

ISRCTN71327395
HTA 09/22/136



Adverse Events

ADVERSE EVENTS		Area No	Site No	Participant I.D.	Participant initials	
Please record details of all new adverse events, AEs which have increased severity, changes in relationship to study treatment and all medical conditions present at study treatment initiation which have worsened. If the subject has not experienced any adverse events please enter "NONE".						
Adverse Event	1			2		
Onset Date	<input type="text"/> / <input type="text"/> / <input type="text"/> <small>Day Month Year</small>			<input type="text"/> / <input type="text"/> / <input type="text"/> <small>Day Month Year</small>		
Onset Time	<input type="text"/> : <input type="text"/> <small>Hours Minutes</small>			<input type="text"/> : <input type="text"/> <small>Hours Minutes</small>		
Stop Date	<input type="text"/> / <input type="text"/> / <input type="text"/> <small>Day Month Year</small>			<input type="text"/> / <input type="text"/> / <input type="text"/> <small>Day Month Year</small>		
Duration	<input type="text"/> <input type="text"/> 1 = Days 2 = Hours 3 = Minutes 4 = Seconds <small>Value Time Period</small>			<input type="text"/> <input type="text"/> 1 = Days 2 = Hours 3 = Minutes 4 = Seconds <small>Value Time Period</small>		
Severity	<input type="text"/> 1 = Mild 2 = Moderate 3 = Severe			<input type="text"/> 1 = Mild 2 = Moderate 3 = Severe		
Relationship to study treatment	<input type="text"/> 0 = Not Related 1 = Possibly Related 2 = Definitely Related			<input type="text"/> 0 = Not Related 1 = Possibly Related 2 = Definitely Related		
Action taken	<input type="text"/> 0 = No action taken 1 = Treatment Adjusted 2 = Treatment Discontinued 3 = Concomitant Medication 4 = Non-drug therapy given 5 = Hospitalisation			<input type="text"/> 0 = No action taken 1 = Treatment Adjusted 2 = Treatment Discontinued 3 = Concomitant Medication 4 = Non-drug therapy given 5 = Hospitalisation		
Outcome	<input type="text"/> 1 = Resolved 2 = Ongoing at Follow-Up			<input type="text"/> 1 = Resolved 2 = Ongoing at Follow-Up		
Serious?	<input type="text"/> 0 = No 1 = Yes			<input type="text"/> 0 = No 1 = Yes		

Completed by:

Name:	Signature:	<input type="text"/> / <input type="text"/> / <input type="text"/> <small>Day Month Year</small>	Adverse Events Version 1.0 270411
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ADVERSE EVENTS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Area No	Site No	Participant I.D.	Participant initials
<i>Please record details of all new adverse events, AEs which have increased severity, changes in relationship to study treatment and all medical conditions present at study treatment initiation which have worsened. If the subject has not experienced any adverse events please enter "NONE".</i>				
Adverse Event	3 <input type="text"/>	4 <input type="text"/>		
Onset Date	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year		
Onset Time	<input type="text"/> Hours : <input type="text"/> Minutes	<input type="text"/> Hours : <input type="text"/> Minutes		
Stop Date	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year		
Duration	<input type="text"/> Value <input type="text"/> Time Period 1 = Days 2 = Hours 3 = Minutes 4 = Seconds	<input type="text"/> Value <input type="text"/> Time Period 1 = Days 2 = Hours 3 = Minutes 4 = Seconds		
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Name:

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Adverse Event Reporting Key

1. Severity :

Mild: Transient or mild discomfort, no limitation in activity, no medical intervention/therapy required,

Moderate: Mild to moderate limitation in activity, some assistance in activity, some assistance may be needed, no or minimal medical intervention required,

Severe: Marked limitation in activity, some assistance usually required, medical intervention required, hospitalisation possible

2. Relationship (to any study intervention): 0= Not Related, 1=Possibly Related, 2 = Definitely Related

3. Action taken: if yes record the therapy on current medication page of the case report form.

4. Serious : If yes please complete a SAE Report form and fax to Newcastle Clinical Trials Unit within 24 hours of being aware of event.

Serious Adverse Event (SAE): any untoward and unexpected medical occurrence or effect that:

- **Results in death**
- **Is life-threatening** – refers to an event in which the subject was at risk of death at the time of the event; it does not refer to an event which hypothetically might have caused death if it were more severe
- **Requires re-admission to hospital-, or prolongation of existing inpatient’s hospitalisation**
- **Results in persistent or significant disability or incapacity**
- **Is a congenital anomaly or birth defect**