

Study reference: -  
Forename:   
Surname:

**N.B. See SCREENING RECEPTION PAD  
for any alterations or additions to contact details**

**1. MEDICAL HISTORY** Give dates of most recent events (Put # if unknown)

Yes	No/unsure		Month/Year
<input type="checkbox"/>	<input type="checkbox"/>	Myocardial infarction (MI) (N.B. <b>MUST</b> be Yes to be eligible)	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hospitalisation for angina	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Coronary artery bypass surgery (CABG)	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Coronary angioplasty (PTCA: <b>not</b> just angiogram)	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other arterial bypass surgery or angioplasty	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Haemorrhagic stroke (known to be due to bleed)	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other stroke (ischaemic or unknown cause)	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Transient cerebral ischaemic attack (lasted <24h)	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes mellitus. If <b>Yes</b> , specify: (i) approximate age at diagnosis: <input type="text"/> years (ii) insulin started within 1 year of diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension currently treated with anti-hypertensive drugs	
<input type="checkbox"/>	<input type="checkbox"/>	Stable angina at any time	

**2. EXCLUSION CRITERIA** All **MUST** be No to be eligible

Yes	No/unsure	
<input type="checkbox"/>	<input type="checkbox"/>	Any MI, hospitalisation for angina or CABG/PTCA in past 3 months
<input type="checkbox"/>	<input type="checkbox"/>	CABG/PTCA planned in about the next 3 months (N.B. If <b>Yes</b> to either of these two questions then consider for re-invitation.)
<input type="checkbox"/>	<input type="checkbox"/>	Severe heart failure (i.e. causing shortness of breath at rest)
<input type="checkbox"/>	<input type="checkbox"/>	Severely disabling stroke
<input type="checkbox"/>	<input type="checkbox"/>	Chronic liver disease (i.e. cirrhosis or persistent hepatitis)
<input type="checkbox"/>	<input type="checkbox"/>	Severe kidney (renal) disease
<input type="checkbox"/>	<input type="checkbox"/>	Inflammatory muscle disease (i.e. dermatomyositis or polymyositis)
<input type="checkbox"/>	<input type="checkbox"/>	Childbearing potential: tick <b>No</b> for male, or for female who is post-menopausal, sterilised or using reliable form of contraception
<input type="checkbox"/>	<input type="checkbox"/>	Other <b>life-threatening</b> non-vascular disease (i.e. life-expectancy thought likely to be under 5 years)
<input type="checkbox"/>	<input type="checkbox"/>	Serious concern about likely long-term compliance with regular study treatment and/or clinic attendance

**3. CONTRAINDICATED DRUGS** All **MUST** be No to be eligible (see back of form)

Yes	No/unsure	Yes	No/unsure
<input type="checkbox"/>	<input type="checkbox"/>	Fibrate	Methotrexate
<input type="checkbox"/>	<input type="checkbox"/>	High-dose niacin	Systemic azol antifungals
<input type="checkbox"/>	<input type="checkbox"/>	Cyclosporin	Systemic macrolide antibiotics
<input type="checkbox"/>	<input type="checkbox"/>	Nefazodone	

(N.B. If such treatment is likely to be only temporary, then consider for re-invitation.)

**4. OTHER TREATMENT** (see back of form)

Yes	No/unsure	
<input type="checkbox"/>	<input type="checkbox"/>	Oral anticoagulant
<input type="checkbox"/>	<input type="checkbox"/>	Folic acid over 200µg daily
<input type="checkbox"/>	<input type="checkbox"/>	Statin. If <b>Yes</b> , specify: (i) statin name: <input type="checkbox"/> atorvastatin (Lipitor) <input type="checkbox"/> cerivastatin (Lipobay) <input type="checkbox"/> fluvastatin (Lescol) <input type="checkbox"/> lovastatin (Mevacor) <input type="checkbox"/> pravastatin (Lipostat) <input type="checkbox"/> simvastatin (Zocor) (ii) daily dose: <input type="text"/> mg/day or, for cerivastatin, µg/day

**5. OTHER INFORMATION**

Yes	No/unsure	
<input type="checkbox"/>	<input type="checkbox"/>	Ever smoked cigarettes regularly (i.e. most days for at least a year)
<input type="checkbox"/>	<input type="checkbox"/>	Current cigarette smoker. If <b>Yes</b> , number smoked: <input type="text"/> /day
<input type="checkbox"/>	<input type="checkbox"/>	Currently drinks alcohol in most weeks. If <b>Yes</b> , specify: (i) frequency: <input type="text"/> days/week (Put zero if less than once a week) (ii) amount (see over): Spirits/liqueurs <input type="text"/> measures/week Wine <input type="text"/> glasses/week Beer/cider <input type="text"/> pints/week

Best description of ethnic origin (tick **one** box only):  
 White  Asian: Indian/Pakistani  Asian: Chinese  
 Black: African  Black: Caribbean  Black: Other  Other

**6. CLINICAL ASSESSMENTS**

Systolic BP:  mm Hg Weight:  kg  
Diastolic BP:  mm Hg Height:  cm

**7. ELIGIBILITY AND CONSENT**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Eligible patient (i.e. Prior MI, with <b>No</b> to all questions in sections 2 and 3)? If <b>No</b> , re-invite? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Pending</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Informed consent obtained?
<input type="checkbox"/>	<input type="checkbox"/>	Blood sample taken? <b>MUST</b> be <b>Yes</b> if "Run-in" is to start.
<input type="checkbox"/>	<input type="checkbox"/>	Run-in treatment pack given to patient? (N.B. If <b>Yes</b> , advise patient to stop any non-study statin or folic acid.)

**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: SCREENING FORM

### Contraindicated treatments (and brand names)

#### Contraindicated cholesterol-lowering treatments:

- **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).

**N.B.** Patients do **not** need to be excluded for using other cholesterol-lowering treatments, such as lower doses of niacin, probucol (Lurselle), cholestyramine (Questran) or colestipol hydrochloride (Colestid). If a patient is already on non-study statin therapy then they must be prepared to stop it before entering the Run-in phase of the study.

#### Other contraindicated treatments:

- **Cyclosporin** (Neoral, Sandimmun);
- **Nefazodone** (Dutonin);
- **Methotrexate** (Maxtrex, Methotrexate);
- **Systemic azol antifungals:** fluconazole (Diflucan), itraconazole (Sporanox), ketoconazole (Nizoral), miconazole (Daktarin);
- **Systemic macrolide antibiotics:** erythromycin (Arpimycin, Erymax, Erymin, Erythrocin, Erythroped, Ilosone, Tiloryth), clarithromycin (Klaricid).

**N.B.** Topical use of azol antifungals or macrolide antibiotics is **not** a reason for exclusion; and an otherwise eligible patient using a contraindicated treatment only temporarily should be considered for re-invitation to Screening.

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### Other treatments (and brand names)

- **Oral anticoagulants:** Warfarin (Marevan), nicoumalone (Sinthrome), phenindione (Dindevan);
- **Folic acid over 200µg daily:** Most multivitamin preparations contain lower doses of folic acid.

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### Amounts of alcoholic drinks

One standard (0.75 litre) bottle of spirits contains about 30 "measures", and one litre bottle of spirits contains about 40 "measures".

One standard (0.75 litre) bottle of wine contains about 6 "glasses", and one litre bottle of wine contains about 8 "glasses".

One standard (0.28 litre) can of beer or cider contains one half pint, and one litre of beer or cider contains about 2 pints.