Did subject complete the study? ☐ (COMP:CMPYN) Yes ☐ (COMP:CMPYN) No

Date of last contact: COMP:LASTDA / COMP:LASTMO / COMP:LASTYR
DD MMM YYYY

If no, record the date of last contact and select the **primary** reason for early withdrawal from below.

☐ (COMP:REASON) Screen failure (consented, was randomized, but did not receive study drug)

☐ (COMP:REASON) Subject failed to satisfy enrollment criteria ***Specify:*** COMP:SP1

☐ (COMP:REASON) Subject lost to follow-up

☐ (COMP:REASON) Subject or subject's legal representative requested to withdraw ***Specify:*** COMP:SP3

☐ (COMP:REASON) Discontinuation *(Check all that apply)*

- ☐ (COMP:DISCON1) New hypertension (not pre-existing) that requires treatment with anti-hypertensive medications
- ☐ (COMP:DISCON2) Stroke
- ☐ (COMP:DISCON3) Gastrointestinal hemorrhage
- ☐ (COMP:DISCON4) Pregnancy
- ☐ (COMP:DISCON5) In the doctor's opinion the subject's health, safety and/or well-being was threatened by continued participation in the study.

☐ (COMP:REASON) Other adverse event or significant concurrent illness ***Specify:*** COMP:SP4

☐ (COMP:REASON) Death

☐ (COMP:REASON) Other ***Specify:*** COMP:SP5

Investigator:

In your opinion, into which arm was this subject randomized?

☐ (COMP:INVEST) Dexamethasone

☐ (COMP:INVEST) Placebo

☐ (COMP:INVEST) No opinion

Study Coordinator:

In your opinion, into which arm was this subject randomized?

- ☐ (COMP:SCOORD) Dexamethasone
- ☐ (COMP:SCOORD) Placebo
- ☐ (COMP:SCOORD) No opinion

Subject:

In your opinion, into which arm were you randomized?

- ☐ (COMP:SUBJ) Dexamethasone
- ☐ (COMP:SUBJ) Placebo
- ☐ (COMP:SUBJ) No opinion

Investigator's or Treating Physician's Statement: *I have reviewed the data entries within this CRF and, to the best of my knowledge, the data represent a complete and accurate record of the subject's participation in the study.*

PI signature: ☐ (COMP:PISIG) Signature Date: COMP:SIGDA / COMP:SIGMO / COMP:SIGYR

DD MMM YYYY

Comments for page:

COMP:COMMENT

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