**[ ]** Check here if form not completed

1. Did the subject attend this visit? [ ]  No [ ]  Yes (If Yes, continue)
2. Please check all assessments completed at this visit:

[Actual list of forms is dictated by the protocol’s visit schedule]

[Form A] [ ]

[Form B] [ ]

[Form C] [ ]

[Form D] [ ]

[Form E] [ ]

[Form F] [ ]

Adverse Events [ ]

Prior and Concomitant Medications [ ]

1. Is this the last visit? [ ]  No [ ]  Yes (If Yes, complete Subject Status form)
2. Comments:

## General Instructions

The Visit Checklist is a tool used to help study coordinators make sure all scheduled assessments/events are done at a particular study visit/time point. This document is a template and needs to be customized according to the protocol for each study visit/time point. The placeholders under item #2 (e.g., Form A, Form B, Form C, etc.) should be replaced with the actual names of the assessments/events that are to be completed at the visit/time point, as dictated by the protocol.

Important note: None oof the data elements included on this CRF are considered Core (i.e., strongly recommended for all studies to collect). These data elements are supplemental and should be collected only if the research team considers them appropriate for their study.

## Specific Instructions

There are no specific instructions.