## Please log any changes that have been made to the patient's <u>ORAL</u> Bullous Pemphigoid medication

Α	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 □								
	ACTION CODES SWITCH to other systemic					4 = Adverse Event		
	START new medication medication		0 = Trial Start		<b>5</b> = Completed trial week 52			
STOP medication Increase dose (INC)			1 = Treatment failure		6 = Never started medication			
RESTART medication (if Reduce dose (RED)		,	2 = Treatment success		7 = Withdrawn from study			
previously stopped) Tape		apering of dose (TAP)		3 = Worsening of disease (relapse)		apse) 8 = Other (please specify)		

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

Please log any chang	es that have been	made to the patie	ent's <u>TOPICAL</u>	Bullou	s Pemphigoid medication				
NAME OF CREAM OR OINTMENT (USE BLOCK CAPITALS)	START DATE (DD/MON/YYYY)	STOP DATE (DD/MON/YYYY)			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 (topica	l steroid use <u>not</u> permi	itted by trial protocol)							
Part 3 – weeks 7 to 52 (up to 30)	per week of a potent	L topical steroid allower	d whilst reducing	system	ic treatment)				
					T				
DEACON FOR ACTION CODES			= Adverse Event						
REASON FOR ACTION CODES  10 = Permitted by trial protocol for e	tun itahina valiaf			ank F2					
11 = Permitted by trial protocol for e	xu a noning rener		<ul> <li>Completed trial w</li> <li>Never started me</li> </ul>						
12 = Worsening of disease (relapse)		= Withdrawn from study							
13 = Part of weaning off oral treatme	ent		8 = Other (please specify)						

А	DRUG NAME (USE BLOCK CAPITALS)	ACTION	NEW TOTAL DAILY DOSE (mg)	DATE OF ACTION (DD/MON/YYYY)		REASON FOR ACTION AND EXTRA INFORMATION
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STAR STOP REST	T new medication m medication In ART medication (if Re	duce dose (RE	NC) D)	REASON FOR ACTION CO 0 = Trial Start 1 = Treatment failure 2 = Treatment success		4 = Adverse Event 5 = Completed trial week 52 6 = Never started medication 7 = Withdrawn from study
STOP medication Increase dose (INC) 1 = Treatment failure 6 = Never started medication						

Please log any changes that have been made to the patient's  $\underline{\textit{ORAL}}$  Bullous Pemphigoid medication

Medical Condition	Not present	Mild	Moderate	Severe	Life threatening	Death			
Adrenal insufficiency									
Cushingoid									
Diabetes									
Hypertension									
Glaucoma									
Cataracts									
Infection									
(please specify type of infection):									
Pneumonitis									
Bruising									
Photosensitivity									
Skin atrophy									
Striae									
Telangiectasia									
Osteoporosis									
Muscle weakness									
Oedema: limb									
Diarrhoea									
Gastritis									
Nausea									
Ulcer, GI									
Weight gain									
Thrombosis/ embolism									
Mood alteration (e.g. depression, euphoria)									
Other:									
Other:									
Other:									
Other:									
Other:									
	•	•	•	•	•	•			