tblLogin			
Sex	Sex of the participant			
Ethnicity	Do you consider yourself			Hispanic or Latino,
	Hispanic/Latino or not			Not Hispanic or
	Hispanic/Latino			Latino,
				Unknown/not
				reported
Race	Which of the following racial			
	designations best describes			
	you (race)			
RaceDs	If more than one race,			
	please specify			
EyeColor	Eye Color			Brown, Not brown
MotherMyop	Does the biological mother			Yes, No, Unknown
	have myopia			
FatherMyop	Does the biological father			Yes, No, Unknown
	have myopia			
EligCriteria	All of the following must be			1 = Checked
	true for the participant to be			
	eligible			
CurrSpecs	Does participant currently			Yes, No
	wear single-vision spectacles			
CurrContacts	Does participant currently			Yes, No
	wear single-vision soft			
	contact lenses (with or			
	without spectacles)			
RefCorrMeetCrit	Does current refractive			Yes, No
	correction meet protocol			
	criteria			
MenarcheStatus	Menarche status			Post-menarche, Pre-
20.1				menarche, Male
PregnancyStatus	Pregnancy test			Negative, Positive,
0 111 0 00				Not done
CurrWearRefCorr	Does participant currently			Yes, No
	wear refractive correction			
	(single-vision spectacles or			
PofCorrComp!	contact lenses)?			Voc. No.
RefCorrCompl	If Yes, has compliance with refractive correction been			Yes, No
	more than 75% of all waking hours based upon			
	investigator judgement after			
	discussion with parent?			
	uiscussion with parent:			L

WITST Data Glossary	Tables and Helds	
MedRecsPriorEnr	Are there medical records	Yes medical records,
	for the participant prior to	No medical records
	enrollment that can be	
	reviewed to help support	
	eligibility?	
ENoAll	Participant has no known	
	atropine allergy	
ENoAbn	Participant has no	
	abnormality of the cornea,	
	lens, central retina, iris, or	
	ciliary body	
ENoAtr	No atropine, pirenzepine, or	
	other anti-muscarinic agent	
ENoAPrior	No Ortho-K, rigid gas	
	permeable, or other contact	
	lenses being used to reduce	
	myopia progression	
ENoLenses	No bifocals, progressive-	
	addition lenses, or multi-	
	focal contact lenses	
ENoAmb	No amblyopia	
ENoNys	No nystagmus	
ENoStrab	No manifest strabismus	
ENoSurg	No prior eyelid, strabismus,	
	intraocular, or refractive	
	surgery	

MTS1DrugPackage

Description: One row per drug package assigned to each participant during the study.

Data Source: One row per package number with treatment group for each package randomly assigned prior to the study. Package numbers were assigned randomly to each participant (PtID) by the study website during the study. Two packages randomly assigned to each participant depending upon treatment group at each FU visit at randomization, 6, 12, and 18-months post-randomization. Additional packages could be randomly assigned in between visits if needed.

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			
PtID	Patient ID assigned to package			Note: only drug packages assigned to a PtID are included in the table.
PackageNum	MTS1 Drug Package Number			M0001 to M9999
MTS1DrugType	MTS1 Drug Type (Atropine or Placebo)			Atropine, Placebo
DrugAssignVisit	Visit when package assigned to patient			
DrugAssignExtra	Package assigned between visits			Yes, No
LotNum	Lot number from manufacturer			
ParentinventoryitemsID	RecID from tblITAInventoryItems			
RcvdDt	Date drugs received from manufacturer			
ManufacDt	Manufacture date of drugs			
VerificationCode	Verification Code on drug label and used in Inventory Tracking			
AssignDt	Date of clinical site's drug assignment submission			

MTS1EyeDropQuest

Description: MTS1 Eye Drop Questionnaire Form

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			
PtID	Patient ID			
ParentLoginVisitID	Unique ID for the Visit			
ParentLoginID	RecID from tblLogin			
Visit	Visit			
HateEyedrops	Do you hate eye drops			
DropsHurtEyes	Do your eye drops hurt your eyes			
HardTimeSeeing	Do you have a hard time seeing			
TroubleReading	Do you have trouble reading up close			
BrightLightOutside	Does bright light make it hard to do things outside			
BotherByLook	Are you bothered by how your eye drops make your eyes look			
BotherHurt	Does it bother you because your eye drops hurt your eyes			
BotherHardSee	Does it bother you because you have a hard time seeing			
BotherTroubleRead	Does it bother you because you have trouble reading up close			
BotherLightOutside	Does it bother you because bright light makes it hard to do things outside			

MTS1FUCall

Description: MTS1 Phone Call Form Data Source: Case Report Form

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			
PtID	Patient ID			
ParentLoginVisitID	Unique ID for the Visit			
Visit	Visit			
CallNotDone	Call not done			1 = Checked
CallDt	Date of phone call			
MTS1PersSpokenWith	Person spoken with			Mother, Father, Other
TakingMed	Has the participant been taking the prescribed study medication			
SideEffects	Has the participant experienced any side effects or other adverse effects since the last visit			Yes, No
CalendarCompliance	Has the participant been marking on their calendar the days they have taken prescribed study medication and worn their optical correction?			

MTS1MedHxFU

Description: MTS1 Medical History follow-up form

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			
PtID	Patient ID			
ParentLoginVisitID	Unique ID for the Visit			
Visit	Visit			
AESinceLast	Have there been any adverse ocular events since the last visit			Yes, No
AE1Hr	Have there been any adverse systemic events within 1 hour of study medication since the last visit			Yes, No
SeriousAE	Have there been any serious adverse events since the last visit			Yes, No
MyopiaTx	Is the participant undergoing any treatment for myopia besides study drops			Yes, No
MenarcheStatus	Menarche status			Post-menarche, Pre- menarche, Male
PregnancyStatusFU	Pregnancy test			Negative, Positive, Not done

MTS1Medication

Description: Medications Form Data Source: Case Report Form

Field Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table		III	
PtID	Subject ID			
ParentLoginVisitID	Unique ID for the Visit			
ParentLoginID	RecID from tblLogin			
MedDose	Dose per administration			
	•			agracal ampulas
MedUnit	Dose per administration unit			aerosol, ampules, capsules, cream, dl, elixir, g, gal, gtt-drops, IU, kg, L, lbs, M, mcg, meq, mg, mL, Ointment, pills, pt, puff, ounces, qt, tablet, tbs, tsp, ul, units, vials
MedDoseUnk	Dose per administration is unknown			1 = Checked
MedRoute	Route			PO, SC, Topical - ocular, Gtt, Intravitreal, IV, IM, Oral Inhalation, Topical - skin, Nasal, Other, Topical, ID, PR, Vaginal, Transurethral, Sublingual, Peribulbar, Intra- articular, Retrobulbar, Transdermal, Subconjunctival, Subtenons, Intrauterine, Epidural, Gastrostomy tube, Intracavernous
MedLocSide	If treatment is for eye or ear, which was treated with medication			Right, Left, Both
MedFreqType	Frequency			Fixed Regimen, As Needed, One Time Treatment
MedFreqNum	Frequency number			1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33,

WITST Data Glossary – Ta		34, 35, 36, 37, 38, 39,
		40, 41, 42, 43, 44, 45,
		46, 47, 48, 49, 50
MedFreqPer	Frequency period	Day, Week, Month,
Meurieqrei	riequency period	Year
MedFreqUnk	Madication fraguancy is	1 = Checked
Medriedonk	Medication frequency is unknown	1 – Checked
MadEronAcNoododDo	If frequency is 'as needed',	> 1 per day, 1 per
MedFreqAsNeededDs	approximate frequency	
	approximate frequency	day, 1 per week, 2 - 6
		per week, 1 per
		month, 2 - 3 per
		month, 1 per year, 2
		- 5 per year, 6 - 11
NA adla d	In disable.	per year
MedInd	Indication	Prior to enrollment,
		New, Prevention
ParentLoginIDMedCondition	Medical Condition	
AdvEvent1	Adverse Event 1	
MedStartTrtCat	Start date of treatment	On treatment at
	category	time of enrollment,
		Treatment started
		after enrollment
MedStartDt	If treatment started after	
	enrollment/randomization	
	, Medication Start Date	
MedStartDtApprox	Medication Start Date is	1 = Checked
	approximate	
MedStopDt	Medication Stop Date	
MedStopDtApprox	Medication Stop Date is	1 = Checked
	approximate	
MedOngoing	Medication is ongoing	1 = Checked
MedStartPreEnrRange	If on treatment at time of	<=30 days, >30 days
G	enrollment, Medication	to < 3 months, 3
	Start Range	months to < 6
		months, 6 months to
		< 1 year, 1 year to <
		5 years, 5 years to <
		10 years, >=10 years,
		Unknown
MedStartMonth	If treatment started after	1, 2, 3, 4, 5, 6, 7, 8, 9,
Medstartivionth	enrollment, Medication	10, 11, 12
	Start Month	10, 11, 12
MadStartVaar		
MedStartYear	If treatment started after enrollment, Medication	
NA ad Chana NA a sahir	Start Year	42245676
MedStopMonth	Medication stop Month	1, 2, 3, 4, 5, 6, 7, 8, 9,
And ICL - W	AA distriction of the M	10, 11, 12
MedStopYear	Medication stop Year	
MedStopDtUnk	Medication stop date	1 = Checked
	unknown	
PreExist1	PreExisting Condition 1	

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MedStartDtUnk	Medication start date unknown	1 = Checked
MedCondNotReqd	Condition not required to be reported on medical condition form	1 = Checked
PreExistCondNotReqd	Condition not required to be reported on pre-existing condition form	1 = Checked
DrugName		
AdvEventNotReqd	Condition not required to be reported on adverse event form	1 = Checked
ParentLoginIDMedCondition2	Medical Condition	
PreExist2	PreExisting Condition 2	
AdvEvent2	Adverse Event 2	
MedRouteOthDs	Route: If Other, describe	

MTS1OptCorrHxCompAssess

Description: Optical Correction History and Compliance Assessment Form

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			
PtID	Patient ID			
ParentLoginVisitID	Unique ID for the Visit			
ParentLoginID	RecID from tblLogin			
Visit	Visit			
CurrCorrMetCrit	Current correction meets			Yes, No
	eligibility criteria			
AmpulAtVisit	Remaining ampules of study			Yes, No
	medication brought to the visit			
AmpulRemain	Remaining number of	0	60	
	ampules			
CalAtVisit	Compliance calendar			Yes, No
	brought to the visit			
DaysDropsUsed	Days drops used	0	42	
AbleToInstill	Able to instill drops			Yes, No

MTS1PreExistingCondition

Description: Pre-exisitng Condition Form

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			
PtID	Subject ID			
ParentLoginVisitID	Unique ID for the Visit			
ParentLogInID	RecID from tblLogIn			
MedicalCondition	Medical Condition			
PreExistDuration	Approximate duration prior			<=30d, >1m-<3m,
	to enrollment			3m-<6m, 6m-<12m,
				1yr-<5yr, 5yr-<10yr,
				10yr-<20yr, >=20yr
PreExistMedCurr	If the medical condition has			Yes, No
	been treated with			
	medication, is the			
	medication currently being			
	taken			
MedCondStatus	Medical condition status			Ongoing (further
				improvement /
				worsening possible),
				Ongoing, medically
				stable, Complete
				Recovery, Recovered
				with Sequelae
MedCondResDt	Recovery Date			4 6 1 1
MedCondResDtApprox	Recovery date of medical			1 = Checked
	condition is approximate			
MedCondDs	Description entered when a			
	generic medical condition is			
	selected (e.g. Allergy NOS or			
	Drug Allergy)			
PreExistCondEye	If ocular condition, select			OD = Right Eye, OS =
	eye			Left Eye

MTS1PtFinalStat

Description: Final Status Form Data Source: Case Report Form

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			
PtID	Participant ID			
ParentLoginVisitID	Unique ID for the Visit			
ParentLoginID	RecID from tblLogin			
PtFinalStatusReason	Reason participant's			ID obtained in error,
	participation in the Study			Participant does not
	has ended			meet screening
	nas chaca			eligibility, Lost to follow
				up, Requests to
				withdraw not in writing,
				Requests to withdraw in
				writing, Site withdraws
				participant, Death,
				Participant has
				completed the study
PtWithdrawAE	Reason for			1 = Checked
- Continuado A	participant/parent			I - Circuicu
	withdrawal: Adverse event			
PtWithdrawChgDr	Reason for			1 = Checked
r twithdrawenger	participant/parent			1 - Checked
	withdrawal: Changed doctor			
PtWithdrawNoStdyTrt	Reason for			1 = Checked
rtwithdrawwostdyfft	participant/parent			1 - Checked
	withdrawal: Does not want			
	study treatment			
PtWithdrawFin	Reason for			1 = Checked
	participant/parent			I - Checked
	withdrawal: Finances			
PtWithdrawChgIns	Reason for			1 = Checked
Tevrendrawengins	participant/parent			I - Checked
	withdrawal: Changed			
	insurance			
PtWithdrawMoved	Reason for			1 = Checked
r twithia awiviovea	participant/parent			1 - Checked
	withdrawal: Moved			
PtWithdrawOthTrtReq	Reason for			1 = Checked
Tevrendrawoth Teneq	participant/parent			I - Checked
	withdrawal: Other			
	treatment requested			
PtWithdrawPoorHealth	Reason for			1 = Checked
Continuitator Ooi Health	participant/parent			1 - Clieckeu
	withdrawal: Poor health			
PtWithdrawPoorOut	Reason for			1 = Checked
twittidiawrooiOut	participant/parent			I - CHECKEU
	withdrawal: Poor outcome			
PtWithdrawSched	Reason for			1 = Checked
rtwittiuiawottieu	NEasuri IUI			1 - Checkeu

MIST Data Glossary –		
	participant/parent	
	withdrawal:	
	Scheduling/availability	
	issues	
PtWithdrawTravDiff	Reason for	1 = Checked
	participant/parent	
	withdrawal: Travel difficulty	
PtWithdrawVisLen	Reason for	1 = Checked
	participant/parent	
	withdrawal: Visit too lengthy	
PtWithdrawUnk	Reason for	1 = Checked
	participant/parent	
	withdrawal: Unknown	
PtWithdrawOth	Reason for	1 = Checked
	participant/parent	2 Checked
	withdrawal: Other	
WithdrawDt	Date of Withdrawal	
WithdrawReasCmts	Withdrawal Reason	
D. H.D.	Comments	
DeathDt	Date of Death	
DeathDs	Cause of death	
NoOngoingAE	Affirm that there are no	1 = Checked
	ongoing adverse events	
PreRandPtFinalStatReas	Reason participant's	ID obtained in error,
	participation in the Study	Participant does not
	has ended (Pre-rand reason)	meet screening
		eligibility, Lost to follow
		up prior to
		randomization,
		Requests to withdraw
		not in writing, Requests
		to withdraw in writing,
		Site withdraws
		participant, Death
PostRandPtFinalStatReas	Reason participant's	Requests to withdraw
	participation in the Study	not in writing, Requests
	has ended (Post-rand	to withdraw in writing,
	reason)	Lost to follow up, Site
	1.5005.17	withdraws participant,
		Death
PtFinalStatReas	Reason participant's	ID obtained in error,
. a maistativeas	participation in the Study	Participant does not
	has ended	meet screening
	nas enueu	eligibility, Requests to
		-
		withdraw not in writing,
		Requests to withdraw in
		writing, Lost to follow
		up, Site withdraws
		participant, Death

MTS1TreatRx

Description: Treatment Prescribed Form

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			
PtID	Patient ID			
ParentLoginVisitID	Unique ID for the Visit			
ParentLoginID	RecID in tblLogin			
Visit	Visit			
MTS1CorrRx	Refractive correction prescription			Change in optical correction is required, Continuing in current optical correction, N/A
				(Virtual Visit)
SpecsMetCrit	Do spectacles (and/or contact lenses) meet study criteria based on a standard refraction (with or without cycloplegia			
ContMed	Is study medication being continued at the protocol-specified dose			Yes, No
ContMedDs	If no, what is changing and why			
MTSTreatRx	Is any treatment for myopia besides study drops being prescribed			Yes, No
MTSTreatRxDs	If yes, what is being prescribed and why			
ContMed_YN_NA	Is study medication being continued at the protocolspecified dose at the 6-month, 12-month, and 18-month visits			Yes, No, Not Applicable
StopMed	Is study medication being discontinued at the 24-month visit			Yes, No, Not Applicable
StopMedDs	If no, what is changing and why			

MTS1VisitInfo

Description: Visit Information Form Data Source: Case Report Form

Description Unique record ID in table Patient Identifier Unique ID for the Visit RecID from tblLogIn Visit Visit Date Visit was completed out of	Min	Max	Possible_Values
Patient Identifier Unique ID for the Visit RecID from tblLogIn Visit Visit Date Visit was completed out of			
Unique ID for the Visit RecID from tblLogIn Visit Visit Date Visit was completed out of			
RecID from tblLogIn Visit Visit Date Visit was completed out of			
Visit Visit Date Visit was completed out of			
Visit Date Visit was completed out of			
Visit was completed out of			
-			
window			1 = Checked
Reason visit was completed out of window			COVID-19 pandemic, Bad weather, Travel difficulty, Financial issue, Poor health, Personal issue, Work issue, Subject on vacation, Visits too lengthy, Investigator away, Clinic appointment not available, Site forgot to schedule, Difficulty contacting subject, Poor outcome, Good outcome, Adverse event, Unknown, Other
Visit was missed			1 = Checked
Reason visit was missed			COVID-19 pandemic, Bad weather, Travel difficulty, Financial issue, Poor health, Personal issue, Work issue, Subject on vacation, Visits too lengthy, Investigator away, Clinic appointment not available, Site forgot to schedule, Difficulty contacting subject, Poor outcome, Good outcome, Adverse event, Unknown, Other
Visit was completed virtually			1 = Checked
	out of window Visit was missed	Visit was missed Reason visit was missed	Visit was missed Reason visit was missed

MTS1 Data Glossar	y – Tables and Fields
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(e.g., by	phone or	Internet)
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MTS1PtRoster

Description: Patient Roster
Data Source: Case Report Form

Field_Name	Description	Min	Max	Possible_Values
RecID	Unique record ID in table			
PtID	Unique Patient Identifier			
SiteID	Site Identifier			
Protocol	Protocol from tblProtocol			
ParentStratumID	RecID from tblStratum			
EnrollDt	Date of enrollment			
RandDt	Date of randomization			
VisitSchedStartDt	Date Visit Schedule starts			
	from			
PtStatus	Patient Status			Active, Completed,
				Dropped, Pending
PtStatusChgDt	Date status last changed			
StudyEye	Study Eye			OD, OS, OU
TrtGroup	Treatment group			Atropine or Placebo
	randomization assignment			
AgeAsofEnrollDt	Age at Enrollment			Age in years else if
				>=90, "90 or older"
AgeAsofRandDt				
Eligible	Patient eligible			Yes, No
SitePtNum	Incremental number for			
	Patient at a site			
MTS1PtStatus	MTS1 patient status			PreEnrolled,
				Enrolled,
				DroppedPreRand,
				Randomized,
				DroppedPostRand,
				CompRCT,
				DropPreEnrolled