

CitAD

Follow-up Medical History (FH-1)

Purpose: Record the interval medical history.

When: At F3, F6, and F9.

Completed by: CitAD certified clinician.

Instructions: Items should be answered based on the interviewer's assessment of information provided by the patient (or if necessary, by the caregiver). The clinician should complete this form after completing the CGI and NBRs assessments. Any serious adverse events should be recorded on the Safety Report (SR) form. See handbook sections on adverse event reporting and treatment termination guidelines.

A. Clinic, patient, and visit identification

1. Clinic ID: _____

2. Patient ID: C _____

3. Patient four-letter code: _____

4. Date form completed:
_____ - _____ - _____
 day month year

5. Visit ID: _____

6. Form revision date:
 2 6 - j a n - 1 0
 day month year

B. Medical history

7. Healthcare visits or admissions (*Complete SR form for any serious adverse events listed below.*)

a. Number of hospital admissions (*if none, put zero*):
_____ # of hospitalizations

_____ specify

_____ specify

b. Number of surgeries (*if none, put zero*):
_____ # of surgeries

_____ specify

_____ specify

c. Number of other urgent healthcare visits (*if none, put zero*):
_____ # of visits

_____ specify

_____ specify

8. Since the date of the last EH or FH form, has the patient taken medication(s) for Alzheimer's disease (*check all that apply*):

a. None of the below ()

b. Memantine (Namenda®) ()

c. Donepezil (Aricept®) ()

d. Rivastigmine (Exelon®) ()

e. Galantamine (Reminyl®) ()

f. Other (*specify*) ()

_____ specify

9. Since the date of the last EH or FH form, has the patient taken **lorazepam**:

()^{Yes} ()^{No}

11.

10. Since the date of the last EH or FH form, how many days was the patient administered lorazepam in the following doses (*if none, put zero*):

a. 0.5 mg/day _____ days

b. 1.0 mg/day _____ days

c. 1.5 mg/day _____ days

d. 2.0 mg/day _____ days

e. Greater than 2.0 mg/day _____ days

11. Since the date of the last EH or FH form, has the patient taken **trazodone**:

()^{Yes} ()^{No}

12. Has the patient had the following since the date of the last EH or FH form (including chronic diseases that were present at previous visits) (*check all that apply*):

- a.** Hypertension ()
- b.** Myocardial infarction ()
- c.** Congestive heart failure ()
- d.** Arthritis ()
- e.** Diabetes ()
- f.** Stroke ()
- g.** Atrial fibrillation ()
- h.** Asthma ()
- i.** COPD. ()
- j.** Epilepsy ()
- k.** Cancer (specify) ()

_____ specify

- l.** Kidney disease (specify) ()

_____ specify

- m.** Liver disease (specify) ()

_____ specify

- n.** GI disease (specify) ()

_____ specify

- o.** Lung disease (*not listed above; specify*) ()

_____ specify

- p.** Other(*specify*) ()

_____ specify

- q.** Other(*specify*) ()

_____ specify

- r.** Other(*specify*) ()

_____ specify

- s.** Other(*specify*) ()

_____ specify

- t.** Other(*specify*) ()

_____ specify

13. Since the date of the last EH or FH form, has the patient had any of the following symptoms (*Note that symptoms continue on the next page. Check only one in each subitem*):

	None	Mild	Moderate	Severe
a. Abdominal pain	(1)	(2)	(3)	(4)
b. Anorexia (poor appetite)	(1)	(2)	(3)	(4)
c. Anxiety	(1)	(2)	(3)	(4)
d. Asthenia (weakness)	(1)	(2)	(3)	(4)
e. Bronchitis	(1)	(2)	(3)	(4)
f. Confusion	(1)	(2)	(3)	(4)
g. Constipation	(1)	(2)	(3)	(4)
h. Cough	(1)	(2)	(3)	(4)
i. Decreased libido	(1)	(2)	(3)	(4)
j. Diarrhea	(1)	(2)	(3)	(4)
k. Dizziness	(1)	(2)	(3)	(4)
l. Drug allergic reaction/hypersensitivity	(1)	(2)	(3)	(4)
m. Dry mouth	(1)	(2)	(3)	(4)
n. Ejaculatory dysfunction	(1)	(2)	(3)	(4)
o. Falls	(1)	(2)	(3)	(4)
p. Fatigue	(1)	(2)	(3)	(4)
q. Fever	(1)	(2)	(3)	(4)
r. Gait instability	(1)	(2)	(3)	(4)
s. Headache	(1)	(2)	(3)	(4)
t. Indigestion	(1)	(2)	(3)	(4)
u. Insomnia	(1)	(2)	(3)	(4)
v. Joint pain	(1)	(2)	(3)	(4)
w. Muscle pain	(1)	(2)	(3)	(4)
x. Nasal congestion	(1)	(2)	(3)	(4)
y. Nausea	(1)	(2)	(3)	(4)
z. Nervousness	(1)	(2)	(3)	(4)

14. Symptoms continued: Since the date of the last EH or FH form, has the patient had any of the following symptoms
(check only one in each subitem):

	None	Mild	Moderate	Severe
a. Pneumonia	(1)	(2)	(3)	(4)
b. Rhinitis (runny nose)	(1)	(2)	(3)	(4)
c. Somnolence (drowsiness)	(1)	(2)	(3)	(4)
d. Sore throat	(1)	(2)	(3)	(4)
e. Suicidal thoughts	(1)	(2)	(3)	(4)
f. Sweating	(1)	(2)	(3)	(4)
g. Tremor	(1)	(2)	(3)	(4)
h. Upper respiratory infection (cold)	(1)	(2)	(3)	(4)
i. Visual disturbances	(1)	(2)	(3)	(4)
j. Vomiting	(1)	(2)	(3)	(4)
k. Yawning	(1)	(2)	(3)	(4)
l. Other 1 (<i>specify</i>)	(1)	(2)	(3)	(4)

specify				
m. Other 2 (<i>specify</i>)	(1)	(2)	(3)	(4)

specify				
n. Other 3 (<i>specify</i>)	(1)	(2)	(3)	(4)

specify				
o. Other 4 (<i>specify</i>)	(1)	(2)	(3)	(4)

specify				

15. Indicate current use of medications not documented on items 8, 9, 10, and 11 of this form. See last page of this form for examples of medication types (*check yes or no for each subitem*):

	Yes	No
a. Non-steroidal anti-inflammatory drugs	(1)	(2)
b. Acetaminophen	(1)	(2)
c. Aspirin	(1)	(2)
d. Histamine H1 receptor antagonists	(1)	(2)
e. Histamine H2 receptor antagonists	(1)	(2)
f. Proton pump inhibitors	(1)	(2)
g. Anticoagulants/antiplatelets	(1)	(2)
h. Systemic corticosteroids	(1)	(2)
i. Statins (HMG-CoA reductase inhibitors)	(1)	(2)
j. Thiazide diuretics	(1)	(2)
k. Calcium channel blockers	(1)	(2)
l. Beta-blockers	(1)	(2)
m. ACE inhibitors	(1)	(2)
n. Potassium channel blockers	(1)	(2)
o. Anti-diabetic medication	(1)	(2)
p. β_2 -adrenergic receptor agonist	(1)	(2)
q. Adrenergic agonists	(1)	(2)
r. Anti-cholinergics	(1)	(2)
s. Vitamins and supplements	(1)	(2)
t. Other (specify)	(1)	(2)
<hr/>		
u. Other (specify)	(1)	(2)
<hr/>		
v. Other (specify)	(1)	(2)
<hr/>		
w. Other (specify)	(1)	(2)
<hr/>		
x. Other (specify)	(1)	(2)
<hr/>		
y. Other (specify)	(1)	(2)
<hr/>		
z. Other (specify)	(1)	(2)
<hr/>		

C. Physical assessment

All measurements are to be taken on the day of the visit.

16. Weight (measured, enter only a or b)

a. In pounds: _____ pounds

b. In kilograms: _____ kilograms

17. Blood pressure (after sitting for five minutes):

a. Systolic: _____ mmHg

b. Diastolic: _____ mmHg

18. Pulse (after sitting for five minutes):

_____ beats/minute

19. Respirations (after sitting for five minutes):

_____ breaths/minute

D. Study drug information

20. Since the date of the last EH or FH form, how often has patient taken the prescribed amount of study drug as reported by the patient or caregiver (check only one):

- Not on study drug (1)
- Never (2)
- Infrequently (3)
- Less than half of the time (4)
- Half of the time (5)
- Most of the time (6)
- Always (7)

21. In the opinion of the study staff, how often did the patient take the study drug since the date of the last EH or FH form: (check only one):

- Not on study drug (1)
- Never (2)
- Infrequently (3)
- Less than half of the time (4)
- Half of the time (5)
- Most of the time (6)
- Always (7)

22. Dose prescribed at date of last EH, FH, or TC form:

- Not on study drug (1)
- 1 capsule (2)
- 2 capsules (3)
- 3 capsules (4)

23. Is the dose being changed at this visit:

- (Yes) (1)
- (No) (2)

25.

24. Physician recommended dose for the patient (until next visit):

- Not applicable (visit F9) (1)
- No study drug (2)
- 1 capsule (3)
- 2 capsules (4)
- 3 capsules (5)

E. Psychosocial intervention

25. Was the psychosocial intervention administered at this visit:

- (Yes) (1)
- (No) (2)

27.

26. Duration of psychosocial intervention:

_____ minutes

F. Respondent

27. Caregiver four-letter code: _____

28. Was the visit conducted in (check only one):

- English (1)
- Spanish (2)
- Both English and Spanish (3)

29. The information on this form was obtained (check only one):

- Exclusively from the patient (1)
- Primarily from the patient (2)
- Equally from the patient and the caregiver (3)
- Primarily from the caregiver (4)
- Exclusively from the caregiver (5)
- Other (6)

_____ specify

G. Administrative information

30. Date form reviewed by study coordinator:

____ - ____ - ____
 day month year

31. Study coordinator ID: ____ - ____ - ____

32. Study coordinator signature:

33. Date form reviewed by study physician:

____ - ____ - ____
 day month year

34. Study physician ID: ____ - ____ - ____

35. Study physician signature:

Examples of medication types. *This list is to be used as a reference to question 15. Note that while this list includes some examples of medication types, it does not list all examples below that may fall into these categories.*

- a. Non-steroidal anti-inflammatory drugs
 - celecoxib (Celebrex[®])
 - ibuprofen (Advil[®], Motrin[®])
 - naproxen (Aleve[®])
- b. Acetaminophen
 - Tylenol[®]
- c. Aspirin (i.e., 325 mg, 81 mg, etc)
- d. Histamine H1 receptor antagonists
 - diphenhydrochloride (Benadryl[®])
 - loratadine (Claritin[®])
 - fexofenadine hydrochloride (Allegra[®])
 - cetirizine hydrochloride (Zyrtec[®])
 - meclizine (Bonine[®], Bonamine[®], Antivert[®], Postafen[®])
- e. Histamine H2 receptor antagonists
 - cimetidine (Tagamet[®])
 - famotidine (Pepcid[®])
 - ranitidine (Zantac[®])
- f. Proton pump inhibitors
 - lansoprazole (Prevacid[®])
 - omeprazole (Prilosec[®])
- g. Anticoagulants/antiplatelets
 - clopidogrel (Plavix[®])
 - dipyridamole, heparin, ticlopidine (Ticlid[®])
 - warfarin (Coumadin[®])
- h. Systemic corticosteroids
 - betamethasone sodium (Celestone[®])
 - cortisol, cortisone, dexamethasone (Decadron[®])
 - hydrocortisone (Hydracortone[®])
 - methylprednisolone (Solu-Medrol[®])
 - prednisone, prednisolone (Prelone[®])
- i. Statins (HMG-CoA reductase inhibitors)
 - atorvastatin calcium (Lipitor[®])
 - fluvastatin sodium (Lescol[®])
 - lovastatin (Mevacor[®])
 - pravastatin sodium (Pravachol[®])
 - simvastatin (Zocor[®])
- j. Thiazide diuretics
 - hydrochlorothiazide (Esidrix[®], HydroDIURIL[®])
 - hydrochlorothiazide + triamterene (Dyazide[®])
- k. Calcium channel blockers
 - diltiazem (Cardizem[®])
 - clevidipine (Clevipresx[®])
 - felodipine (Plendil[®])
 - nifedipine (Adalat[®], Nifedical[®], and Procardia[®])
 - amlodipine besylate (Norvasc[®])
 - verapamil (Calan[®])
- l. Beta-blockers
 - atenolol (Tenormin[®])
 - metoprolol (Lopressor[®])
- m. ACE inhibitors
 - benazepril (Lotensin[®])
 - captopril (Capoten[®])
 - lisinopril (Prinivil[®], Zestril[®])
 - quinapril (Accupril[®])

- n.** Potassium channel blockers
 - amiodarone (Pacerone[®], Cordarone[®])
 - dofetilide (Tikosyn[®])
 - ibutilide (Corvert[®])
- o.** Anti-diabetic medication
 - insulin, metformin, rosiglitazone (Avandia[®])
 - pioglitazone (Actose[®])
 - glimepiride (Amaryl[®])
 - acarbose (Precose[®])
 - exenatide (Byetta[®])
- p.** β_2 -adrenergic receptor agonist
 - salbutamol (Ventolin[®], Aerolin[®], Ventorlin[®], Proventil[®])
 - levalbuterol (Xopenex[®])
 - terbutaline (Brethine[®], Bricanyl[®], Brethaire[®])
 - salmeterol
- q.** Adrenergic agonists
 - epinephrine
 - ephedrine
- r.** Anti-cholinergics
 - atropine, ipratropium (Atrovent[®], Apovent[®])
 - diphenhydramine hydrochloride (Benadryl[®])
 - dimenhydrinate (Dramamine[®])
 - benztropine (Cogentin[®])
 - tolterodine (Detrol[®], Detrusitol[®])
 - tiotropium (Spiriva[®])
- s.** Vitamins and supplements
 - vitamin B
 - vitamin C
 - vitamin E
 - vitamin D
 - calcium
 - cod liver oil
 - fish oil
 - flax seed oil
 - garlic
 - ginkgo biloba
 - zinc