MTS1 : Myopia Treatment Study 1
Month 15 Call
15-month call Follow-Up Form

Patient ID: M01-004-2299

SECTION: PHONE CALL INFORMATION (VisitInformation_d_05)

CONTACT INFORMATION

1. Name of person conducting contact: tblMTS1VisitInfo.dbo.PhoneCallUserID
21 - Shelly T. Mares
BM1: tblMTS1VisitInfo.dbo.ColumnName_Property_Not_Set_In_Template

2. Contact date: tblMTS1VisitInfo.dbo.VisitDt tblMTS1VisitInfo.dbo.VisitMiss
06 Feb 2018 ☐ Missed

If *Missed*, reason: tblMTS1VisitInfo.dbo.VisitMissReason

If *Other*, describe: tblMTS1VisitInfo.dbo.VisitMissReasonDs

OUT OF TARGET WINDOW

tblMTS1VisitInfo.dbo.OutOfWin **Contact was completed out of target window**
☑

1. Reason contact was completed out of target window: tblMTS1VisitInfo.dbo.OutOfWinReason
Financial issue

1a. If *Other*, describe: tblMTS1VisitInfo.dbo.OutOfWinReasonDs

SECTION: PHONE CALL FORM (MTS1FUCall_a_01)

PHONE CALL INFORMATION

1. Person spoken with: tblMTS1FUCall.dbo.MTS1PersSpokenWith
Father

1a. If *Other*, describe: tblMTS1FUCall.dbo.MTS1PersSpokenWithDs

2. Has the participant been taking the prescribed study medication? tblMTS1FUCall.dbo.TakingMed
Yes

2a. If *No*, why not (consult with investigator if necessary)? tblMTS1FUCall.dbo.TakingMedDs

3. Has the participant experienced any side effects or other adverse effects since the last visit? tblMTS1FUCall.dbo.SideEffects
No

3a. If *Yes*, describe: tblMTS1FUCall.dbo.SideEffectsDs

Complete an Adverse Event form if the event or medical problem meets any of the following criteria and consult with investigator if necessary.

An Adverse Event form should be completed if the participant reports any of the following new events since the last visit:

1. If the participant has experienced any new ocular side effects of treatment including lid/conjunctival irritation, light sensitivity, or near blur and/or reading difficulty.
2. If the participant has experienced any systemic side effects of treatment presenting within one hour following administration of study medication, including dry skin/mouth, tachycardia, fever, flushing, irritability, mental confusion, constipation, aggravation of asthma, or seizures.
3. If the participant has experienced any medical problem meeting criteria for a serious adverse event as follows: A serious adverse event is any untoward occurrence that:
   - Results in death.
   - Is life-threatening; (a non-life-threatening event which, had it been more severe, might have become life-threatening, is not necessarily considered a serious adverse event).
   - Requires inpatient hospitalization or prolongation of existing hospitalization.
   - Results in persistent or significant disability/incapacity or substantial disruption of the ability to conduct normal life functions (sight-threatening).
   - Is considered a significant medical event by the investigator based on medical judgment (e.g., may jeopardize the participant or may require

medical/surgical intervention to prevent one of the outcomes listed above).

COMMENTS

tblMTS1FUCall.dbo.CallCmts