

CHILDHOOD ADENOTONSILLECTOMY STUDY  
Materials Provided  
Baseline Visit

Participant ID: \_\_\_\_\_  
Participant Initials: \_\_\_\_\_  
Site: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
RC ID: \_\_\_\_ - \_\_\_\_

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1. Were educational materials provided to the child?  
mat1

- 0 No  
 1 Yes

2. Was Nasal Saline Spray provided to the child?  
mat2

- 0 No  
 1 Yes

2a. If Yes, what was the lot number?

\_\_\_\_\_  
mat2a

2b. Were directions and application uses reviewed with  
mat2b the parent or guardian?

- 0 No  
 1 Yes