

Please log any changes that have been made to the patient's ORAL Bullous Pemphigoid medication

A	DRUG NAME (USE BLOCK CAPITALS)	ACTION	NEW TOTAL DAILY DOSE (mg)	DATE OF ACTION (DD/MON/YYYY)	REASON FOR ACTION AND EXTRA INFORMATION
1	BLINDED ALLOCATED TREATMENT	START			0 TRIAL START
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
B Please tick if Treatment Log is continued onto an additional page <input type="checkbox"/>					
ACTION CODES		SWITCH to other systemic medication		REASON FOR ACTION CODES	
START new medication		Increase dose (INC)		0 = Trial Start	
STOP medication		Reduce dose (RED)		1 = Treatment failure	
RESTART medication (if previously stopped)		Tapering of dose (TAP)		2 = Treatment success	
				3 = Worsening of disease (relapse)	
				4 = Adverse Event	
				5 = Completed trial week 52	
				6 = Never started medication	
				7 = Withdrawn from study	
				8 = Other (please specify)	

Please log any changes that have been made to the patient's TOPICAL Bullous Pemphigoid medication

NAME OF CREAM OR OINTMENT (USE BLOCK CAPITALS)	START DATE (DD/MON/YYYY)	STOP DATE (DD/MON/YYYY)	APPROX. TOTAL USED BETWEEN DATES (g)	REASON FOR USING TOPICAL STEROIDS (please use action codes below)
Part 1 – trial start to week 3 visit (up to 30g of potent steroid permitted each week)				
MOMETASONE			10	
Part 2 – weeks 4, 5 and 6 (topical steroid use not permitted by trial protocol)				
Part 3 – weeks 7 to 52 (up to 30g per week of a potent topical steroid allowed whilst reducing systemic treatment)				
REASON FOR ACTION CODES			14 = Adverse Event	
10 = Permitted by trial protocol for extra itching relief			15 = Completed trial week 52	
11 = Treatment failure			16 = Never started medication	
12 = Worsening of disease (relapse)			17 = Withdrawn from study	
13 = Part of weaning off oral treatment			18 = Other (please specify)	

Please log any changes that have been made to the patient's ORAL Bullous Pemphigoid medication

A	DRUG NAME (USE BLOCK CAPITALS)	ACTION	NEW TOTAL DAILY DOSE (mg)	DATE OF ACTION (DD/MON/YYYY)	REASON FOR ACTION AND EXTRA INFORMATION	
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
ACTION CODES START new medication STOP medication RESTART medication (if previously stopped)		SWITCH to other systemic medication Increase dose (INC) Reduce dose (RED) Tapering of dose (TAP)		REASON FOR ACTION CODES 0 = Trial Start 1 = Treatment failure 2 = Treatment success 3 = Worsening of disease (relapse)		4 = Adverse Event 5 = Completed trial week 52 6 = Never started medication 7 = Withdrawn from study 8 = Other (please specify)

Please log any changes that have been made to the patient's ORAL Bullous Pemphigoid medication

