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80003

Pharmacist➡Patient➡Pharmacist➡FAX to RevMate® Center: 0120-021-507 (toll free)
TEL: 0120-071-025 (toll free)

RevMate® Patient Survey Sheet

Male A

Mark inside the box ☐.
To check, insert circle in an appropriate box, like ◯.

This sheet is to confirm compliance with the procedures for RevMate®.

Please confirm your RevMate® patient ID and your birth of date already entered is correct, then, complete the questionnaire, and submit it to prescribing physician or pharmacist.
Your personal information described in this Sheet will only be used for the purpose of the RevMate® program and will be kept strictly confidential.

Questionnaire for men in Male A Category

Please answer the following questions based on what you have actually done **in the last two months**. (You must enter a circle in either box for each of the questions below.)
Please acknowledge that this questionnaire is designed for all patients falling into Male A Category, although some questions may not be applicable to your daily living.

Example	Have you stored and managed the drug appropriately?	Appropriately managed	◯	Not appropriately managed	☐

	Questions	Answers			
1	Have you stored and managed the drug appropriately?	Appropriately managed	☐	Not appropriately managed	☐
2	During the last two months, have you avoided sexual intercourse or used the specified contraceptive method? * The same measures are required up to four weeks after treatment discontinuation and during the drug suspension period.	Avoided sexual intercourse or achieved contraception using the designated method	☐	Could not achieve contraception using the designated method	☐
3	Have you given the drug to somebody else or discarded? * If you have returned the remaining capsules to the prescribed in-house pharmacy, note that it does not mean “given” or “discarded.”	Have not given or discarded	☐	Have given or discarded	☐
4	Have you lost the drug?	Have not lost	☐	Have lost	☐

Questionnaire completion date		**Name of the patient**	*

*“Name of the patient” field is processed to be blacked out when faxing.

This is the end of the questionnaire. Thank you for your cooperation.

薬剤師記入欄

RevMate®の患者ID	8100		
患者さんの生年月日	大正 ☐ 昭和 ☐ 平成 ☐ 西暦 ☐ 年 月 日		
薬局ID		医療機関名	
定期確認票交付日	20 年 月 日	定期確認票交付番号	
担当薬剤師名		連絡先TEL	– –

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80004

Pharmacist➡Patient➡Pharmacist➡FAX to RevMate® Center: 0120-021-507 (toll free)
TEL: 0120-071-025 (toll free)

RevMate® Patient Survey Sheet

Female C

Mark inside the box ☐.
To check, insert circle in an appropriate box, like ◯.

This sheet is to confirm compliance with the procedures for RevMate®.

Please confirm your RevMate® patient ID and your birth of date already entered is correct, then, complete the questionnaire, and submit it to prescribing physician or pharmacist.
Your personal information described in this Sheet will only be used for the purpose of the RevMate® program and will be kept strictly confidential.

Questionnaire for women in Female C Category

Please answer the following questions based on what you have actually done **in the last one month**. (You must enter a circle in either box for each of the questions below.)
Please acknowledge that this questionnaire is designed for all patients falling into Female C Category, although some questions may not be applicable to your daily living.

Example	Have you stored and managed the drug appropriately?	Appropriately managed	◯	Not appropriately managed	☐

	Questions	Answers			
1	Have you stored and managed the drug appropriately?	Appropriately managed	☐	Not appropriately managed	☐
2	During the last one month, have you avoided sexual intercourse or practiced the designated contraception method with your partner? * The same measures are required up to four weeks after treatment discontinuation and during the drug suspension period.	Avoided sexual intercourse or achieved contraception using the designated method	☐	Could not achieve contraception using the designated method	☐
3	Have you given the drug to somebody else or discarded? * If you have returned the remaining capsules to the prescribed in-house pharmacy, note that it does not mean “given” or “discarded.”	Have not given or discarded	☐	Have given or discarded	☐
4	Have you lost the drug?	Have not lost	☐	Have lost	☐

Questionnaire completion date		**Name of the patient**	*

*“Name of the patient” field is processed to be blacked out when faxing.

This is the end of the questionnaire. Thank you for your cooperation.

薬剤師記入欄

RevMate®の患者ID	8100		
患者さんの生年月日	大正 ☐ 昭和 ☐ 平成 ☐ 西暦 ☐ 年 月 日		
薬局ID		医療機関名	
定期確認票交付日	20 年 月 日	定期確認票交付番号	
担当薬剤師名		連絡先TEL	– –

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