

Adverse Events

Were any adverse events reported during or within 24 hours of any CHD Brain and Genes study-related evaluation?

Yes (If yes, please complete below)

No

Key for Adverse Events Log: (Use the corresponding number codes to complete the log below.)

Severity ¹	Relationship to study testing or evaluation ²	Action taken with study testing or evaluation ³	Outcome ⁴
1= Mild (Grade 1) 2= Moderate (Grade 2) 3= Severe (Grade 3) 4 = Life Threatening (Grade 4)	1= Not Related 2= Unlikely Related 3= Possibly Related 4= Probably Related 5= Definitely Related	1= No Change 2= Interrupted 3= Withdrawn 4= Not Applicable 5= Unknown	1 = Fatal 2 = Not Recovered/Not Resolved 3 = Recovered/Resolved 4 = Recovered/Resolved With Sequelae 5 = Recovering/Resolving 6 = Unknown

	Adverse Event	Severity ¹	Relationship to study testing ²	Action taken with study testing ³	Expected?	Outcome ⁴	Was the event Serious?	Did AE cause subject to be discontinued from the study?	Start Date (mm/dd/yyyy)	Ongoing at Study Completion/Discontinuation?	If not Ongoing, Stop Date (mm/dd/yyyy)
1					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
10					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	