

PRIMARY ENDPOINT ASSESSMENT FORM

ID. No.: subjid- ____ Alpha Code: alpha_code Visit #: pevisit

NOTE: To be completed by the study team at the Week 4, Month 6, and Month 12 visits by direct examination and questioning the subject.

1. Has the subject met any of the following Primary Study Endpoints in the Right Eye Upper Eyelid? (Check all that apply)

- a. Not a Study Eye ☐ peeye_r__1
- b. None ☐ peeye_r__0
- c. One or more lashes touching the globe
at this visit ☐ peeye_r__2
- d. Surgery for post-operative TT in the
interval since the last study visit ☐ peeye_r__3
- e. Evidence of epilation at this visit ☐ peeye_r__4

2. Has the subject met any of the following Primary Study Endpoints in the Left Eye Upper Eyelid? (Check all that apply)

- a. Not a Study Eye ☐ peeye_l__1
- b. None ☐ peeye_l__0
- c. One or more lashes touching the globe
at this visit ☐ peeye_l__2
- d. Surgery for post-operative TT in the
interval since the last study visit ☐ peeye_l__3
- e. Evidence of epilation at this visit ☐ peeye_l__4

3. Name & certification number of person completing form

- a. Print Name: _____
- b. Certification #: _____

4. Date form completed:

____ / ____ / ____
Day Month Year

Data entry complete date: ____ / ____ / ____
Data entered by initials: ____