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PATIENT' S RECORD (FOR PHYSICIAN)

Code No					
Name:	• • • • • • • • • • • • • • • • • • • •				
Age					
Sex: 1.() m	nale	2.() female			
Occupation :	1.() governme	ent officer	2.() housewife	e 3.	() Merchant
	4.() student		5.() constuction	on workers	;
	6.() factory wo	orkers	7.() white coll	ars	
	8.() farmers		9.() others		
Duration of na	sal symptom				
History of aller	gy in the family	1.() prese	ence 2.() absence	;
Weight of nasa	al spray at the fir	st time	gm.		
Weight of nasa	al spray at the er	nd of the trial	gm.		

NASAL SYMPTOMS SCORES DIARY CARD (RUN-IN PERIOD : FOR PATIENTS)

Code I	No.	• • •	• • •	 	٠.	٠.	•	٠.		٠.	 	••	 	٠.	•		 		•		 	
Name				 													 	 				

First week run-in period

- 1. Individual nasal symptom score (sneezing, nasal stuffiness, nasal discharge):

 Please score your individual nasal symptom using scale and record before bedtime(about 9.00 p.m.) and after wake up in the morning (about 6.00 am.) as
 - 0 = no symptom
 - 1 = mild symptom (not troublesome)
 - 2 = moderate symptoms (frequently troublesome but not sufficient to interfere with normal daily activity or night time sleep)
 - 3 = severe symptoms (sufficiently troublesome to interfere with normal daily activity or night time sleep)

Day (date)	1()	2()	3()	4()	5()	6()	7()
	N	М	Ν	М	N	М	N	М	N	М	Ν	М	N	М
Congestion														
Rhinorrhea														
Sneezing														

N = at night before bedtime, M = early in the morning after wake up

NASAL SYMPTOMS & ADVERSE EFFECT DIARY CARD $(2^{nd},\,3^{rd} \text{ and } 4^{th} \text{ week})$

Code No	• • • • • • • • • • • • • • • • • • • •		Code No															
Name	•••••		••••	• • • • • •														
					21	nd. W	<u>eek</u>											
A																		
1. Mark (/)	for the	actua	ı acı	ion c	it usi	ng the	e na:	sal sp	oray	at	nigh							
Day(dat	e)	8(9()	10(1	11()	1	2()	 13()	14	11	,]	
Use nasal sp										-		+			'		_	
Do not use n										-		+			-		-	
Do not use n														_				
2. Overa	ıll nasal	svmr	otom	1S 2S	sessr	nent k	nv th	ne na	tient	t at	the	time	he	fore	. IIS	na	the	ı
																_		
scale as the followings 0 = symptoms are worse comparing with the baseline(run-in period)																		
1	=					compa							,,,,,	•/				
2	=					mino							vith	the	has	elin	e	
3	=	_				subs											0	
· ·		bas			u 20			, .			040	۰۲		9 .				
4	=				an be	totall	усс	ntroll	ed									
Day(date)		8()	9()	10(11)	12()	1:	3()	14	()
Score 0			-										+					-
Score 1										1			\dagger					
Score 2																		
Score 3													\dagger					
Score 4				-				-		\dashv			+					
	l	l				J												

- 3. Individual nasal symptom score (sneezing, nasal stuffiness, nasal discharge):

 Please score your individual nasal symptom using scale and record before bedtime(about 9.00 p.m.) and after wake up in the morning (about 6.00 am.)
 - 0 = no symptom
 - 1 = mild symptom (not troublesome)
 - 2 = moderate symptoms (frequently troublesome but not sufficient to interfere with normal daily activity or night time sleep)
 - 3 = severe symptoms (sufficiently troublesome to interfere with normal daily activity or night time sleep)

Day(date)	8()	9()		10()	11()	12()	13()	14()
	М	N	М	N	М	N	М	N	М	N	М	N	М	Ν
Congestion														
Rhinorrhea														
Sneezing														

N = at night before betime, M = early in the morning after wake up

4.	Overall total nasal symptoms assessment after completion one week of using nasa
	spray. Please mark (/) in the suitable bracket (criteria as 2)
	() score 0

5. Mark (/') if there is any nasal symptoms as noted and any adverse reaction. Write any other adverse reactions.

Day (date)	8 ()	9 ()	10()	11()	12 ()	13()	14()
Purulent								_						
rhinorrhea or														
watery														
rhinorrhea +/-														
fever,+ myalgia														
Adverse														
reaction														
1.epistaxis														
2.nasal irritation														
3.nasal itching														
4.sneezing														
5. dry nose														
6.dry throat														
7.Others(please												_		
specify)														

3rd week

1. Mark (/) for the actual action of using the nasal spray at night

Day(date)	15()	16()	17()	18()	19()	20()	21()
Use nasal														
spray														
Do not use n.s.				·										

2. Overall nasal symptoms assessment by the patient at the time before using the next nasal spray. Mark (/) in the suitable space by using overall nasal symptom rating scale as follows

0 = symptoms are worse comparing with the baseline(run-in period)

- 1 = same symptoms comparing with the baseline
- 2 = symptoms can be minor controlled comparing with the baseline
- 3 = symptoms can be substantially controlled comparing with the baseline
- 4 = symptoms can be totally controlled

Day(date)	15()	16()	17()	18()	19()	20()	21 ()
Score 0														
Score 1										·				
Score 2			-											
Score 3														
Score 4						_		_						

- 3. Individual nasal symptom score (sneezing, nasal stuffiness, nasal discharge):

 Please score your individual nasal symptom using scale and record before bedtime(about 9.00 p.m.) and after wake up in the morning (about 6.00 am.)
 - 0 = no symptom
 - 1 = mild symptom (not troublesome)
 - 2 = moderate symptoms (frequently troublesome but not sufficient to interfere with normal daily activity or night time sleep)
 - 3 = severe symptoms (sufficiently troublesome to interfere with normal daily activity or night time sleep)

Day(date)	15()	16()	17()	18()	19()	20()	21()
	М	Ν	М	N	М	N	М	N	М	N	М	Ν	М	Ν
Congestion														
Rhinorrhea														
Sneezing														

4.	Overall total nasal symptoms	assessment after	completion	two week o	f using	nasal
spra	y. Please mark (/) in the suital	ble bracket (criteria	aas 2)			

() score 0	() score 1	() score 2	() score 3	() score 4
•	,	(/	\ /	, ,	, ,

5. Mark (/') if there is any nasal symptoms as noted and any adverse reaction. Write any other adverse reactions.

Day (date)	15 ()	16()	17()	18()	19 ()	20()	21()
Purulent														
rhinorrhea or														
watery					;									
rhinorrhea	1													
+/- fever ,+								!						
myalgia														
Adverse														
reaction														
1.epistaxis	 													
2.nasal									,					
irritation														
3.nasal						-								
itching														
4.sneezing														
5. dry nose														
6.dry throat														
7.Others														
(please														
specify)														

4th week

1. Mark (/) for the actual action of using the nasal spray at night

Day(date)	22()	23()	24()	25()	26()	27()	28()
Use nasal														
spray									_					
Do not use n.s.														

- 2. Overall nasal symptoms assessment by the patient at the time before using the next nasal spray. Mark (/) in the suitable space by using overall nasal symptom rating scale as follows
 - 0 = symptoms are worse comparing with the baseline(run-in period)
 - 1 = same symptoms comparing with the baseline
 - 2 = symptoms can be minor controlled comparing with the baseline
 - 3 = symptoms can be substantially controlled comparing with the baseline
 - 4 = symptoms can be totally controlled

Day(date)	22()	23()	24()	25()	26()	27()	28 ()
Score 0														
Score 1														
Score 2														
Score 3														
Score 4														

3. Individual nasal symptom score (sneezing, nasal stuffiness, nasal discharge):
Please score your individual nasal symptom using scale and record before
bedtime(about 9.00 p.m.) and after wake up in the morning (about 6.00 am.)

0 = no symptom

- 1 = mild symptom (not troublesome)
- 2 = moderate symptoms (frequently troublesome but not sufficient to interfere with normal daily activity or night time sleep)
- 3 = severe symptoms (sufficiently troublesome to interfere with normal daily activity or night time sleep)

Day(date)	22()	23()	24()	25()	26()	27()	28()
	М	N	М	N	М	N	М	N	М	N	М	N	М	N
Congestion														
Rhinorrhea														
Sneezing														

N =at night before betime, M =early in the morning after wake up

4.	Overall total nas	al symptoms ass	sessment after	completion third	d week of using r	nasal
	spray. Please m	ark (/) in the suit	able bracket (c	riteria as 2)		
	() score 0	() score 1	() score 2	() score 3	() score 4	

5. Mark (/') if there is any nasal symptoms as noted and any adverse reaction. Write any other adverse reactions.

Day (date)	22	()	23 ()	24()	25()	26 ()	27()	28()
Purulent															
rhinorrhea or															
watery															
rhinorrhea								•							
+/- fever ,+															
myalgia															
Adverse															
reaction															
1.epistaxis															
2.nasal															
irritation															
3.nasal															
itching															
4.sneezing															
5. dry nose															
6.dry throat															
7.Others															
(please															
specify)															

CONSENT FORM

I have been informed that Dr. Sanguansak Thanaviratananich is conducting a study of budesonide trial for Thai adults with perennial rhinitis. The purpose of this study is to evaluate the therapeutic effect of budesonide for controlling nasal symptoms.

I have been informed of the efficacy of budesonide and the adverse reactions that may occur. After reading the written information of the trial, I understand the purpose and details of the study.

I, being (the patient myself),(the guardian of)(the patient's name), agree (this patient) to participate in this study.

I understand that the agreement of participation in this study is entirely voluntary and that I may withdraw my consent to participate at any time without penalty and without in any way affecting the health services.

I have an opportunity to ask questions about this study and if I have further question about this study, I may contact the researchers in Srinagarind Hospital on Tel. 242343-6 ext. 3730, 3542.

Subject's (Patient's) signature
Subject's guardians signature (relation: (relation:
Physician's name
The witness' signature
The witness' name

CURRICULUM VITAE

Mr Sanguansak Thanaviratananich was born on January 17, 1957 in Khon Kaen, Thailand. He graduated for his doctor of medicine degree from Siriraj Hospital, Mahidol University, Thailand. He further studied in Otolaryngology and got the proficiency diploma in Otolaryngology in 1987.

He has been enrolled in the Master's degree in Health Development Program at Faculty of Medicine, Chulalongkorn University, Bangkok under the Thai Certc Consortium since June 1997. He is now a lecturer of the department of Otolaryngology, Faculty of Medicine, Khon Kaen University, Thailand.

