

Japanese version of PEM

(Doctors)Blue

Patient name is given on the envelope Prescription-Event Monitoring (PEM) Questionnaire

Patient code:△△△△△△△△△△

☆Any number or abbreviation by which the patient is identified(may be used in the follow-up study)

Please check the age and DOB on the envelope and please amend them if any error is found.

| | |
|---|---|
| Patient number [☆] : Date patient started ○○○○○○○○○○: / / (first prescription date, FPD▲) On FPD the patient was: a in hospital b ambulatory c unknown Indication: 1. Essential hypertension 2. Others [] Date when it developed for the first time: / / Date when drug treatment started: / / | Current condition of the patient: a in hospital b ambulatory c seen by another doctor d treatment finished e disappeared during treatment f patient deceased In case c-f Last date when you saw the patient or DOD: / / Its reason: |
|---|---|

Baseline or concurrent conditions on the first prescription date(▲) and cardiovascular risk factors :

Target organ damage and cardiovascular risk (JNC VI)

a LVH b angina c MI d prior coronary revascularization
 e Heart failure (NYHA classification: I II III IV)
 f other cardiovascular diseases [] g TIA h stroke i retinopathy
 j nephropathy [] k peripheral arterial disease []
 l DM m hyperlipidemia n smoking (from ___years ago until___)
 o family history of cardiovascular disease: women <65 or men < 55 y
 p other diseases []

If any of the above disease is treated by other hospital, please describe in "◆Treatment in other hospital"on the back side .

Events which have occurred after the first prescription date(▲) ※Definition of event is given on the envelop

| Date | Dose (mg/day) | Events while taking ○○○○○○○○○○ ○○※ | Date | Events after stopping ○○○○○○○○○○ ○※ |
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※If you judge that the event is likely to be an ADR to any drug used (where the probability that the event is an ADR exceeds the probability that it is not), add "(probably) an ADR to ---". In addition, if that event has been reported to a drug compny or MHW etc., please add "reported to MHW (or the name of the drug company) as an ADR".

※ When reporting laboratory data as an event, please indicate the value is outside normal limits like 'GP142 ↑ ' or 'WBC4600 ↓ ' as normal range differs between laboratories.

Hospital Name:

Doctor Name:

Address:

Date when you answer: / /

(to be continued to the back side)

Telephone number:

Facsimile number:

