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Site Number

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Subject Number

Form FA - Findings About Events or Interventions**1 FA - Findings About Events or Interventions**

1.1	Clinical Event		CETERM										
1.2	Start Date (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											CESTDAT
1.3	Start Time (24 hour clock)	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					CESTTIM						
1.4	Category		FACAT										
1.5	Sensitivity to Light	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	SENSLGHT_FAORRES										
1.6	Sensitivity to Sound	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	SENSOUND_FAORRES										
1.7	Nausea	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	NAUSEA_FAORRES										
1.8	Aura	<input type="radio"/> [N] No <input type="radio"/> [Y] Yes	AURA_FAORRES										