

DRUG RESTART FORM

ID No.		-			
Form Type	R	S			

Part I: Visit Identification

1. Patient's initials: .....
2. Date of this examination: ..... **E-17-DAYS**
- Month      Day      Year

Part II: Physical Examination

3. Height: ..... **HT** inches
4. Weight: ..... **WT** pounds
5. Temperature: ..... **TEMP** °F

A. Check method:

- Oral ..... ( ) **METHOD**
- Other ..... ( )

6. Blood pressure (sitting):

- A. Systolic: ..... **SYS** mm Hg
- B. Diastolic: ..... **DIAS** mm Hg

7. Pulse (sitting): ..... **PULSE** beats/minute

ID No.		-			
Form Type	R	S			

8. Did examination of any of the following reveal abnormalities? ----- ( 1 ) ( 2 )  
 Yes No  
 ↓

A. HEENT: ----- ( 1 ) ( 2 )  
 Yes No  
 ↓  
 Briefly describe: HEENT OK

B. Cardiopulmonary system: ----- ( 1 ) ( 2 )  
 Yes No  
 ↓  
 Briefly describe: CPU OK

C. Extremities: ----- ( 1 ) ( 2 )  
 Yes No  
 ↓  
 Briefly describe: EXTREMITIES OK

D. Skin: ----- ( 1 ) ( 2 )  
 Yes No  
 ↓  
 Briefly describe: SKIN OK

AEN  
 HEENT AEN  
 CPU AEN  
 EXTREMITIES AEN  
 SKIN AEN

RES-DAYS

9. Date the patient restarted study medication: -----  
 Month Day Year

10. How many pills per day of study medication are being prescribed for the patient at this time? -----

PILLRX

11. Is the patient being given a new bottle of study medication? ----- ( 1 ) ( 2 )  
 Yes No  
 ↓

NEW BOT

Complete a Drug Distribution Form (Form 20) and attach bottle labels to the label page.

Part III: Administrative Matters

12. Research Coordinator:  
 Signature: \_\_\_\_\_ RTS Staff No.: \_\_\_\_\_

13. Date form completed: -----  
 Month Day Year

ID No.		-			
Form Type	R	S			

FORM 17 (Rev. 0)  
 DRUG RESTART FORM

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
HEADER	NEWID	I(4)	Patient ID
HEADER	FMTYP	CHAR(4)	RS01
2	F17_DAYS	I(4)	Date of examination Days from randomization
3/4	BODYMASS	F(6.3)	Body Mass Index (weight/2.2)/(((height*2.54)/100)**2)
5	TEMP	F(5.1)	Degrees F
5A	METHOD1	I(1)	1 = Oral, 2 = Other
6A	SYS	I(3)	mm Hg
6B	DIAS	I(3)	mm Hg
7	PULSE	I(3)	Beats/minute
8	ABN	I(3)	1 = Yes, 2 = No
8A	HEENTABN	I(1)	1 = Yes, 2 = No
8A	HEENTRMK	CHAR(1)	1 = Remark written on form
8B	CPABN	I(1)	1 = Yes, 2 = No
8B	CPA_RMK	CHAR(1)	1 = Remark written on form
8C	EXTRABN	I(1)	1 = Yes, 2 = No
8C	EXTRARMK	CHAR(1)	1 = Remark written on form
8D	SKINABN	I(1)	1 = Yes, 2 = No
8D	SKINARMK	CHAR(1)	1 = Remark written on form
9	RES_DAYS	I(4)	Date medication restarted Days from randomization
10	PILLRX	I(1)	Pills per day
11	NEWBOT	I(1)	1 = Yes, 2 = No

CONTENTS PROCEDURE

Data Set Name:	RTS.FORM17	Observations:	7
Member Type:	DATA	Variables:	21
Engine:	V612	Indexes:	0
Created:	11:06 Thursday, April 27, 2000	Observation Length:	88
Last Modified:	11:06 Thursday, April 27, 2000	Deleted Observations:	0
Protection:		Compressed:	NO
Data Set Type:		Sorted:	NO
Label:			

-----Engine/Host Dependent Information-----

Data Set Page Size:	8192
Number of Data Set Pages:	1
File Format:	607
First Data Page:	1
Max Obs per Page:	92
Obs in First Data Page:	7

-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Informat	Label
7	ABN	Num	4	28	1.	BEST22.	f17q8 Exam revealed any abnormality
20	BODYMASS	Num	8	72	6.3		weight(kg) divided by height(m) squared
10	CPABN	Num	4	37	1.	BEST22.	f17q8b Cardiopulmonary abnormality
11	CPA_RMK	Char	1	41			f17q8b Describe cardiopulmonary ab.
5	DIAS	Num	4	20	3.	BEST22.	f17q6b Diastolic blood pressure (mm Hg)
12	EXTRABN	Num	4	42	1.	BEST22.	f17q8c Extremities abnormality
13	EXTRARMK	Char	1	46			f17q8c Describe extremities abnormality
18	F17_DAYS	Num	4	60	4.		f17q2 Days from randomization
1	FMYTP	Char	4	0			FMYTP
8	HEENTABN	Num	4	32	1.	BEST22.	f17q8a HEENT abnormality
9	HEENTRMK	Char	1	36			f17q8a Describe HEENT abnormality
3	METHOD1	Num	4	12	1.	BEST22.	f17q5a Temperature method
17	NEWBOT	Num	4	56	1.	BEST22.	f17q11 Patient given new bottle
19	NEWID	Num	8	64	4.		Patient ID
16	PILLRX	Num	4	52	1.	BEST22.	f17q10 Pills/day prescribed this visit
6	PULSE	Num	4	24	3.	BEST22.	f17q7 Pulse (beats/minute)
21	RES_DAYS	Num	8	80			f17q9 Days rand. to restart med.
14	SKINABN	Num	4	47	1.	BEST22.	f17q8d Skin abnormality
15	SKINARMK	Char	1	51			f17q8d Describe skin abnormality
4	SYS	Num	4	16	3.	BEST22.	f17q6a Systolic blood pressure (mm Hg)
2	TEMP	Num	8	4	5.1	BEST22.	f17q5 Temperature (F)

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
TEMP	f17q5 Temperature (F)	7	97.8	0.9	96.1	98.8
METHOD1	f17q5a Temperature method	7	1.0	0.0	1.0	1.0
SYS	f17q6a Systolic blood pressure (mm Hg)	7	112.9	19.4	100.0	154.0
DIAS	f17q6b Diastolic blood pressure (mm Hg)	7	72.3	13.8	60.0	96.0
PULSE	f17q7 Pulse (beats/minute)	7	66.6	9.6	52.0	78.0
ABN	f17q8 Exam revealed any abnormality	7	1.7	0.5	1.0	2.0
HEENTABN	f17q8a HEENT abnormality	7	1.9	0.4	1.0	2.0
CPABN	f17q8b Cardiopulmonary abnormality	7	2.0	0.0	2.0	2.0
EXTRABN	f17q8c Extremities abnormality	7	1.9	0.4	1.0	2.0
SKINABN	f17q8d Skin abnormality	7	2.0	0.0	2.0	2.0
PILLRX	f17q10 Pills/day prescribed this visit	7	1.3	0.5	1.0	2.0
NEWBOT	f17q11 Patient given new bottle	7	1.3	0.5	1.0	2.0
F17_DAYS	f17q2 Days from randomization	7	197.0	115.0	57.0	366.0
NEWID	Patient ID	7	162.3	93.1	59.0	288.0
BODYMASS	weight(kg) divided by height(m) squared	7	22.4	3.3	18.9	26.8
RES_DAYS	f17q9 Days rand. to restart med.	7	195.3	113.1	54.0	356.0

FMTYP

FMTYP	Frequency	Percent	Cumulative Frequency	Cumulative Percent
RS01	7	100.0	7	100.0

f17q8a Describe HEENT abnormality

HEENTRMK	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	1	100.0	1	100.0

Frequency Missing = 6

f17q8b Describe cardiopulmonary ab.

CPA_RMK	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	1	100.0	1	100.0

Frequency Missing = 7

f17q8c Describe extremities abnormality

EXTRARMK	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	1	100.0	1	100.0

Frequency Missing = 6

f17q8d Describe skin abnormality

SKINARMK	Frequency	Percent	Cumulative Frequency	Cumulative Percent
ff				

Frequency Missing = 7