

# TASK DOCUMENTATION

## RTS Global Medical Condition Form

	<a href="#">Click here to open/close previously entered data for viewing or editing</a>
BM1 Variation A	Estimate dates if necessary. If only the year is known, enter "January" as the month. When day of month is required but unknown, enter "1." Enter all medication treatment at the time of enrollment and started after enrollment on the Medications Form after entering the medical condition on this form.
BM1 Variation B	Record any pre-existing medical condition that is either present now, a chronic disease, or a prior condition that could impact the participant's health during the course of the study (e.g., prior MI or stroke). During the course of the study, enter any new medical conditions that develop.
BM2 Variations A and B	Record medications in use during the study on the Medication Form.
	<b>MEDICAL CONDITION INFORMATION</b>
ParentMedCondListID	<b>1. Select Medical Condition:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<b>Use reference below to view a list of Medical Conditions by system:</b> <i>(Medical condition must be copied into question 1 above.)</i>
	<a href="#">Click here to open/close the list</a>
	Note: If the condition you are looking for is not in the list, please click <a href="#">here</a> to send an email to request that it be added to the list.
MedCondPreStart	<b>2. Present prior to study enrollment?</b> Yes      No
MedCondPreStartCat	<b>2a. If <u>Yes</u> (present prior to enrollment), complete the following:</b> <b>i. Approximate duration prior to enrollment:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
MedCondPreStartTreat	<b>ii. Treated with medication:</b> Current      Past      Never
MedCondPreStartCat	<b>i. Approximate duration or timing of occurrence (e.g., acute event) prior to enrollment:</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
MedCondCurrTreatMed	<b>ii. Current treatment with medications (i.e., at time of enrollment):</b> Yes      No  If yes, complete medication form if required by protocol

# TASK DOCUMENTATION

## RTS Global Medical Condition Form

MedCondDiagDt MedCondDiagDtApprox MedCondDiagDtUnk	<b>2b. If <u>No</u> (started or occurred after enrollment/randomization), complete the following:</b>  <b>i. Date of diagnosis:</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;">Month</div> <div style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;">Day</div> <div style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;">Year</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Approximate         <input type="checkbox"/> Unknown       </div>
MedCondDiagDt MedCondDiagMonth MedCondDiagYear MedCondDiagDtUnk	<b>i. Date of diagnosis:</b> <i>Please enter exact date (Month, Day, Year) if known, otherwise estimate the month and year.</i>  <div style="display: flex; align-items: center;"> <div style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;">Month</div> <div style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;">Day</div> <div style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;">Year</div> </div> <p style="margin-top: 5px;">OR if exact date not known, estimate <div style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;">Month</div> <div style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;">Day</div> <div style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;">Year</div> (if month unknown and cannot be estimated just enter year)</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Unknown       </div>
MedCondTrt	<b>ii. Treatment of the medical condition:</b> <div style="margin-left: 20px;">         None          Medication          Surgery          Medication and Surgery          Dietary Management          Other       </div>
BM3	Enter the recovery date for all conditions active at the time of enrollment or develop later that resolve during study.
BM3	Null
MedCondStatus	<b>STATUS OF CONDITION</b>
MedCondStatus	<b>1. Medical condition status:</b> Ongoing (further improvement or worsening possible) Ongoing, medically stable (further change not expected) Complete Recovery Recovered with Sequelae
MedCondResDt MedCondResDtApprox	<b>1a. If <u>Complete Recovery</u> or <u>Recovered with Sequelae</u>, complete the following:</b>  <b>Recovery date:</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;">Month</div> <div style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;">Day</div> <div style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;">Year</div> <div style="margin-left: 20px;"><input type="checkbox"/> Approximate</div> </div>