

# FOLLOW-UP FORM BACK-UP

Study reference:

Forename:

Surname:

Yes  No  Follow-up in clinic?  
 Yes  No  Currently hospitalised?

Alterations to contact details:

Address:

Postcode:

Daytime telephone:

Home telephone:

## 1. SERIOUS ADVERSE EVENTS (SAE) SINCE LAST FOLLOW-UP

| Possible                 | No                       |                                    | DATE of event        |                      |                      | NIGHTS in hospital   |
|--------------------------|--------------------------|------------------------------------|----------------------|----------------------|----------------------|----------------------|
|                          |                          |                                    | First Day            | Month                | Year                 |                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart attack                       | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospitalisation for angina         | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Coronary artery bypass             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Coronary angioplasty               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other arterial surgery/angioplasty | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Stroke                             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Pulmonary embolus                  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer                             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other hospitalisation or SAE       | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | " (see back of form)               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | "                                  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

& site:

& specify:

"

"

## 2. OTHER EVENTS SINCE LAST FOLLOW-UP

Yes  No  Unexplained muscle pain or weakness (i) severity:  Mild  Moderate  Severe

(ii) site(s):

Adverse events considered **likely** to be due to study treatment. If **Yes**, specify:

## 3. REGULAR NON-STUDY TREATMENT

Record the names (not doses) of all prescription and "over the counter" treatments that are being taken **regularly**, including any vitamin supplements (see back of form)

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

## 4. STUDY TREATMENT

Approximate percentages of scheduled study treatments taken in last week?

|                                  |                          |          |                          |                  |                          |        |                          |      |
|----------------------------------|--------------------------|----------|--------------------------|------------------|--------------------------|--------|--------------------------|------|
| Simvastatin 20mg/placebo (tan):  | <input type="checkbox"/> | 90% +    | <input type="checkbox"/> | 80-89%           | <input type="checkbox"/> | 10-79% | <input type="checkbox"/> | <10% |
| Simvastatin 80mg/placebo (pink): | <input type="checkbox"/> |          | <input type="checkbox"/> |                  | <input type="checkbox"/> |        | <input type="checkbox"/> |      |
| Supplement/placebo (white):      | <input type="checkbox"/> |          | <input type="checkbox"/> |                  | <input type="checkbox"/> |        | <input type="checkbox"/> |      |
|                                  |                          | Continue |                          | Stop temporarily |                          |        | Stop permanently         |      |

Are study treatments to continue after this study follow-up?

|                                     |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Simvastatin/placebo (tan and pink): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplement/placebo (white):         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the study treatments are stopped, give one or more reasons:

Patient wishes to stop treatment       Patient cannot attend clinic       Contraindicated drug started       Abnormal ALT or CK

Other; specify:

## 5. BLOOD SAMPLE, DRUG SUPPLY & FOLLOW-UP

Yes  No  Blood sample taken: **MUST** be Yes if study simvastatin is to continue

Labelled study treatment dispensed; and if **Yes**, specify pack reference number:

Next follow-up in clinic? If **No**, is it to be via:  Telephone  GP

**BEFORE the patient leaves the clinic, telephone the coordinating centre office on 01865-404870 and provide the information recorded on this form (N.B. Any response that is changed should be crossed out and initialed)**

Signature of clinic nurse:

& PRINTED name:

Today's date:  Day  Month  Year

**• SEND THIS FORM TO COORDINATING CENTRE IMMEDIATELY AFTER THE CLINIC •**

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## DEFINITIONS: FOLLOW-UP FORM

### Serious Adverse Events (SAEs)

Serious adverse events are those medical occurrences which result in death or are life-threatening, produce a persistent or significant disability, require in-patient hospitalisation or the prolongation of existing hospitalisation, are cancer or congenital abnormality, or are judged to jeopardise the patient or to require intervention to prevent any of the other outcomes listed. All such events are to be recorded on this form.

Any SAEs that are **believed** by the patient or study nurse **to be due** to study treatment should have the reason(s) for believing this recorded on this form, and should also be reported **immediately** after the clinic session by telephoning the coordinating centre 24-hour service on 0800-585323 (as should any accidental or intentional overdose of study treatment).

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### Contraindicated treatments (and brand names)

#### Contraindicated non-study cholesterol-lowering treatments:

- **Statins:** atorvastatin (Lipitor), cerivastatin (Lipobay), fluvastatin (Lescol), lovastatin (Mevacor), pravastatin (Lipostat), simvastatin (Zocor);
- **Fibrates:** bezafibrate (Bezalip), ciprofibrate (Modalim), clofibrate (Atromid-S), fenofibrate (Lipantil), gemfibrozil (Lopid);
- **High-dose niacin:** daily dose of nicotinic acid over 1 gm, or any dose of acipimox (Olbetam) or nicofuranose (Bradilan).

#### Other contraindicated treatments:

- **Cyclosporin** (Neoral, Sandimmun);
- **Nefazodone** (Dutonin).

**N.B.** If the patient has been prescribed non-study statin, fibrate, high-dose niacin, cyclosporin or nefazodone then the study simvastatin tablets **MUST** be stopped, but study vitamin/placebo tablets may still be continued.

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