

Please check age (on the first prescription date) and sex below and amend them if any error is found.

<p>Japanese version of PEM Prescription-Event Monitoring (PEM) To: <input style="width: 150px; height: 20px;" type="text"/> pharmacy</p> <p>•Please answer to the questions regarding the patient prescribed the drug, ○○○○○○○○○○○○.</p> <p>Patient Code: △△△△△△△△△△</p> <p>Sex: ◆</p> <p>Age: ◆◆ (on the date of the first prescription, / /199○)</p>	<p>This questionnaire is designed to collect events.</p> <p>• What is event ?</p> <p>'Event' is defined as: Patient's complaint on any symptoms or sign (if diagnosis is known from the patient, describe it), any reason for a referral to a new hospital or admission to hospital, any drug reaction suspected by doctor or pharmacist, or any other complaint which was considered of sufficient importance to enter into patient's notes which occurred after the use of ○○○○○○○○.</p> <p>• Example of events: Peptic ulcer, heart burn, anxiety, tachycardia, liver function abnormality, admission to a hospital due to broken leg etc'.</p>
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#Diagnosis obtained by asking the patient. If it is uncertain please describe sign, symptom, or complaint by using patient's own words. Please leave the cell open if you have not asked the patient but do not guess the diagnosis.

<p>Date patient started ○○○○○○○○○○○○ : / / (first prescription date, FPD▲)</p> <p>On FPD the patient was: a in hospital b ambulatory c unknown</p> <p>Reason for prescription (Diagnosis etc.)#: _____</p> <p>Date when it developed for the first time: / /</p> <p>Date when drug treatment started: / /</p> <p>_____</p> <p>Concurrent diseases#: _____</p>	<p>Current state of the patient:</p> <p>a visiting pharmacy regularly b visiting irregularly c has disappeared d in hospital e has deceased</p> <p>Last date when you saw the patient: / /</p> <p>Patient condition on the last date you saw the patient:</p> <p>a As usual b Others (please specify): _____</p>
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Events which have occurred after the first prescription date(▲) ※Definition of event is given above

Date	Events while taking ○○○○○○○○○○※	Date	Events after stopping ○○○○○○○○○○※
/ /		/ /	
/ /		/ /	
/ /		/ /	
/ /		/ /	
/ /		/ /	
/ /		/ /	
/ /		/ /	

※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 company or MHW etc., please add "reported to MHW (or the name of the drug company) as an ADR".

Pharmacy Name:

Address:

Telephone number:

Facsimile number:

Pharmacist's name:

Date: / /

(to be continued)

Dose of ○○○○○○ and patient's compliance

Patient's compliance: a taking the drug as indicated b taking the drug almost as indicated indicated c often not taking the drug d taking little or no drugs prescribed e don't know Reason for poor compliance in case b-d:	Duration while the patient used ○○○○○○ and daily dose: (not date of dispensing the drug) / / ~ / / mg/day / / ~ / / mg/day / / ~ / / mg/day / / ~ / / mg/day Enter X into <input type="checkbox"/> if the drug was temporarily stopped after the duration ↑
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Current state for the administration of ○○○○○○: (If the patient is not ambulatory nor in hospital, please give the information at the time of the last vist or that on DOD)

a Patient still continues to use the drug

b Substituted by other drug Date when substituted: / / Name of Drug(s) substituted: _____
 Reason for substituting other drug: _____

c Drug has been stopped without substitution Date patient stopped this drug: / /
 Reason for stopping this drug: _____

Drug with the same indication added while the patient is treated with ○○○○○○

Yes No Don't know Date when added: / / Name of Drug(s) added: _____
 Reason for the adding the drug: _____

concomittant drugs (Plese indicate 'nothing' or 'don't know' if applicable)

Concurrent drugs used around when the first prescription date (▲ on the top side) or thereafter (mention the drugs already given above as drugs substituted or added as well other antihypertensives and drugs other than antihypertensives including OTC drugs) [you may attach print out from computer]

Duration [☆]	Drug Name	Dose [★]
		/
		/
		/
		/
		/
		/
		/
		/

☆ (Ex) 1997/1/4~3/10, 8/4~10/2
 or 1997/ 3/ 5 PRN #10

★ mg/day
 or mg PO

How does the above description on the daily dose of ○○○○○○ and on other drugs cover patient's actual drug usage (including those dispensed in other phrmacies and hospitals other than those which has prescribed ○○○○○○).

Everything Most Considerabe lack of the information Quite incomplete Don't know

Date when the questionnaire is forwarded to doctor regarding this patient: / /

a the questionnaire for doctor (blue) was forwarded directly to doctor b the quetionnaire to hospital pharmacists (yellow) and that to doctor (blue) were forwarded to hospital pharmacy

Thank you very much

Inquiry: Kiyoshi Kubota (Department of Pharmacoeptdimiology, Faculty of Medicine, University of Tokyo)
 Address
 telephone number and facsimile number

JPA
 Address
 telephone number and facsimile number