

Case report form

Please complete the survey below.

Thank you!

General Information

1 Study ID

* must provide value

Unique Identifier assigned to each participant

2 Site ID

* must provide value

Unique identifier for the study site

3 Investigator Name

Name of the Principal Investigator

4 Patient ID

* must provide value

Unique anonymized Patient number

5 Visit Detail

* must provide value

Corresponding visit

6 Date of Visit

D-M-Y

DD/MM/YY

Demographic information

1 Age

* must provide value

Enter patient's age at enrollment

2 Gender

☐ Male

☐ Female

☐ Others

4 Weight

Record weight to the nearest 0.1Kg

5 Height (cms)

Record height in cms

Baseline Information

1 BMI

Auto calculated from height and weight

2 Blood Pressure (mm/Hg)

Systolic and Diastolic

3 HbA1c (%)

Baseline HbA1c level

4 Fasting Plasma Glucose (mg/dL)

Measure and record at screening

5 Medical History

- ☐ Hypertension
- ☐ Cardiovascular disease
- ☐ Chronic Kidney disease
- ☐ Other

6 Concomitant Medications

List ongoing medications

Study Drug Administration

1 Randomization Group

* must provide value

- ☐ Active drug
- ☐ Placebo

2 Study Drug Dose (mg/day)

* must provide value

Specify dosage as per randomization

3 Date of first dose

D-M-Y

DD/MM/YY

4 Compliance

- ☐ < 50%
- ☐ 50%-75%
- ☐ >75%

Safety and Adverse Event Monitoring

1 Adverse Event Reported?

- ☐ Yes

☐ No

2 Adverse Event Description

Specify symptoms and Severity

3 Onset Date

D-M-Y

DD/MM/YY

4 Resolution Date

D-M-Y

DD/MM/YY

5 Serious Adverse Event?

☐ Yes

☐ No

6 Relation to Drug Study

☐ Related

☐ Not Related

☐ Unknown

7 Action Taken

☐ Dose Reduced

☐ Treatment Discontinued

☐ Other

Investigator Comments

additional remarks

Study Completion and Final assessment

1 Date of Last Visit

D-M-Y

DD/MM/YY

2 Final HbA1c (%)

Measured value at study end

3 Final Weight

Measured value at study end

4 Final BP (mmHg)

Measured value at study end

5 Reason for discontinuation

- ☐ Completed Study
- ☐ Lost to Follow-up
- ☐ Withdrawn
- ☐ AE
- ☐ Other

Submit