



Symptom Diary for Sub Q Treprostinil

Principal Investigator:

Jim White, MD, PhD

Sub-Investigators:

Karen Frutiger, RN, Yana Levin, MD

Date: _____

Subject Identifiers

Credit for the design of this diary goes to Karen Frutiger,
Antonia Heining, Yana Levin, Kathleen Wessman,
R.James White with assistance from Shirley Zimmer-Kidd.



MEDICINE *of* THE HIGHEST ORDER



Diary Instructions

1. Please make sure you've dated the front cover of the diary so we have that information
2. Please do your diary entries in ink (pen) whenever possible.
3. Please begin your diary by telling us why you changed your site, where you placed your new site and how you secured it.
4. Please fill out the diary each day to tell us about your discomfort and what things you did to treat your discomfort.
5. Please stop writing in your diary: After 14 days or when your site pain is "none" or "zero" for two days in a row.

Thank you for participating!

About your "old" site ...

(This is the one that you just stopped using or the one that you are about to stop using).

Some sites are just "bad sites" from the time the site is placed, and some sites are really great infusion sites.

Was your old site a "good site"?

Yes No

About how many days has it been since you last changed the dressing for that old site?

Why did you place a new site?

(either mark or circle any answers that are correct; if you mark more than one, put a star or a "1" next to the factor that was most important in the decision)

Old site got pulled out

Old site was never a good site and always had
(circle all that apply)

Pain Redness Warmth

Old site was good but became
(circle all that apply)

Painful Red Warm

Old site started draining

Old site started bleeding

I thought my SQ Remodulin wasn't working
(because the drug wasn't getting absorbed)

If you have been having problems with this site, how many days ago did you first worry about it?



Your New Site . . .

What type of needle did you use?

Silhouette or Softset

Date _____

Make an X on the diagram above to show where your old site was and write "old" next to it.

Make a second X on the diagram to show where your new site is and write "new" next to it.

Did you try to place your new site close to the old one? (some patients find this strategy is helpful.)

Yes No

Do you think that one "side" of your belly is better for sites than another?

Yes No

If yes, did you get to use that side?

Yes No

Did you place a "dry insert" site?

Yes No

Protecting your new site

How did you secure your new site?

(circle all that apply)

Dressing

Steri-strips

Duoderm or other padding that sticks to your skin

Other: _____

Did you tape down your tubing so that it doesn't get snagged on clothes?

Yes No

Do you put a padding over your whole site? (some patients find this helpful to protect the site and tubing from getting pulled out)

Yes No

How often do you plan to change the dressing for this site?

(for most patients, we recommend changing the dressing only when soiled)

Every day

Every few days

About once a week

Only when soiled

How often do you shower?

_____x per week

How do you protect your site during a shower?

Aquaguard _____

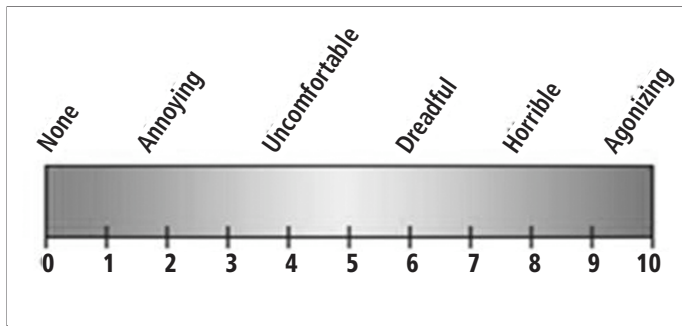
Other _____

Day 1 (Date): _____

(Day 1 is the day you hook your new site to the pump.)
For each question, tell us about your worst discomfort today.

For pain, choose the **ONE** number in the scale below that best describes your worst pain today. There are words to help you choose a number.

Pain: At its worst today, my pain was a # _____.



We also want to know about other kinds of discomfort or irritation. For each of the following, please circle the word that best describes your redness, swelling, or drainage at its worst today. Even if there was none, please circle "none".

- Redness:** None Mild Moderate Severe
- Swelling:** None Mild Moderate Severe
- Drainage:** None Mild Moderate Severe
- Itching:** None Mild Moderate Severe
- Bleeding:** None Mild Moderate Severe

- Please tell us more about treatments you used for site discomfort.
- Remember to refer to the "Guide to SQ Remodulin".

Circle treatments you used FOR SITE DISCOMFORT; sometimes we want to know how often you used that treatment.

Ice (*How many times?* _____)

Topical Gels or Ointments

PLO gel (*How many times?* _____)

Elidel 1% Ointment (*usually twice daily*)

Lidocaine Ointment (*usually twice daily*)

Over the counter medications FOR SITE DISCOMFORT (*all these work to help reduce redness, swelling, and skin irritation*)

Zantac or Pepcid

Zyrtec or Claritin

Ibuprofen (Motrin, Advil, or similar)

Acetaminophen (Tylenol, APAP)

Prescription pain medications FOR SITE DISCOMFORT

Vicodin (Hydrocodone/APAP)

Total # of pills today? ____

Percocet (Oxycodone/APAP)

Total # of pills today? ____

Dilaudid (Hydromorphone)

Total # of pills today? ____

Oxycontin

Total # of pills today? ____

Fentanyl patch

Methadone dose: _____

Other pain medications FOR SITE DISCOMFORT (Name and amount used today):

Did you change your dressing today?

Yes No

How much relief did your treatments (altogether) provide for you?

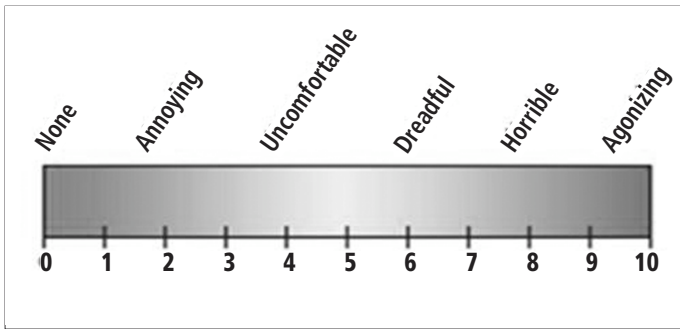
None A little Some A lot Complete

Day 2 (Date): _____

For each question, tell us about your worst discomfort today.

For pain, choose the **ONE** number in the scale below that best describes your worst pain today. There are words to help you choose a number.

Pain: At its worst today, my pain was a # _____.



We also want to know about other kinds of discomfort or irritation. For each of the following, please circle the word that best describes your redness, swelling, or drainage at its worst today. Even if there was none, please circle "none".

- Redness:** None Mild Moderate Severe
- Swelling:** None Mild Moderate Severe
- Drainage:** None Mild Moderate Severe
- Itching:** None Mild Moderate Severe
- Bleeding:** None Mild Moderate Severe

- Please tell us more about treatments you used for site discomfort.
- Remember to refer to the "Guide to SQ Remodulin".

Circle treatments you used FOR SITE DISCOMFORT; sometimes we want to know how often you used that treatment.

Ice (*How many times?* _____)

Topical Gels or Ointments

PLO gel (*How many times?* _____)

Elidel 1% Ointment (*usually twice daily*)

Lidocaine Ointment (*usually twice daily*)

Over the counter medications FOR SITE DISCOMFORT (*all these work to help reduce redness, swelling, and skin irritation*)

Zantac or Pepcid

Zyrtec or Claritin

Ibuprofen (Motrin, Advil, or similar)

Acetaminophen (Tylenol, APAP)

Prescription pain medications FOR SITE DISCOMFORT

Vicodin (Hydrocodone/APAP)

Total # of pills today? ____

Percocet (Oxycodone/APAP)

Total # of pills today? ____

Dilaudid (Hydromorphone)

Total # of pills today? ____

Oxycontin

Total # of pills today? ____

Fentanyl patch

Methadone dose: _____

Other pain medications FOR SITE DISCOMFORT (Name and amount used today):

Did you change your dressing today?

Yes No

How much relief did your treatments (altogether) provide for you?

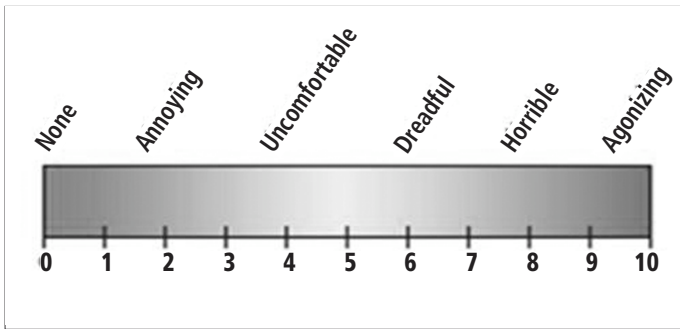
None A little Some A lot Complete

Day 3 (Date): _____

For each question, tell us about your worst discomfort today.

For pain, choose the **ONE** number in the scale below that best describes your worst pain today. There are words to help you choose a number.

Pain: At its worst today, my pain was a # _____.



We also want to know about other kinds of discomfort or irritation. For each of the following, please circle the word that best describes your redness, swelling, or drainage at its worst today. Even if there was none, please circle "none".

Redness: None Mild Moderate Severe

Swelling: None Mild Moderate Severe

Drainage: None Mild Moderate Severe

Itching: None Mild Moderate Severe

Bleeding: None Mild Moderate Severe

- Please tell us more about treatments you used for site discomfort.
- Remember to refer to the "Guide to SQ Remodulin".

Circle treatments you used FOR SITE DISCOMFORT; sometimes we want to know how often you used that treatment.

Ice (*How many times?* _____)

Topical Gels or Ointments

PLO gel (*How many times?* _____)

Elidel 1% Ointment (*usually twice daily*)

Lidocaine Ointment (*usually twice daily*)

Over the counter medications FOR SITE DISCOMFORT (*all these work to help reduce redness, swelling, and skin irritation*)

Zantac or Pepcid

Zyrtec or Claritin

Ibuprofen (Motrin, Advil, or similar)

Acetaminophen (Tylenol, APAP)

Prescription pain medications FOR SITE DISCOMFORT

Vicodin (Hydrocodone/APAP)

Total # of pills today? ____

Percocet (Oxycodone/APAP)

Total # of pills today? ____

Dilaudid (Hydromorphone)

Total # of pills today? ____

Oxycontin

Total # of pills today? ____

Fentanyl patch

Methadone dose: _____

Other pain medications FOR SITE DISCOMFORT (Name and amount used today):

Did you change your dressing today?

Yes No

How much relief did your treatments (altogether) provide for you?

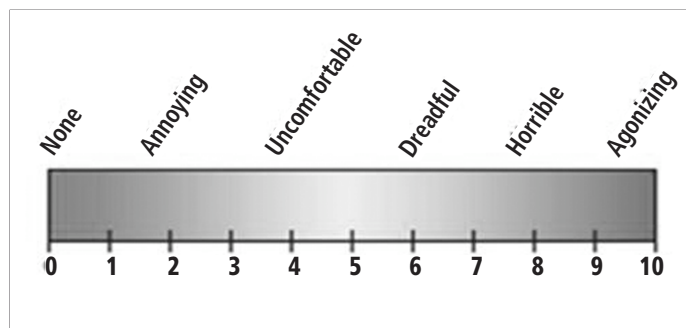
None A little Some A lot Complete

Day 4 (Date): _____

For each question, tell us about your worst discomfort today.

For pain, choose the **ONE** number in the scale below that best describes your worst pain today. There are words to help you choose a number.

Pain: At its worst today, my pain was a # _____.



We also want to know about other kinds of discomfort or irritation. For each of the following, please circle the word that best describes your redness, swelling, or drainage at its worst today. Even if there was none, please circle "none".

Redness: None Mild Moderate Severe

Swelling: None Mild Moderate Severe

Drainage: None Mild Moderate Severe

Itching: None Mild Moderate Severe

Bleeding: None Mild Moderate Severe

- Please tell us more about treatments you used for site discomfort.
- Remember to refer to the "Guide to SQ Remodulin".

Circle treatments you used FOR SITE DISCOMFORT; sometimes we want to know how often you used that treatment.

Ice (*How many times?* _____)

Topical Gels or Ointments

PLO gel (*How many times?* _____)

Elidel 1% Ointment (*usually twice daily*)

Lidocaine Ointment (*usually twice daily*)

Over the counter medications FOR SITE DISCOMFORT (*all these work to help reduce redness, swelling, and skin irritation*)

Zantac or Pepcid

Zyrtec or Claritin

Ibuprofen (Motrin, Advil, or similar)

Acetaminophen (Tylenol, APAP)

Prescription pain medications FOR SITE DISCOMFORT

Vicodin (Hydrocodone/APAP)

Total # of pills today? ____

Percocet (Oxycodone/APAP)

Total # of pills today? ____

Dilaudid (Hydromorphone)

Total # of pills today? ____

Oxycontin

Total # of pills today? ____

Fentanyl patch

Methadone dose: _____

Other pain medications FOR SITE DISCOMFORT (Name and amount used today):

Did you change your dressing today?

Yes No

How much relief did your treatments (altogether) provide for you?

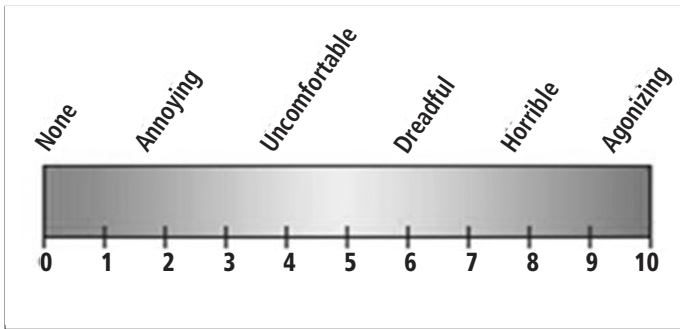
None A little Some A lot Complete

Day 5 (Date): _____

For each question, tell us about your worst discomfort today.

For pain, choose the **ONE** number in the scale below that best describes your worst pain today. There are words to help you choose a number.

Pain: At its worst today, my pain was a # _____.



We also want to know about other kinds of discomfort or irritation. For each of the following, please circle the word that best describes your redness, swelling, or drainage at its worst today. Even if there was none, please circle "none".

- Redness:** None Mild Moderate Severe
- Swelling:** None Mild Moderate Severe
- Drainage:** None Mild Moderate Severe
- Itching:** None Mild Moderate Severe
- Bleeding:** None Mild Moderate Severe

- Please tell us more about treatments you used for site discomfort.
- Remember to refer to the "Guide to SQ Remodulin".

Circle treatments you used FOR SITE DISCOMFORT; sometimes we want to know how often you used that treatment.

Ice (*How many times?* _____)

Topical Gels or Ointments

PLO gel (*How many times?* _____)

Elidel 1% Ointment (*usually twice daily*)

Lidocaine Ointment (*usually twice daily*)

Over the counter medications FOR SITE DISCOMFORT (*all these work to help reduce redness, swelling, and skin irritation*)

Zantac or Pepcid

Zyrtec or Claritin

Ibuprofen (Motrin, Advil, or similar)

Acetaminophen (Tylenol, APAP)

Prescription pain medications FOR SITE DISCOMFORT

Vicodin (Hydrocodone/APAP)

Total # of pills today? ____

Percocet (Oxycodone/APAP)

Total # of pills today? ____

Dilaudid (Hydromorphone)

Total # of pills today? ____

Oxycontin

Total # of pills today? ____

Fentanyl patch

Methadone dose: _____

Other pain medications FOR SITE DISCOMFORT (Name and amount used today):

Did you change your dressing today?

Yes No

How much relief did your treatments (altogether) provide for you?

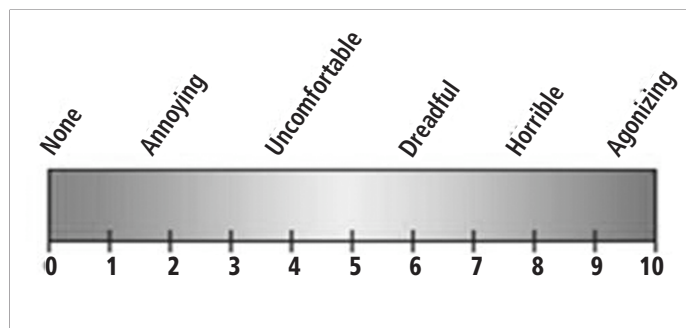
None A little Some A lot Complete

Day 6 (Date): _____

For each question, tell us about your worst discomfort today.

For pain, choose the **ONE** number in the scale below that best describes your worst pain today. There are words to help you choose a number.

Pain: At its worst today, my pain was a # _____.



We also want to know about other kinds of discomfort or irritation. For each of the following, please circle the word that best describes your redness, swelling, or drainage at its worst today. Even if there was none, please circle "none".

Redness: None Mild Moderate Severe

Swelling: None Mild Moderate Severe

Drainage: None Mild Moderate Severe

Itching: None Mild Moderate Severe

Bleeding: None Mild Moderate Severe

- Please tell us more about treatments you used for site discomfort.
- Remember to refer to the "Guide to SQ Remodulin".

Circle treatments you used FOR SITE DISCOMFORT; sometimes we want to know how often you used that treatment.

Ice (*How many times?* _____)

Topical Gels or Ointments

PLO gel (*How many times?* _____)

Elidel 1% Ointment (*usually twice daily*)

Lidocaine Ointment (*usually twice daily*)

Over the counter medications FOR SITE DISCOMFORT (*all these work to help reduce redness, swelling, and skin irritation*)

Zantac or Pepcid

Zyrtec or Claritin

Ibuprofen (Motrin, Advil, or similar)

Acetaminophen (Tylenol, APAP)

Prescription pain medications FOR SITE DISCOMFORT

Vicodin (Hydrocodone/APAP)

Total # of pills today? ____

Percocet (Oxycodone/APAP)

Total # of pills today? ____

Dilaudid (Hydromorphone)

Total # of pills today? ____

Oxycontin

Total # of pills today? ____

Fentanyl patch

Methadone dose: _____

Other pain medications FOR SITE DISCOMFORT (Name and amount used today):

Did you change your dressing today?

Yes No

How much relief did your treatments (altogether) provide for you?

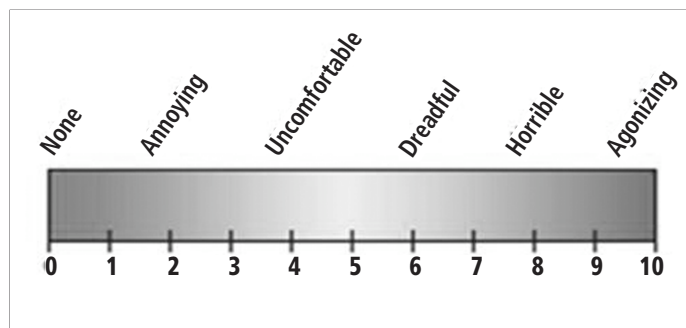
None A little Some A lot Complete

Day 7 (Date): _____

For each question, tell us about your worst discomfort today.

For pain, choose the **ONE** number in the scale below that best describes your worst pain today. There are words to help you choose a number.

Pain: At its worst today, my pain was a # _____.



We also want to know about other kinds of discomfort or irritation. For each of the following, please circle the word that best describes your redness, swelling, or drainage at its worst today. Even if there was none, please circle "none".

Redness: None Mild Moderate Severe

Swelling: None Mild Moderate Severe

Drainage: None Mild Moderate Severe

Itching: None Mild Moderate Severe

Bleeding: None Mild Moderate Severe

- Please tell us more about treatments you used for site discomfort.
- Remember to refer to the "Guide to SQ Remodulin".

Circle treatments you used FOR SITE DISCOMFORT; sometimes we want to know how often you used that treatment.

Ice (*How many times?* _____)

Topical Gels or Ointments

PLO gel (*How many times?* _____)

Elidel 1% Ointment (*usually twice daily*)

Lidocaine Ointment (*usually twice daily*)

Over the counter medications FOR SITE DISCOMFORT (*all these work to help reduce redness, swelling, and skin irritation*)

Zantac or Pepcid

Zyrtec or Claritin

Ibuprofen (Motrin, Advil, or similar)

Acetaminophen (Tylenol, APAP)

Prescription pain medications FOR SITE DISCOMFORT

Vicodin (Hydrocodone/APAP)

Total # of pills today? ____

Percocet (Oxycodone/APAP)

Total # of pills today? ____

Dilaudid (Hydromorphone)

Total # of pills today? ____

Oxycontin

Total # of pills today? ____

Fentanyl patch

Methadone dose: _____

Other pain medications FOR SITE DISCOMFORT (Name and amount used today):

Did you change your dressing today?

Yes No

How much relief did your treatments (altogether) provide for you?

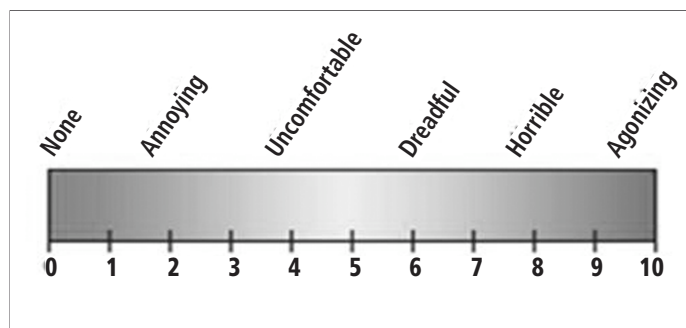
None A little Some A lot Complete

Day 8 (Date): _____

For each question, tell us about your worst discomfort today.

For pain, choose the **ONE** number in the scale below that best describes your worst pain today. There are words to help you choose a number.

Pain: At its worst today, my pain was a # _____.



We also want to know about other kinds of discomfort or irritation. For each of the following, please circle the word that best describes your redness, swelling, or drainage at its worst today. Even if there was none, please circle "none".

Redness: None Mild Moderate Severe

Swelling: None Mild Moderate Severe

Drainage: None Mild Moderate Severe

Itching: None Mild Moderate Severe

Bleeding: None Mild Moderate Severe

- Please tell us more about treatments you used for site discomfort.
- Remember to refer to the "Guide to SQ Remodulin".

Circle treatments you used FOR SITE DISCOMFORT; sometimes we want to know how often you used that treatment.

Ice (*How many times?* _____)

Topical Gels or Ointments

PLO gel (*How many times?* _____)

Elidel 1% Ointment (*usually twice daily*)

Lidocaine Ointment (*usually twice daily*)

Over the counter medications FOR SITE DISCOMFORT (*all these work to help reduce redness, swelling, and skin irritation*)

Zantac or Pepcid

Zyrtec or Claritin

Ibuprofen (Motrin, Advil, or similar)

Acetaminophen (Tylenol, APAP)

Prescription pain medications FOR SITE DISCOMFORT

Vicodin (Hydrocodone/APAP)

Total # of pills today? ____

Percocet (Oxycodone/APAP)

Total # of pills today? ____

Dilaudid (Hydromorphone)

Total # of pills today? ____

Oxycontin

Total # of pills today? ____

Fentanyl patch

Methadone dose: _____

Other pain medications FOR SITE DISCOMFORT (Name and amount used today):

Did you change your dressing today?

Yes No

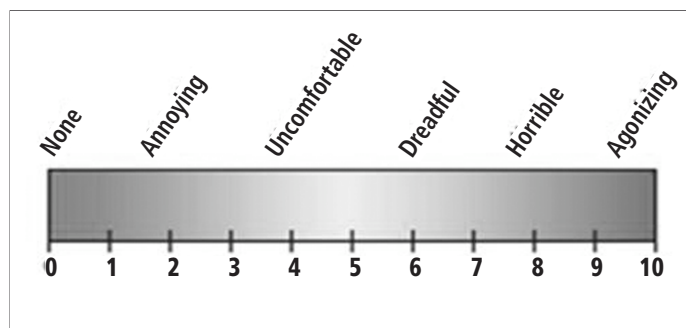
How much relief did your treatments (altogether) provide for you?

Day 9 (Date): _____

For each question, tell us about your worst discomfort today.

For pain, choose the **ONE** number in the scale below that best describes your worst pain today. There are words to help you choose a number.

Pain: At its worst today, my pain was a # _____.



We also want to know about other kinds of discomfort or irritation. For each of the following, please circle the word that best describes your redness, swelling, or drainage at its worst today. Even if there was none, please circle "none".

Redness: None Mild Moderate Severe

Swelling: None Mild Moderate Severe

Drainage: None Mild Moderate Severe

Itching: None Mild Moderate Severe

Bleeding: None Mild Moderate Severe

- Please tell us more about treatments you used for site discomfort.
- Remember to refer to the "Guide to SQ Remodulin".

Circle treatments you used FOR SITE DISCOMFORT; sometimes we want to know how often you used that treatment.

Ice (*How many times?* _____)

Topical Gels or Ointments

PLO gel (*How many times?* _____)

Elidel 1% Ointment (*usually twice daily*)

Lidocaine Ointment (*usually twice daily*)

Over the counter medications FOR SITE DISCOMFORT (*all these work to help reduce redness, swelling, and skin irritation*)

Zantac or Pepcid

Zyrtec or Claritin

Ibuprofen (Motrin, Advil, or similar)

Acetaminophen (Tylenol, APAP)

Prescription pain medications FOR SITE DISCOMFORT

Vicodin (Hydrocodone/APAP)

Total # of pills today? ____

Percocet (Oxycodone/APAP)

Total # of pills today? ____

Dilaudid (Hydromorphone)

Total # of pills today? ____

Oxycontin

Total # of pills today? ____

Fentanyl patch

Methadone dose: _____

Other pain medications FOR SITE DISCOMFORT (Name and amount used today):

Did you change your dressing today?

Yes No

How much relief did your treatments (altogether) provide for you?

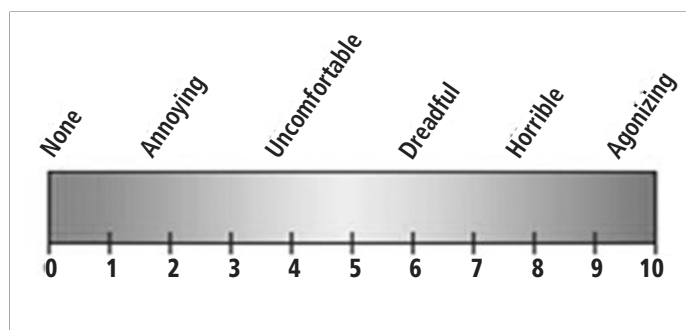
None A little Some A lot Complete

Day 10 (date): _____

For each question, tell us about your worst discomfort today.

For pain, choose the **ONE** number in the scale below that best describes your worst pain today. There are words to help you choose a number.

Pain: At its worst today, my pain was a # _____.



We also want to know about other kinds of discomfort or irritation. For each of the following, please circle the word that best describes your redness, swelling, or drainage at its worst today. Even if there was none, please circle "none".

Redness: None Mild Moderate Severe

Swelling: None Mild Moderate Severe

Drainage: None Mild Moderate Severe

Itching: None Mild Moderate Severe

Bleeding: None Mild Moderate Severe

- Please tell us more about treatments you used for site discomfort.
- Remember to refer to the "Guide to SQ Remodulin".

Circle treatments you used FOR SITE DISCOMFORT; sometimes we want to know how often you used that treatment.

Ice (*How many times?* _____)

Topical Gels or Ointments

PLO gel (*How many times?* _____)

Elidel 1% Ointment (*usually twice daily*)

Lidocaine Ointment (*usually twice daily*)

Over the counter medications FOR SITE DISCOMFORT (*all these work to help reduce redness, swelling, and skin irritation*)

Zantac or Pepcid

Zyrtec or Claritin

Ibuprofen (Motrin, Advil, or similar)

Acetaminophen (Tylenol, APAP)

Prescription pain medications FOR SITE DISCOMFORT

Vicodin (Hydrocodone/APAP)

Total # of pills today? ____

Percocet (Oxycodone/APAP)

Total # of pills today? ____

Dilaudid (Hydromorphone)

Total # of pills today? ____

Oxycontin

Total # of pills today? ____

Fentanyl patch

Methadone dose: _____

Other pain medications FOR SITE DISCOMFORT (Name and amount used today):

Did you change your dressing today?

Yes No

How much relief did your treatments (altogether) provide for you?

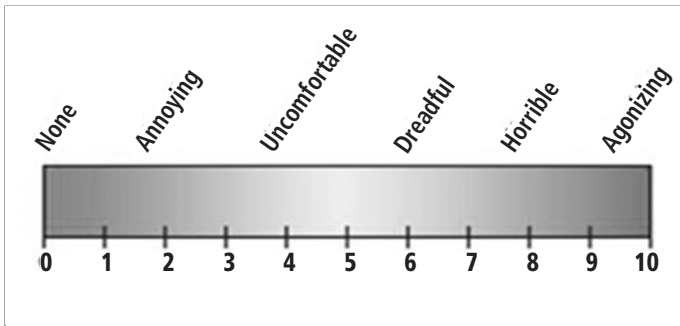
None A little Some A lot Complete

Day 11 (date): _____

For each question, tell us about your worst discomfort today.

For **pain**, choose the **ONE** number in the scale below that best describes your worst pain today. There are words to help you choose a number.

Pain: At its worst today, my pain was a # _____.



We also want to know about other kinds of discomfort or irritation. For each of the following, please circle the word that best describes your redness, swelling, or drainage at its worst today. Even if there was none, please circle "none".

Redness: None Mild Moderate Severe

Swelling: None Mild Moderate Severe

Drainage: None Mild Moderate Severe

Itching: None Mild Moderate Severe

Bleeding: None Mild Moderate Severe

- Please tell us more about treatments you used for site discomfort.
- Remember to refer to the "Guide to SQ Remodulin".

Circle treatments you used FOR SITE DISCOMFORT; sometimes we want to know how often you used that treatment.

Ice (*How many times?* _____)

Topical Gels or Ointments

PLO gel (*How many times?* _____)

Elidel 1% Ointment (*usually twice daily*)

Lidocaine Ointment (*usually twice daily*)

Over the counter medications FOR SITE DISCOMFORT (*all these work to help reduce redness, swelling, and skin irritation*)

Zantac or Pepcid

Zyrtec or Claritin

Ibuprofen (Motrin, Advil, or similar)

Acetaminophen (Tylenol, APAP)

Prescription pain medications FOR SITE DISCOMFORT

Vicodin (Hydrocodone/APAP)

Total # of pills today? ____

Percocet (Oxycodone/APAP)

Total # of pills today? ____

Dilaudid (Hydromorphone)

Total # of pills today? ____

Oxycontin

Total # of pills today? ____

Fentanyl patch

Methadone dose: _____

Other pain medications FOR SITE DISCOMFORT (Name and amount used today):

Did you change your dressing today?

Yes No

How much relief did your treatments (altogether) provide for you?

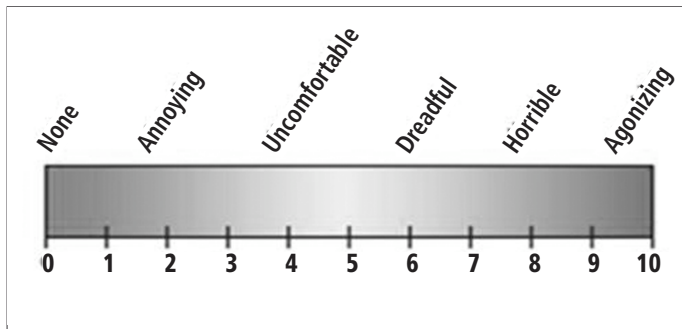
None A little Some A lot Complete

Day 12 (date): _____

For each question, tell us about your worst discomfort today.

For pain, choose the **ONE** number in the scale below that best describes your worst pain today. There are words to help you choose a number.

Pain: At its worst today, my pain was a # _____.



We also want to know about other kinds of discomfort or irritation. For each of the following, please circle the word that best describes your redness, swelling, or drainage at its worst today. Even if there was none, please circle "none".

Redness: None Mild Moderate Severe

Swelling: None Mild Moderate Severe

Drainage: None Mild Moderate Severe

Itching: None Mild Moderate Severe

Bleeding: None Mild Moderate Severe

- Please tell us more about treatments you used for site discomfort.
- Remember to refer to the "Guide to SQ Remodulin".

Circle treatments you used FOR SITE DISCOMFORT; sometimes we want to know how often you used that treatment.

Ice (*How many times?* _____)

Topical Gels or Ointments

PLO gel (*How many times?* _____)

Elidel 1% Ointment (*usually twice daily*)

Lidocaine Ointment (*usually twice daily*)

Over the counter medications FOR SITE DISCOMFORT (*all these work to help reduce redness, swelling, and skin irritation*)

Zantac or Pepcid

Zyrtec or Claritin

Ibuprofen (Motrin, Advil, or similar)

Acetaminophen (Tylenol, APAP)

Prescription pain medications FOR SITE DISCOMFORT

Vicodin (Hydrocodone/APAP)

Total # of pills today? ____

Percocet (Oxycodone/APAP)

Total # of pills today? ____

Dilaudid (Hydromorphone)

Total # of pills today? ____

Oxycontin

Total # of pills today? ____

Fentanyl patch

Methadone dose: _____

Other pain medications FOR SITE DISCOMFORT (Name and amount used today):

Did you change your dressing today?

Yes No

How much relief did your treatments (altogether) provide for you?

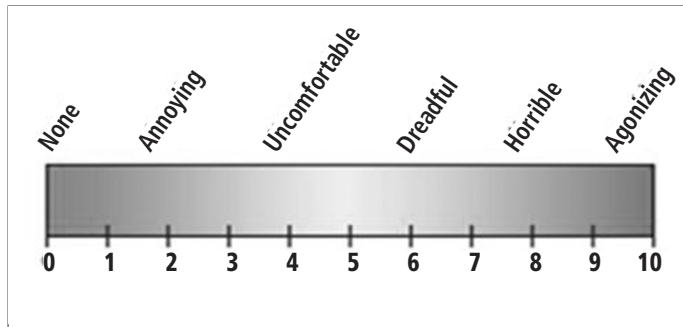
None A little Some A lot Complete

Day 13 (date): _____

For each question, tell us about your worst discomfort today.

For pain, choose the **ONE** number in the scale below that best describes your worst pain today. There are words to help you choose a number.

Pain: At its worst today, my pain was a # _____.



We also want to know about other kinds of discomfort or irritation. For each of the following, please circle the word that best describes your redness, swelling, or drainage at its worst today. Even if there was none, please circle "none".

Redness: None Mild Moderate Severe

Swelling: None Mild Moderate Severe

Drainage: None Mild Moderate Severe

Itching: None Mild Moderate Severe

Bleeding: None Mild Moderate Severe

- Please tell us more about treatments you used for site discomfort.
- Remember to refer to the "Guide to SQ Remodulin".

Circle treatments you used FOR SITE DISCOMFORT; sometimes we want to know how often you used that treatment.

Ice (*How many times?* _____)

Topical Gels or Ointments

PLO gel (*How many times?* _____)

Elidel 1% Ointment (*usually twice daily*)

Lidocaine Ointment (*usually twice daily*)

Over the counter medications FOR SITE DISCOMFORT (*all these work to help reduce redness, swelling, and skin irritation*)

Zantac or Pepcid

Zyrtec or Claritin

Ibuprofen (Motrin, Advil, or similar)

Acetaminophen (Tylenol, APAP)

Prescription pain medications FOR SITE DISCOMFORT

Vicodin (Hydrocodone/APAP)

Total # of pills today? ____

Percocet (Oxycodone/APAP)

Total # of pills today? ____

Dilaudid (Hydromorphone)

Total # of pills today? ____

Oxycontin

Total # of pills today? ____

Fentanyl patch

Methadone dose: _____

Other pain medications FOR SITE DISCOMFORT (Name and amount used today):

Did you change your dressing today?

Yes No

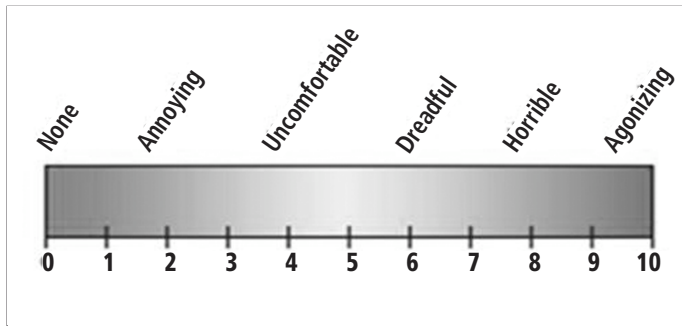
How much relief did your treatments (altogether) provide for you?

Day 14 (date): _____

For each question, tell us about your worst discomfort today.

For pain, choose the **ONE** number in the scale below that best describes your worst pain today. There are words to help you choose a number.

Pain: At its worst today, my pain was a # _____.



We also want to know about other kinds of discomfort or irritation. For each of the following, please circle the word that best describes your redness, swelling, or drainage at its worst today. Even if there was none, please circle "none".

Redness: None Mild Moderate Severe

Swelling: None Mild Moderate Severe

Drainage: None Mild Moderate Severe

Itching: None Mild Moderate Severe

Bleeding: None Mild Moderate Severe

- Please tell us more about treatments you used for site discomfort.
- Remember to refer to the "Guide to SQ Remodulin".

Circle treatments you used FOR SITE DISCOMFORT; sometimes we want to know how often you used that treatment.

Ice (*How many times?* _____)

Topical Gels or Ointments

PLO gel (*How many times?* _____)

Elidel 1% Ointment (*usually twice daily*)

Lidocaine Ointment (*usually twice daily*)

Over the counter medications FOR SITE DISCOMFORT (*all these work to help reduce redness, swelling, and skin irritation*)

Zantac or Pepcid

Zyrtec or Claritin

Ibuprofen (Motrin, Advil, or similar)

Acetaminophen (Tylenol, APAP)

Prescription pain medications FOR SITE DISCOMFORT

Vicodin (Hydrocodone/APAP)

Total # of pills today? ____

Percocet (Oxycodone/APAP)

Total # of pills today? ____

Dilaudid (Hydromorphone)

Total # of pills today? ____

Oxycontin

Total # of pills today? ____

Fentanyl patch

Methadone dose: _____

Other pain medications FOR SITE DISCOMFORT (Name and amount used today):

Did you change your dressing today?

Yes No

How much relief did your treatments (altogether) provide for you?

None A little Some A lot Complete

Help Us Help You!

This diary was initially designed as part of a formal University of Rochester (Rochester, NY) study to evaluate infusion site discomfort in patients on treprostinil (Remodulin). The study was generously funded by United Therapeutics. We hope that it is a useful tool for you and your Remodulin treatment team.

1

**Start a new Diary
each time
you change your site!!**

2

**When answering questions about pain
or medications choose whole numbers
like 2 or 3 not a range like 2-3.**

3

**Fill out your diary until your pain level
is a zero for two days or
you've completed 14 days.**

4

**Review your diary before you send it
back; we can use this information to
help guide your treatment.**