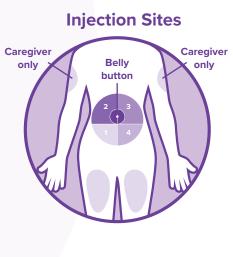
Subject ID: _____ Study Week: ____



| STUDY DRUG DIARY FOR AT-HOME ADMINISTRATION This study drug diary must be returned to the study site at every clinic visit. To be filled out and signed by the individual administering the study drug at home (i.e. patient, caregiver, qualified home healthcare professional). Note: if you are in Japan, you must administer the injection yourself. Name: | | | Stu | idy — Di | OFFIGITIO | | |
|--|--|-----------|----------------|-------------------|-----------------|--|--|
| healthcare professional). Note: if you are in Japan, you must administer the injection yourself. Name:Signature: | | | | | | | |
| Important Information For guidance on how to administer the study drug, please see the Instructions for Use booklet provided to you. Date of administration: | | | • | | | | |
| For guidance on how to administer the study drug, please see the Instructions for Use booklet provided to you. Date of administration: | Name: | | Signature: | | Date: | | |
| Study drug kit numbers: | For guidance on how to administer the study drug, please see the <i>Instructions for Use</i> booklet | | | | | | |
| Study drug kit numbers: | Date of adminis | stration: | //\ | 4M-DD-YYYY) | | | |
| Injection #1 Injection #2 Time syringe #1 was prepared: AM / PM (HH:MM) (circle one) Time injection #1 was administered: AM / PM (HH:MM) (circle one) Time injection #1 was administered: AM / PM (HH:MM) (circle one) Time injection #2 was administered: AM / PM (HH:MM) (circle one) Where injection #1 was given: Left thigh □ Left upper arm* Injection Sites Caregiver only Belly button Caregiver only Belly button Caregiver only Caregiver only Belly button Caregiver only Caregiver only Caregiver only Belly button | | | | IIWI-DD-1 1 1 1 1 | | | |
| Time syringe #1 was prepared: AM / PM (HH:MM) | | | | (HH:MM) AM / P | M (circle one) | | |
| AM / PM (HH:MM) (circle one) Time injection #1 was administered: AM / PM (HH:MM) (circle one) Time injection #2 was administered: AM / PM (HH:MM) (circle one) (HH:MM) (circle one) Where injection #1 was given: Left thigh Left upper arm* AM / PM Caregiver only button Caregiver only Caregiver only Left thigh Left upper arm* | Injection #1 | | Injection #2 | | | | |
| (HH:MM) (circle one) Time injection #1 was administered: ——————————————————————————————————— | Time syringe #1 was prepared: | | | | | | |
| Time injection #1 was administered: AM / PM AM / PM AM / PM AM / PM (HH:MM) (circle one) Where injection #1 was given: Left thigh Left upper arm* Time injection #2 was administered: AM / PM AM / PM Only button Caregiver only button Caregiver only button Left upper arm* | | | | | | | |
| AM / PM (HH:MM) (circle one) Where injection #1 was given: Left thigh Left upper arm* AM / PM (circle one) Where injection #2 was given: Left upper arm* Caregiver only button Caregiver only button Left upper arm* | · / / · | · · | illi illi illi | · · | Injection Sites | | |
| (HH:MM) (circle one) (HH:MM) (circle one) Where injection #1 was given: □ Left thigh □ Left upper arm* AM / PW only only only only button Uthere injection #2 was given: □ Left thigh □ Left upper arm* | | | | | Caregiver | | |
| Where injection #1 was given: □ Left thigh □ Left upper arm* Where injection #2 was given: □ Left thigh □ Left upper arm* | | | | | only Belly only | | |
| □ Left thigh □ Left upper arm* □ Left thigh □ Left upper arm* | | | ` \ ' | · · · | button | | |
| | | | | | 2 3 | | |
| □ Dight thigh □ Dight upper erm* | | | _ | • • | | | |

Time syringe #1 was prepared: ______ AM / PM (HH:MM) (circle one) Time injection #1 was administered: _____ AM / PM (HH:MM) (circle one) Where injection #1 was given: Left thigh Left upper arm* Right thigh Right upper arm* Stomach (abdomen) Quadrant 1 Quadrant 2 Quadrant 3 Quadrant 4 Was the full 1.0 mL dose injected? YES / NO (circle one) If NO, list approximately how much was injected (for example, 1/2) and explain why:

Time syringe #2 was prepared: _______ AM / PM (HH:MM) (circle one) Time injection #2 was administered: ______ AM / PM (HH:MM) (circle one) Where injection #2 was given: □ Left thigh □ Left upper arm* □ Right thigh □ Right upper arm* Stomach (abdomen) □ Quadrant 1 □ Quadrant 2 □ Quadrant 3 □ Quadrant 4 Was the full 1.0 mL dose injected? YES / NO (circle one) If NO, list approximately how much was injected (for example, 1/2) and explain why:



*Caregiver only. Do not try to inject yourself in the arm.

Please follow the instructions provided to you regarding what to do with used and unused study drug syringes, cartons, and needles.