A single-case randomized controlled trial of Ginkgo Biloba pills in the treatment of coronary heart disease with impaired glucose regulation

Case Report Form

Research Center: Xiyuan Ho	ospital, China Academy of Chinese Medical Sciences
Subject initials:	
Subject screening number:	
Drug number:	

Sponsor: Wanbangde Pharmaceutical Group Co., Ltd.

Please read the following instructions carefully before filling out the form.

Fill in the case report form

- 1. Fill in the CRF for all eligible cases.
- 2. Always use a black or blue-black pen to fill in the records..The writing should be legible and easy to read;you cannot use a ballpoint pen or pencil.
- 3. The CRF must be filled in accurately and clearly. It should not be altered at will. If the error is corrected, it should be marked with a horizontal line and the name of the modifier and the time of modification. Exampl: $99.690.6^{10.00}$
- 4. The patient's name is abbreviated in four digits. The two characters are filled in the first two abbreviations of the two-character pinyin; the three-character name is filled with the three-character abbreviation and the third-character second abbreviation; the four-character name is filled in the first abbreviation of each word. Example: Zhang Hong $\mid Z \mid H \mid H \mid O \mid$; Li Shuming $\mid L \mid S \mid M \mid I \mid$; Ouyang Xiaohui $\mid O \mid Y \mid X \mid H \mid$.
- 5. Please fill in the numbers in the open spaces and fill in a number for each box. If the number of digits is not enough, please add zeros in the space before or after. For example: weight 58kg, filled in the space: $|\underline{1},\underline{8},\underline{1},\underline{0}|$ kg; blood pressure 120/80 mgHg, filled in the space: $|\underline{1},\underline{2},\underline{0}|$ / $|\underline{0},\underline{8},\underline{0}|$ mmHg
- 6. All selected items should be marked with ×in the matching "□", such as: ⋉
- 7. The record format of the date in the CRF is in the international ISO 8601 date format (yyyymmdd); all time records are in 24-hour format (for example, 15:00 in the afternoon is 15:00 instead of 03:00pm), and the recording in the middle of the night is 00:00 (Not 24:00) and as a new day.
- 8. Please answer all the questions in the CRF and don't leave a blank in the question. If "not done" fills in "ND", "not applicable" fills in "NA", "cannot get" fills in "UA", "unknown" fills in "UK", etc.,and other cases are described in words. Pages without any records should also complete the header section and draw a diagonal slash on the page.
- 9.Do not change the format of the CRF.If there is no corresponding location in the discovery form or the information is not enough to record the information that the person wants to record, please record the information in the blank "attachment" on page 24 and sign it on the page.
- 10. At the appropriate location on each page of the form, ask the investigator to sign and complete the date of signature.
- 11. The adverse event record form should be filled in truthfully during the test. Record the time, severity, duration, measures taken, and outcomes of adverse events. If serious adverse events occur (including hospitalization, prolonged hospitalization, disability, work ability, life-threatening or death, congenital malformation, etc.), the ethics committee of the responsible unit must be notified immediately, contract research organization.

Baselin	e Dru	g number	Patient initials		Date	of visit		
-7~0Da	ay	_		201	Year	Month D	ay	
			1					
Informed	consent							
Informed c	onsent da	te:	_ Year I	Month	Day			
Demographic data								
$Age: \ \ $								
Nationality: □ ₁ Han nationality □ ₂ Other: Nature of work: □1 physical strength non-physical strength						ngth □2		
Height:								
Diagnosis								
			Western medici	ne diagno	sis			
Western r	nedicine o	liagnosis: [□Coronary heart disease					
Course:		Month						
-		nt for coron	ary heart disease: Has	the patien	t been treated	for the disease?		
Dru	ıg name		Dosage	Start	date	End dat	e	
		the patient h	ave other diseases and n	nedication	s at the mome	ent:		
D:	Orug/Tre atment name	Dosage	Start date		Еі	nd date	Still using	
			Year M Day	Ionth _		ar <u></u> _Month Day	\Box_1	
			Year N	Ionth _	_ Ye	ar Month	П.	
			Day Year M	Ionth		Day ar <u> </u> Month	□ ₁	
History of	allergies:	Does the pa	tient have a history of d	ication/foo	od/environme	ntal allergies?		
History of allergies: Does the patient have a history of dication/food/environmental allergies? $\Box 0$ no $\Box 1$ is \rightarrow please fill in the details								

Baseline	Drug number	Patient initials	Date of visit
-7~0Day		l	201 Year _ Month _ Day

Vital signs

Body temperature (°C)	Breathe (Times/minute)	Heart rate (Times/minute)	Blood pressure (mmHg)
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Seattle Angina Questionnaire(SAQ)

Score *:	Ι	
OCOIC :	1 1	

	Severely restricted	Moderately restricted	Mildly restricted	Slightly restricted	Unrestricted	Limited for other reasons
Dress yourself	\Box_1	\square_2	\square_3	\Box_4	\Box_5	\Box_6
Indoor walk	\Box_1	\Box_2	□3	\Box_4	□5	□6
Take a shower	\Box_1	\Box_2	□3	\Box_4	□5	□6
Climbing or stairway (three floors, non-stop)		\Box_2	\square_3	□4	□5	□6
Outdoor activities or pick up	\Box_1	\Box_2	□3	\Box_4	\Box_5	\Box_6
Walk lightly (one kilometer)	\Box_1	\Box_2	□3	\Box_4	□5	□6
Jogging (one kilometer)	\Box_1	\Box_2	\square_3	\Box_4	□5	\Box_6
Lift or move heavy objects	\Box_1	\square_2	□3	\Box_4	□5	□6
Strenuous exercise (such as swimming or playing)	□1	\Box_2	□3	□4	□5	\Box_6

- 2. Compared with 4 weeks ago, when doing the maximum intensity of activity, chest pain, chest tightness and angina pectoris:
- \square_1 obviously increase \square_2 Slight increase \square_3 the same \square_4 Minor reduction \square_5 obviously decrease
- 3. The average number of episodes of chest pain, chest tightness, and angina in the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 4. The average number of nitro drugs (such as nitroglycerin) in chest pain, chest tightness, and angina pectoris over the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 5. Due to chest pain, chest tightness and angina pectoris, follow the doctor's advice:
- $\square_1 \, Serious \, \square_2 \, Moderate \, \square_3 \, Minor \, \square_4 \, Very \, little \, \square_5 \, No \, \square_6 \, Doctor \, did \, not \, administer \,$
- 6. Satisfaction with various measures for treating chest pain, chest tightness and angina:
- $\square_1 \, Dissatisfied \, \square_2 \, Most \, dissatisfied \, \square_3 \, Partially \, satisfied \, \square_4 \, Most \, satisfied \, \square_5 \, Highly \, satisfied \, \square_4 \, Most \, satisfied \, \square_5 \, Highly \, satisfied \, \square_6 \, Highly \, satisfied \, \square_7 \, Highly \, satisfied \, \square_8 \, Highly \, satisfied \, \square_9 \, Highly \, Satisfied \, N \, Highly \, S$

Baseline	Drug number	Patient initials	Date of visit
-7~0Day	l	l	201 Year _ Month _ Day

- 7. Satisfaction with the doctor's explanation for chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 8. Overall, satisfaction with the current treatment of chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 9. In the past 4 weeks, chest pain, chest tightness and angina have affected the level of fun in life:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 10. If you have chest pain, chest tightness and angina in your future life, how would you feel?
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 11. Concerns about heart attack and sudden death:
- \square_1 Always worried \square_2 Frequently worried \square_3 Sometimes worried \square_4 Very little worried \square_5 Never worry
- * The Seattle Angina Scale is divided into 5 items and 19 items: Physical activity limitation (PL, question 1), angina stable state (AS, question 2), angina pectoris (AF, question 3-4), treatment satisfaction (TS), question 5-8), disease cognition (DP, question 9-11). After scoring the 19 items of the 5 major items one by one, each score is forwarded. The standard score = (actual score the lowest score in this aspect) / (the highest score in this aspect the lowest score in this aspect) * 100, the higher the score, the better the quality of life and the functional state of the patient.

Score *: |____|

ingini peresis symptom seere								
Number of	□ ₀ No	□ ₂ 2-6 episodes per	□ ₄ 1-3 times a day	\Box_6 more than 4				
angina		week		episodes per day				
attacks								
Angina	□ ₀ No	\Box_2 Each time the pain	□ ₄ Each time the pain	□ ₆ Each time the pain				
duration		lasts less than or equal	lasts longer than 5	lasts for 10 minutes or				
		to 5 minutes	minutes and less than	more				
			10					
Angina pain	□ ₀ No	□2 Physical activity	□ ₄ Daily physical	□ ₆ Lighter physical				
level		that is heavier than	activity causes angina	activity than daily				
		daily activities causes	and daily activities are	activities causes				
		angina and daily	slightly limited.	angina and daily				
		activities are	Activities that can cause	activities are				
		asymptomatic.	angina, such as walking	significantly limited.				
		Activities that can	3-4 stations (3-4 miles)	Activities that can				
		cause angina, such as	at normal speed under	cause angina, such as				
		trotting on the ground,	normal conditions, on	walking 1-2 stations				
		fast or holding heavy	the third floor, uphill,	(1-2 miles) at normal				
		objects on the third	etc.	speed under normal				
		floor, up steep slopes,		conditions, on the				
		etc.		second floor, gentle				
				slope, etc.				
Nitroglyceri	□ ₀ No	□ ₂ 1-4 tablets per week	□4 5-9tablets per week	□ ₆ Take more than 10				
n dosage				tablets a week				

Baseline	Drug number	Patient initials	Date of visit
-7~0Day		l	201 Year _ Month _ Day

Laboratory inspection

Indicator	Measured	Unit	Clinical s	_		4	nalous cause
	Value		1 2	3	4		planation
Blood routine		Report date	e: 201	Year	Mc	onth	Day
HGB		g/L	\square_1 [$\square_2 \ \square_3 \ \square_4$			
RBC		×10 ¹² L	\Box_1 ($\square_2 \ \square_3 \ \square_4$			
WBC		×10 ⁹ /L	□1 [$\square_2 \ \square_3 \ \square_4$			
PLT		×10 ⁹ /L	□1 [$\square_2 \ \square_3 \ \square_4$			
Urine routine		Report date	201	Year	Mo	onth	Day
Urine PH			□1 [$\square_2 \ \square_3 \ \square_4$			
PRO		_	□1 [$\square_2 \ \square_3 \ \square_4$			
ERY		/HPF	□1 □	□2 □3 □4	,		
White blood cells (LEU)		/HPF	1 c	□2 □3 □4			
Liver and kidney functi	on	Report dat	e: 201	Year	_ M	onth	Day
ALT		U/L		\square_2 \square_3 \square	4		
AST		U/L		\square_2 \square_3 \square	4		
ALP		U/L		\square_2 \square_3 \square	4		
TBIL		μmol/L		\square_2 \square_3 \square	4		
γ-GT		U/L		\square_2 \square_3 \square	4		
ТВА		μmol/L	\Box_1	\square_2 \square_3 \square	4		
BUN		mmol/L	\Box_1	\square_2 \square_3 \square	4		
Cr		μmol/L	\Box_1	\square_2 \square_3 \square	4		
blood sugar		Report date	e: 201	Year	Mo	onth	Day
FPG		mmol/L	\square_1 \square_2 [□3 □4			
2hPG		mmol/L	\square_1 \square_2 [□3 □4			
HbA1c		mg/dl	\square_1 \square_2 [□3 □4			
Fasting insulin		μU/ml		$\square_3 \square_4$			

Baseline	Drug number	Patient initials	Date of visit
-7~0Day	lII	l	201 Year Month _ Day

Blood lipid	Report date	: 201 Year Mo	onth Day
HDL-C	mmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
LDL-C	mmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
TG	mmol/L	$\square_1 \square_2 \square_3 \square_4$	
СН	mmol/L	\square_1 \square_2 \square_3 \square_4	
C-reactive protein	Report date	201 Year Mo	onth Day
CRP	mg/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
Electrocardiogram	Report dat	e: 201 Year M	onth Day
ECG		$\square_1 \ \square_2 \ \square_3 \ \square_4$	
Urine pregnancy	Report date	: 201 Year Mo	onth Day
Urine pregnancy		□1 Not applicable (male,post-sterilization or menopause for more than 1 year women) □2 Negative □3 Positive (Can't enter the test) □4 未查	

^{*} Clinical significance judgment: (1) normal (2) abnormal but no clinical significance (3) abnormal and clinical significance (4) not investigated.

Baseline	Drug number	Patient initials	Date of visit
-7~0Day	11	lıı	201 Year _ Month _ Day

Inclusion criteria: The following options are all "Yes" to be selected.

 1. Meet the diagnostic criteria for coronary heart disease Western medicine (any one can be): a) have a clear history of old myocardial infarction, or have a history of PCI, or have a history of bypass (at least 3 months); b) Coronary angiography or coronary CTA results suggest that at least one coronary artery is narrowed and the degree of lumen stenosis is ≥50%; 	□ ₁ Yes	□ ₀ No
2. In line with the criteria for stable angina, and the number of episodes of angina pectoris ≥ 2 times per week;	□ ₁ Yes	□ ₀ No
3. Comply with the 25 diagnostic criteria of blood stasis syndrome of coronary heart disease (CHD) ;	□ ₁ Yes	□ ₀ No
4. Comply with the 2016 Diabetes Association (ADA) published criteria for impaired diagnosis of glucose regulation;	□ ₁ Yes	□ ₀ NO
5.Aged between 18 and 75 years, no gender;	□ ₁ Yes	□ ₀ No
6. Participants voluntarily participated in this study, signed informed consent and had good compliance.	□ ₁ Yes	□ ₀ No

Baseline	Drug number	Patient initials	Date of visit
-7~0Day		lii	201 Year _ Month _ Day

Exclusion criteria. The following options are an '10' to be selected.		
1.With congenital or 5 rheumatic heart disease or severe cardiopulmonary		
insufficiency (grade 3 and 4 of 6 cardiac function),or uncontrolled severe		
arrhythmias(includingventricular7 tachycardia,supraventricular tachycardia),or	\square_1 Yes	$\square_0\: No$
not controlled hypertension (systolic 8 blood pressure ≥160 mmHg or diastolic		
blood pressure ≥100 mmHg);		
2. With cerebrovascular disease, or with severe liver and kidney dysfunction, or	37	NT
with 10 endocrine, urinary, blood system and other serious primary diseases;	□ ₁ Yes	□ ₀ No
3. Within 4 weeks, there was history of major organ surgery such as head, chest	3.7	NT
or abdomen or bleeding tendency;	□ ₁ Yes	□ ₀ No
4. Those who have taken hypoglycaemic agents or glucocorticoids, thiazide	X 7	NT
diuretics and other drugs that affect blood sugar levels within 3 months;	□ ₁ Yes	□ ₀ No
5. People with diseases affecting blood glucose metabolism, such as thyroid		
glands and adrenal diseases,or those with previous history of the aforementioned	□ ₁ Yes	\square_0 No
diseases;		
6. Allergies or persons allergic to known ingredients of the study drug;	□ ₁ Yes	□ ₀ No
7.Pregnancy and lactation women or those with a pregnancy plan;	□ ₁ Yes	□ ₀ No
8. Subjects who participated in other clinical trials in the last 3 months;	□ ₁ Yes	□ ₀ No
	_1	_0
9. Researchers consider that subjects should not participate in clinical trials.	□ ₁ Yes	□ ₀ No

S	Screening	recults.	Does	the	natient	enter the	trial?
ĸ	211111111111111111111111111111111111111	i couito.	DUCS	uic	Dauciii	chiel the	unana

□ ₁ Yes→Drug number:
Drug delivery time: 201 Year Month Day
Number of medicines: 900 pills (10 bottles)
\Box_0 No \rightarrow Please indicate the reason and fill in the screening selection form:

Researcher's signature: ______Date: 201 _____Month ____Day

Visit1	Drug number	Patient initials	Date of visit
8Week±4Day		l	201 Year _ Month _ Day

Vital signs

Body temperature (°C)	Breathe (Times/minute)	Heart rate (Times/minute)	Blood pressure (mmHg)

Seattle Angina Questionnaire(SAQ)

Score *:	1		
Score :		1	1

	Severely restricted	Moderately restricted	Mildly restricted	Slightly restricted	Unrestricted	Limited for other reasons
Dress yourself	\Box_1	\Box_2	\square_3	□4	\Box_5	□6
Indoor walk	\Box_1	\Box_2	□3	\Box_4	\Box_5	\Box_6
Take a shower	\Box_1	\Box_2	□3	□4	□5	□6
Climbing or stairway (three floors, non-stop)		\Box_2	\square_3	\Box_4	□5	□6
Outdoor activities or pick up	\Box_1	\Box_2	\square_3	\Box_4	\Box_5	□6
Walk lightly (one kilometer)	\Box_1	\Box_2	□3	\Box_4	□5	□6
Jogging (one kilometer)	\Box_1	\Box_2	□3	\Box_4	□5	□6
Lift or move heavy objects	\Box_1	\square_2	□3	\Box_4	□5	□6
Strenuous exercise (such as swimming or playing)	□1	\Box_2	□3	□4	□5	□6

- 2. Compared with 4 weeks ago, when doing the maximum intensity of activity, chest pain, chest tightness and angina pectoris:
- □₁ obviously increase □₂ Slight increase □₃ the same □₄ Minor reduction □₅ obviously decrease
- 3. The average number of episodes of chest pain, chest tightness, and angina in the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 4. The average number of nitro drugs (such as nitroglycerin) in chest pain, chest tightness, and angina pectoris over the past 4 weeks:
- $\square_1{\ge} four \ times/day \ \square_2 \ One-three \ times/day \ \square_3{\ge} three \ times/week \ \square_4 \ one-two \ times/week$
- $\Box_5 < 1$ time/week \Box_6 no episode
- 5. Due to chest pain, chest tightness and angina pectoris, follow the doctor's advice:
- \square_1 Serious \square_2 Moderate \square_3 Minor \square_4 Very little \square_5 No \square_6 Doctor did not administer

Visit1	Drug number	Patient initials	Date of visit
8Week±4Day	l	l	201 Year _ Month _ Day

- 6. Satisfaction with various measures for treating chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 7. Satisfaction with the doctor's explanation for chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 8. Overall, satisfaction with the current treatment of chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 9. In the past 4 weeks, chest pain, chest tightness and angina have affected the level of fun in life:
- □1 Dissatisfied □2 Most dissatisfied □3 Partially satisfied □4 Most satisfied □5 Highly satisfied
- 10. If you have chest pain, chest tightness and angina in your future life, how would you feel?
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 11. Concerns about heart attack and sudden death:
- \square_1 Always worried \square_2 Frequently worried \square_3 Sometimes worried \square_4 Very little worried \square_5 Never worry
- * The Seattle Angina Scale is divided into 5 items and 19 items: Physical activity limitation (PL, question 1), angina stable state (AS, question 2), angina pectoris (AF, question 3-4), treatment satisfaction (TS), question 5-8), disease cognition (DP, question 9-11). After scoring the 19 items of the 5 major items one by one, each score is forwarded. The standard score = (actual score the lowest score in this aspect) / (the highest score in this aspect the lowest score in this aspect) * 100, the higher the score, the better the quality of life and the functional state of the patient.

Score *.

Angina pectoris symptom score		Score *:		
Number of	□ ₀ No	□ ₂ 2-6 episodes per	□ ₄ 1-3 times a day	\Box_6 more than 4
angina		week		episodes per day
attacks				
Angina	□ ₀ No	\Box_2 Each time the pain	□ ₄ Each time the pain	□ ₆ Each time the pain
duration		lasts less than or equal	lasts longer than 5	lasts for 10 minutes or
		to 5 minutes	minutes and less than	more
			10	
Angina pain	□ ₀ No	□ ₂ Physical activity	□ ₄ Daily physical	□ ₆ Lighter physical
level		that is heavier than	activity causes angina	activity than daily
		daily activities causes	and daily activities are	activities causes
		angina and daily	slightly limited.	angina and daily
		activities are	Activities that can cause	activities are
		asymptomatic.	angina, such as walking	significantly limited.
		Activities that can	3-4 stations (3-4 miles)	Activities that can
		cause angina, such as	at normal speed under	cause angina, such as
		trotting on the ground,	normal conditions, on	walking 1-2 stations
		fast or holding heavy	the third floor, uphill,	(1-2 miles) at normal
		objects on the third	etc.	speed under normal
		floor, up steep slopes,		conditions, on the
		etc.		second floor, gentle
				slope, etc.
Nitroglyceri	□ ₀ No	□ ₂ 1-4 tablets per week	□ ₄ 5-9tablets per week	□ ₆ Take more than 10
n dosage				tablets a week

Visit1	Drug number	Patient initials	Date of visit		
8Week±4Day		l <u></u>	201 Year _ Month _ Day		

Laboratory inspection

Indicator	Measured Value	Unit	Clinical significance	ee *4	Anomalous cause explanation
Blood routine		 Report date	e: 201 Year		
HGB		g/L	\square_1 \square_2 \square_3 \square_4		
RBC		×10 ¹² L	$\square_1 \ \square_2 \ \square_3 \ \square_4$		
WBC		×10 ⁹ /L	\square_1 \square_2 \square_3 \square_4		
PLT		×10 ⁹ /L	$\square_1 \ \square_2 \ \square_3 \ \square_4$		
Urine routine		Report date	e: 201 Year	_ Month	ı Day
Urine PH			$\square_1 \ \square_2 \ \square_3 \ \square_4$		
PRO		_	$\square_1 \ \square_2 \ \square_3 \ \square_4$		
ERY		/HPF	□1 □2 □3 □4		
White blood cells (LEU)		/HPF	□1 □2 □3 □4		
Liver and kidney functi	on	Report dat	e: 201 Year	Mont	h Day
ALT		U/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$		
AST		U/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$		
ALP		U/L	$\square_1 \square_2 \square_3 \square_4$		
TBIL		μmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$		
γ-GT		U/L	$\square_1 \square_2 \square_3 \square_4$		
ТВА		μmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$		
BUN		mmol/L	$\square_1 \square_2 \square_3 \square_4$		
Cr		μmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$		
blood sugar		Report dat	e: 201 Year	Montl	h Day
FPG		mmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$		
2hPG		mmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$		
HbA1c		mg/dl	$\square_1 \ \square_2 \ \square_3 \ \square_4$		
Fasting insulin		μU/ml	$\square_1 \ \square_2 \ \square_3 \ \square_4$		

Visit1	Drug number	Patient initials	Date of visit			
8Week±4Day		l	_ 201 Year	201 Year _ Month _ Day		
					_	
Blood lipid		Report date	: 201 Year	Mon	th Day	
HDL-C		mmol/L	$\square_1 \square_2 \square_3 \square_4$			
LDL-C		mmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$			
TG		mmol/L	$\square_1 \square_2 \square_3 \square_4$			
СН		mmol/L	\square_1 \square_2 \square_3 \square_4			
C-reactive protein	1	Report date	: 201 Year	Mon	nth Day	
CRP		mg/L	$\square_1 \square_2 \square_3 \square_4$			
Electrocardiogi	ram	Report date	e: 201 Year	_ Moi	nth Day	
ECG			\square_1 \square_2 \square_3 \square	4		
	ed reason: □2 Ta biloba drop pills	ake all □3 Lost □4 pills	Other			
	ll out the "Comb	ined Medication Reco	ord Form" on page 4	17.		
Are there any a	dverse events?					
□ ₀ No						
$\Box_1 \text{Yes} \rightarrow \text{Please fi}$	ll out the "Adver	se Event Record Form	n" on page 48 in de	tail.		
Is there an unsc	heduled laborat	ory check?				
□ ₀ No						
$\Box_1 \text{Yes} \rightarrow \text{Record t}$	he results to "Un	planned Laboratory I	nspection Results" of	on page 49	9	

Researcher's signature: ______Date: 201 ____|Month|____|Day

Visit2	Drug number	Patient initials	Date of visit
10Week±4Day		lıı	201 Year _ Month _ Day

Seattle Angina Questionnaire(SAQ)

Score *: |___|

	Severely restricted	Moderately restricted	Mildly restricted	Slightly restricted	Unrestricted	Limited for other reasons
Dress yourself	\Box_1	\Box_2	\square_3	\Box_4	\Box_5	\Box_6
Indoor walk	\Box_1	\Box_2	□3	□4	□5	□6
Take a shower	\Box_1	\Box_2	□3	□4	□5	□6
Climbing or stairway (three floors, non-stop)	□1	\Box_2	\square_3	\Box_4	□5	□6
Outdoor activities or pick up	\Box_1	\Box_2	\square_3	\Box_4	\Box_5	□6
Walk lightly (one kilometer)	\Box_1	\Box_2	□3	□4	□5	□6
Jogging (one kilometer)	\Box_1	\square_2	\square_3	\Box_4	\Box_5	□6
Lift or move heavy objects	\Box_1	\Box_2	\square_3	\Box_4	□5	□6
Strenuous exercise (such as swimming or playing)	□1	\Box_2	□3	□4	□5	□6

- 2. Compared with 4 weeks ago, when doing the maximum intensity of activity, chest pain, chest tightness and angina pectoris:
- □ obviously increase □ Slight increase □ the same □ Minor reduction □ obviously decrease
- 3. The average number of episodes of chest pain, chest tightness, and angina in the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 4. The average number of nitro drugs (such as nitroglycerin) in chest pain, chest tightness, and angina pectoris over the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 5. Due to chest pain, chest tightness and angina pectoris, follow the doctor's advice:
- \square_1 Serious \square_2 Moderate \square_3 Minor \square_4 Very little \square_5 No \square_6 Doctor did not administer
- 6. Satisfaction with various measures for treating chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 7. Satisfaction with the doctor's explanation for chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 8. Overall, satisfaction with the current treatment of chest pain, chest tightness and angina:
- \Box_1 Dissatisfied \Box_2 Most dissatisfied \Box_3 Partially satisfied \Box_4 Most satisfied \Box_5 Highly satisfied

Visit2	Drug number	Patient initials	Date of visit
10Week±4Day		lıı	201 Year _ Month _ Day

- 9. In the past 4 weeks, chest pain, chest tightness and angina have affected the level of fun in life:
- \Box_1 Dissatisfied \Box_2 Most dissatisfied \Box_3 Partially satisfied \Box_4 Most satisfied \Box_5 Highly satisfied 10. If you have chest pain, chest tightness and angina in your future life, how would you feel?
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 11. Concerns about heart attack and sudden death:
- \square_1 Always worried \square_2 Frequently worried \square_3 Sometimes worried \square_4 Very little worried \square_5 Never worry
- * The Seattle Angina Scale is divided into 5 items and 19 items: Physical activity limitation (PL, question 1), angina stable state (AS, question 2), angina pectoris (AF, question 3-4), treatment satisfaction (TS), question 5-8), disease cognition (DP, question 9-11). After scoring the 19 items of the 5 major items one by one, each score is forwarded. The standard score = (actual score the lowest score in this aspect) / (the highest score in this aspect the lowest score in this aspect) * 100, the higher the score, the better the quality of life and the functional state of the patient.

Score	*	1	1	

Number of	□ ₀ No	□ ₂ 2-6 episodes per	□ ₄ 1-3 times a day	\Box_6 more than 4
angina		week	-	episodes per day
attacks				
Angina	□ ₀ No	\Box_2 Each time the pain	□ ₄ Each time the pain	□ ₆ Each time the pain
duration		lasts less than or equal	lasts longer than 5	lasts for 10 minutes or
		to 5 minutes	minutes and less than	more
			10	
Angina pain	□ ₀ No	□ ₂ Physical activity	□ ₄ Daily physical	□ ₆ Lighter physical
level		that is heavier than	activity causes angina	activity than daily
		daily activities causes	and daily activities are	activities causes
		angina and daily	slightly limited.	angina and daily
		activities are	Activities that can cause	activities are
		asymptomatic.	angina, such as walking	significantly limited.
		Activities that can	3-4 stations (3-4 miles)	Activities that can
		cause angina, such as	at normal speed under	cause angina, such as
		trotting on the ground,	normal conditions, on	walking 1-2 stations
		fast or holding heavy	the third floor, uphill,	(1-2 miles) at normal
		objects on the third	etc.	speed under normal
		floor, up steep slopes,		conditions, on the
		etc.		second floor, gentle
				slope, etc.
Nitroglyceri	□ ₀ No	\Box_2 1-4 tablets per week	□ ₄ 5-9tablets per week	□ ₆ Take more than 10
n dosage				tablets a week

10Week±4Day				201 Year		Month _ Day
Laboratory inspection						
Indicator	Measured Value	Unit	Clin	ical significance 2 3 4	*	Anomalous cause explanation
Blood sugar		Report dat	e: 201	Year	_ Mont	h Day
FPG		mmol/L		$\square_2 \square_3 \square_4$		
2hPG		mmol/L		$\square_2 \square_3 \square_4$		
HbA1c		mg/dl		$\square_2 \square_3 \square_4$		
Fasting insulin		μU/ml		$\square_2 \square_3 \square_4$		
Blood lipid		Report dat	te: 201	1 Year	_ Mont	th Day
HDL-C		mmol/L		\square_1 \square_2 \square_3 \square_4		
LDL-C		mmol/L		$\square_1 \ \square_2 \ \square_3 \ \square_4$		
TG		mmol/L		$\square_1 \ \square_2 \ \square_3 \ \square_4$		
СН		mmol/L		$\square_1 \ \square_2 \ \square_3 \ \square_4$		
C-reactive protein		Report da	te: 20	1 Year	_ Mon	th Day
CRP		mg/L		\square_1 \square_2 \square_3 \square_4		
* Clinical significance ju significance (4) not inves		abnormal but	no clinic	al significance (3) a	bnormal	l and clinical
Is there a combined	medication?					
$\square_0 No$						
\Box_1 Yes \rightarrow Please fill ou	t the "Combined Me	dication Red	cord Fo	orm" on page 47.		
Are there any adver	se events?					
$\Box_0 No$						
□ ₁ Yes→Please fill ou	t the "Adverse Event	t Record For	rm" on	page 48 in detail		
Is there an unschedu	ıled laboratory chec	ck?				
□ ₀ No						
$\Box_1 \text{Yes} \rightarrow \text{Record the re}$	esults to "Unplanned	Laboratory	Inspec	tion Results" on p	page 49)
Release of test drug:	: Ginkgo biloba drop	pills 900 pi	lls (10	bottles)		
Researcher's signature:Date: 201 Year Month Day						

Date of visit

Visit2

Drug number

Patient initials

Visit3	Drug number	Patient initials	Date of visit
18Week±4day		lıı	201 Year Month _ Day

Seattle	Angina	O_{11}	estion	naire	(SAO)	١
Scame	Angma	Qu	CSHOIL	nanc	DAQ.	,

Score *: |___|

	Severely restricted	Moderately restricted	Mildly restricted	Slightly restricted	Unrestricted	Limited for other reasons
Dress yourself	\Box_1	\square_2	\square_3	\Box_4	\Box_5	\Box_6
Indoor walk	\Box_1	\square_2	□3	□4	\Box_5	\Box_6
Take a shower	\Box_1	\square_2	□3	□4	\Box_5	\Box_6
Climbing or stairway (three floors, non-stop)	□1	\Box_2	□3	□4	□5	□6
Outdoor activities or pick up	\Box_1	\Box_2	\square_3	\Box_4	\Box_5	□6
Walk lightly (one kilometer)	\Box_1	\Box_2	□3	□4	□5	□6
Jogging (one kilometer)	\Box_1	\square_2	\square_3	\Box_4	\Box_5	\Box_6
Lift or move heavy objects	\Box_1	\Box_2	□3	\Box_4	□5	□6
Strenuous exercise (such as swimming or playing)	□1	\Box_2	□3	□4	□5	□6

- 2. Compared with 4 weeks ago, when doing the maximum intensity of activity, chest pain, chest tightness and angina pectoris:
- \square_1 obviously increase \square_2 Slight increase \square_3 the same \square_4 Minor reduction \square_5 obviously decrease
- 3. The average number of episodes of chest pain, chest tightness, and angina in the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 4. The average number of nitro drugs (such as nitroglycerin) in chest pain, chest tightness, and angina pectoris over the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 5. Due to chest pain, chest tightness and angina pectoris, follow the doctor's advice:
- \square_1 Serious \square_2 Moderate \square_3 Minor \square_4 Very little \square_5 No \square_6 Doctor did not administer
- 6. Satisfaction with various measures for treating chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 7. Satisfaction with the doctor's explanation for chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 8. Overall, satisfaction with the current treatment of chest pain, chest tightness and angina:
- \Box_1 Dissatisfied \Box_2 Most dissatisfied \Box_3 Partially satisfied \Box_4 Most satisfied \Box_5 Highly satisfied

Visit3	Drug number	Patient initials	Date of visit
18Week±4day	l	l	201 Year _ Month _ Day

- 9. In the past 4 weeks, chest pain, chest tightness and angina have affected the level of fun in life:
- \Box_1 Dissatisfied \Box_2 Most dissatisfied \Box_3 Partially satisfied \Box_4 Most satisfied \Box_5 Highly satisfied 10. If you have chest pain, chest tightness and angina in your future life, how would you feel?
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 11. Concerns about heart attack and sudden death:
- \square_1 Always worried \square_2 Frequently worried \square_3 Sometimes worried \square_4 Very little worried \square_5 Never worry
- * The Seattle Angina Scale is divided into 5 items and 19 items: Physical activity limitation (PL, question 1), angina stable state (AS, question 2), angina pectoris (AF, question 3-4), treatment satisfaction (TS), question 5-8), disease cognition (DP, question 9-11). After scoring the 19 items of the 5 major items one by one, each score is forwarded. The standard score = (actual score the lowest score in this aspect) / (the highest score in this aspect the lowest score in this aspect) * 100, the higher the score, the better the quality of life and the functional state of the patient.

Score	* •	1		
SCOLE		1	1	I

Number of	□ ₀ No	□ ₂ 2-6 episodes per	□ ₄ 1-3 times a day	□ ₆ more than 4
angina		week		episodes per day
attacks				
Angina	□ ₀ No	\Box_2 Each time the pain	□ ₄ Each time the pain	□ ₆ Each time the pain
duration		lasts less than or equal	lasts longer than 5	lasts for 10 minutes or
		to 5 minutes	minutes and less than	more
			10	
Angina pain	□ ₀ No	□ ₂ Physical activity	□ ₄ Daily physical	□ ₆ Lighter physical
level		that is heavier than	activity causes angina	activity than daily
		daily activities causes	and daily activities are	activities causes
		angina and daily	slightly limited.	angina and daily
		activities are	Activities that can cause	activities are
		asymptomatic.	angina, such as walking	significantly limited.
		Activities that can	3-4 stations (3-4 miles)	Activities that can
		cause angina, such as	at normal speed under	cause angina, such as
		trotting on the ground,	normal conditions, on	walking 1-2 stations
		fast or holding heavy	the third floor, uphill,	(1-2 miles) at normal
		objects on the third	etc.	speed under normal
		floor, up steep slopes,		conditions, on the
		etc.		second floor, gentle
				slope, etc.
Nitroglyceri	□ ₀ No	□ ₂ 1-4 tablets per week	□ ₄ 5-9tablets per week	□ ₆ Take more than 10
n dosage				tablets a week

Visit3	Drug number	Patient initials	Date of visit
18Week±4day		l	201 Year Month _ Day

Laboratory inspection

Indicator	Measured	I nit		signific	ance *	Anomalous cause
Indicator	Value	Onit	1 2	3	4	explanation
Blood sugar		Report dat	e: 201	_ Year _	Mo	onth Day
FPG		mmol/L	\square_1 \square_2	□3 □4		
2hPG		mmol/L	\square_1 \square_2	□3 □4		
HbA1c		mg/dl	\square_1 \square_2	\square_3 \square_4		
Fasting insulin		μU/ml	$\Box_1 \Box_2$	\square_3 \square_4		
Blood lipid		Report dat	e: 201	_ Year _	Mo	onth Day
HDL-C		mmol/L		$\square_1 \square_2 \square_3$	□4	
LDL-C		mmol/L		$\square_1 \square_2 \square_3$	□4	
TG		mmol/L		$\square_1 \square_2 \square_3$	□4	
СН		mmol/L		$\square_1 \square_2 \square_3$	□4	
C-reactive protein		Report dat	e: 201 _	_ Year _	M	onth Day
CRP		mg/L		$\square_1 \square_2 \square_3$	□4	

^{*} Clinical significance judgment: (1) normal (2) abnormal but no clinical significance (3) abnormal and clinical significance (4) not investigated.

Visit3	Drug number	Patient initials	Date of visit
18Week±4day		liii	201 Year _ Month _ Day
Is the test drug ret	turned?		
\Box_0 No \rightarrow Unreturned	reason: □2 Take a	all \Box_3 Lost \Box_4 Other_	
□ ₁ Yes→ Ginkgo bi	loba drop pills	pills	
Is there a combine	d medication?		
$\Box_0 No$			
$\Box_1 \text{Yes} \rightarrow \text{Please fill } 0$	out the "Combined	Medication Record For	rm" on page 47.
A 41	4 . 9		
Are there any adv	erse events:		
\square_0 No			
$\Box_1 Yes \rightarrow Please fill of$	out the "Adverse E	event Record Form" on 1	page 48 in detail.
Is there an unsche	duled laboratory	check?	
$\square_0 No$			
$\Box_1 \text{Yes} \rightarrow \text{Record the}$	results to "Unplan	ned Laboratory Inspect	ion Results" on page 49
Researcher's signa	iture:	Date : 20	1 Year Month Day

Visit4	Drug number	Patient initials	Date of visit	
20Week±4Day	l	l	201 Year _ Month _ Day	

Seattle Angina Questionnaire(SAQ)

Score *: |___|

	Severely restricted	Moderately restricted	Mildly restricted	Slightly restricted	Unrestricted	Limited for other reasons
Dress yourself	\Box_1	\Box_2	\square_3	\Box_4	\Box_5	\Box_6
Indoor walk	\Box_1	\square_2	□3	□4	\Box_5	\Box_6
Take a shower	\Box_1	\Box_2	□3	□4	□5	□6
Climbing or stairway (three floors, non-stop)	\Box_1	\Box_2	\square_3	\Box_4	□5	□6
Outdoor activities or pick up	\Box_1	\Box_2	\square_3	\Box_4	\Box_5	□6
Walk lightly (one kilometer)	\Box_1	\Box_2	□3	\Box_4	□5	□6
Jogging (one kilometer)	\Box_1	\square_2	□3	\Box_4	\Box_5	□6
Lift or move heavy objects	\Box_1	\Box_2	□3	\Box_4	□5	□6
Strenuous exercise (such as swimming or playing)	□1	\Box_2	□3	□4	□5	□6

- 2. Compared with 4 weeks ago, when doing the maximum intensity of activity, chest pain, chest tightness and angina pectoris:
- \square_1 obviously increase \square_2 Slight increase \square_3 the same \square_4 Minor reduction \square_5 obviously decrease
- 3. The average number of episodes of chest pain, chest tightness, and angina in the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 4. The average number of nitro drugs (such as nitroglycerin) in chest pain, chest tightness, and angina pectoris over the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 5. Due to chest pain, chest tightness and angina pectoris, follow the doctor's advice:
- \square_1 Serious \square_2 Moderate \square_3 Minor \square_4 Very little \square_5 No \square_6 Doctor did not administer
- 6. Satisfaction with various measures for treating chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 7. Satisfaction with the doctor's explanation for chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 8. Overall, satisfaction with the current treatment of chest pain, chest tightness and angina:
- \Box_1 Dissatisfied \Box_2 Most dissatisfied \Box_3 Partially satisfied \Box_4 Most satisfied \Box_5 Highly satisfied

Visit4	Drug number	Patient initials	Date of visit		
20Week±4Day		l	201 Year _ Month _ Day		

- 9. In the past 4 weeks, chest pain, chest tightness and angina have affected the level of fun in life:
- \Box_1 Dissatisfied \Box_2 Most dissatisfied \Box_3 Partially satisfied \Box_4 Most satisfied \Box_5 Highly satisfied 10. If you have chest pain, chest tightness and angina in your future life, how would you feel?
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 11. Concerns about heart attack and sudden death:
- \square_1 Always worried \square_2 Frequently worried \square_3 Sometimes worried \square_4 Very little worried \square_5 Never worry
- * The Seattle Angina Scale is divided into 5 items and 19 items: Physical activity limitation (PL, question 1), angina stable state (AS, question 2), angina pectoris (AF, question 3-4), treatment satisfaction (TS), question 5-8), disease cognition (DP, question 9-11). After scoring the 19 items of the 5 major items one by one, each score is forwarded. The standard score = (actual score the lowest score in this aspect) / (the highest score in this aspect the lowest score in this aspect) * 100, the higher the score, the better the quality of life and the functional state of the patient.

Score	*•	1		
DCOIC			l	1

Number of	□ ₀ No	□ ₂ 2-6 episodes per	□ ₄ 1-3 times a day	□ ₆ more than 4
angina		week		episodes per day
attacks				
Angina	□ ₀ No	\Box_2 Each time the pain	□ ₄ Each time the pain	□ ₆ Each time the pain
duration		lasts less than or equal	lasts longer than 5	lasts for 10 minutes or
		to 5 minutes	minutes and less than	more
			10	
Angina pain	□ ₀ No	□ ₂ Physical activity	□ ₄ Daily physical	□ ₆ Lighter physical
level		that is heavier than	activity causes angina	activity than daily
		daily activities causes	and daily activities are	activities causes
		angina and daily	slightly limited.	angina and daily
		activities are	Activities that can cause	activities are
		asymptomatic.	angina, such as walking	significantly limited.
		Activities that can	3-4 stations (3-4 miles)	Activities that can
		cause angina, such as	at normal speed under	cause angina, such as
		trotting on the ground,	normal conditions, on	walking 1-2 stations
		fast or holding heavy	the third floor, uphill,	(1-2 miles) at normal
		objects on the third	etc.	speed under normal
		floor, up steep slopes,		conditions, on the
		etc.		second floor, gentle
				slope, etc.
Nitroglyceri	□ ₀ No	□ ₂ 1-4 tablets per week	□ ₄ 5-9tablets per week	□ ₆ Take more than 10
n dosage				tablets a week

20Week±4Day				i Month i Day
Laboratory inspec	tion			
Indicator	Measured Value	Unit C	linical significance * 2 3 4	Anomalous cause explanation
Blood sugar		Report date:	201 Year	Month Day
FPG		mmol/L	$\square_1 \square_2 \square_3 \square_4$	
2hPG		mmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
HbA1c		mg/dl	$\square_1 \square_2 \square_3 \square_4$	
Fasting insulin		μU/ml	$\square_1 \square_2 \square_3 \square_4$	
Blood lipid	·	Report date:	201 Year	Month Day
HDL-C		mmol/L	$\square_1 \square_2 \square_3 \square_4$	
LDL-C		mmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
TG		mmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
СН		mmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
C-reactive protein	·	Report date:	201 Year	Month Day
CRP		mg/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
* Clinical significance judgment: (1) normal (2) abnormal but no clinical significance (3) abnormal and clinical significance (4) not investigated. Is there a combined medication? □₀No □₁Yes→Please fill out the "Combined Medication Record Form" on page 47.				
Are there any adverse events?				
\Box_0 No \Box_1 Yes \rightarrow Please fill out the "Adverse Event Record Form" on page 48 in detail.				
Is there an unscheduled laboratory check?				
□ ₀ No				
□ ₁ Yes→Record the results to "Unplanned Laboratory Inspection Results" on page 49				
Release of test dru	g: Ginkgo biloba drop	pills 900 pills (10 bottles)	
Researcher's signature:Date: 201 Year Month Day				

Patient initials

Date of visit

Visit4

Drug number

Visit5 28Week±4Day	Drug number	Patient initials	Date of visit 201 Year _ Month _ Day
-----------------------	-------------	------------------	--

Seattle Angina Questionnaire(SAQ)

Score *: |___|

	Severely restricted	Moderately restricted	Mildly restricted	Slightly restricted	Unrestricted	Limited for other reasons
Dress yourself	\Box_1	\Box_2	\square_3	□4	\Box_5	\Box_6
Indoor walk	\Box_1	\square_2	\square_3	□4	\Box_5	\Box_6
Take a shower	\Box_1	\Box_2	□3	□4	\Box_5	\Box_6
Climbing or stairway (three floors, non-stop)	□1	\Box_2	□3	\Box_4	□5	□6
Outdoor activities or pick up	\Box_1	\Box_2	Пз	\Box_4	\Box_5	□6
Walk lightly (one kilometer)	\Box_1	\Box_2	□3	\square_4	□5	□ ₆
Jogging (one kilometer)	\Box_1	\square_2	□3	\Box_4	\Box_5	□6
Lift or move heavy objects	\Box_1	\Box_2	□3	\Box_4	\Box_5	□6
Strenuous exercise (such as swimming or playing)	□1	\Box_2	□3	□4	□5	□6

- 2. Compared with 4 weeks ago, when doing the maximum intensity of activity, chest pain, chest tightness and angina pectoris:
- \square_1 obviously increase \square_2 Slight increase \square_3 the same \square_4 Minor reduction \square_5 obviously decrease
- 3. The average number of episodes of chest pain, chest tightness, and angina in the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 4. The average number of nitro drugs (such as nitroglycerin) in chest pain, chest tightness, and angina pectoris over the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 5. Due to chest pain, chest tightness and angina pectoris, follow the doctor's advice:
- \square_1 Serious \square_2 Moderate \square_3 Minor \square_4 Very little \square_5 No \square_6 Doctor did not administer
- 6. Satisfaction with various measures for treating chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 7. Satisfaction with the doctor's explanation for chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 8. Overall, satisfaction with the current treatment of chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied

Visit5	Drug number	Patient initials	Date of visit
28Week±4Day		l	201 Year Month Day

- 9. In the past 4 weeks, chest pain, chest tightness and angina have affected the level of fun in life:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied 10. If you have chest pain, chest tightness and angina in your future life, how would you feel?
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 11. Concerns about heart attack and sudden death:
- \square_1 Always worried \square_2 Frequently worried \square_3 Sometimes worried \square_4 Very little worried \square_5 Never worry
- * The Seattle Angina Scale is divided into 5 items and 19 items: Physical activity limitation (PL, question 1), angina stable state (AS, question 2), angina pectoris (AF, question 3-4), treatment satisfaction (TS), question 5-8), disease cognition (DP, question 9-11). After scoring the 19 items of the 5 major items one by one, each score is forwarded. The standard score = (actual score the lowest score in this aspect) / (the highest score in this aspect the lowest score in this aspect) * 100, the higher the score, the better the quality of life and the functional state of the patient.

Score *:	l , ,	l
DCOIC I		ı

Number of	□ ₀ No	□ ₂ 2-6 episodes per	□ ₄ 1-3 times a day	\Box_6 more than 4
angina		week		episodes per day
attacks				
Angina	□ ₀ No	\Box_2 Each time the pain	□ ₄ Each time the pain	□ ₆ Each time the pain
duration		lasts less than or equal	lasts longer than 5	lasts for 10 minutes or
		to 5 minutes	minutes and less than	more
			10	
Angina pain	□ ₀ No	□ ₂ Physical activity	□ ₄ Daily physical	□ ₆ Lighter physical
level		that is heavier than	activity causes angina	activity than daily
		daily activities causes	and daily activities are	activities causes
		angina and daily	slightly limited.	angina and daily
		activities are	Activities that can cause	activities are
		asymptomatic.	angina, such as walking	significantly limited.
		Activities that can	3-4 stations (3-4 miles)	Activities that can
		cause angina, such as	at normal speed under	cause angina, such as
		trotting on the ground,	normal conditions, on	walking 1-2 stations
		fast or holding heavy	the third floor, uphill,	(1-2 miles) at normal
		objects on the third	etc.	speed under normal
		floor, up steep slopes,		conditions, on the
		etc.		second floor, gentle
				slope, etc.
Nitroglyceri	□ ₀ No	□ ₂ 1-4 tablets per week	□4 5-9tablets per week	□ ₆ Take more than 10
n dosage				tablets a week

Visit5	Drug number	Dationt initials	Date of visit
	Drug number	Patient initials	201 Year _ Month _
28Week±4Day			Day

Laboratory inspection

Indicator	Measured	Unit	Clinical	significa	nce *	Anomalous cause	
mulcator	Value	Omt	1 2	3	4	explanation	
Blood sugar		Report date	e: 201	_ Year	_ Mo	onth Day	
FPG		mmol/L	$\square_1 \square_2$	\square_3 \square_4			
2hPG		mmol/L	$\Box_1 \Box_2$	\square_3 \square_4			
HbA1c		mg/dl	$\Box_1 \Box_2$	\square_3 \square_4			
Fasting insulin		μU/ml	$\Box_1 \Box_2$	\square_3 \square_4			
Blood lipid		Report dat	e: 201	_ Year	Mo	onth Day	
HDL-C		mmol/L		$\square_1 \square_2 \square_3 \square$	□4		
LDL-C		mmol/L		$\square_1 \square_2 \square_3 \square$	□4		
TG		mmol/L		$\square_1 \square_2 \square_3 \square$	□4		
СН		mmol/L		$\square_1 \square_2 \square_3 \square$	□4		
C-reactive protein		Report dat	e: 201	_ Year	M	onth Day	
CRP		mg/L		$\square_1 \square_2 \square_3 \square$			

^{*} Clinical significance judgment: (1) normal (2) abnormal but no clinical significance (3) abnormal and clinical significance (4) not investigated.

Visit5 28Week±4Day	Drug number	Patient initials	Date of visit 201 Year Month Day			
Is the test drug re	eturned?					
\square_0 No \rightarrow Unreturne	d reason: □2 Take	all \Box_3 Lost \Box_4 Other_				
□1Yes→ Ginkgo b	oiloba drop pills	pills				
Is there a combin	ned medication?					
□ ₀ No						
□ ₁ Yes→Please fill	l out the "Combined	d Medication Record For	m" on page 47.			
Are there any ad	verse events?					
□ ₀ No						
□ ₁ Yes→Please fill	l out the "Adverse I	Event Record Form" on p	page 48 in detail.			
Is there an unsch	Is there an unscheduled laboratory check?					
□ ₀ No						
$\Box_1 \text{Yes} \rightarrow \text{Record th}$	e results to "Unplai	nned Laboratory Inspecti	on Results" on page 49			
Researcher's sign	nature:	Date : 20	1 Year Month Day			

Visit6	Drug number	Patient initials	Date of visit
30Week±4Day			201 Year _ Month _ Day

Seattle Angina Questionnaire(SAQ)

Score *: |___|

	Severely restricted	Moderately restricted	Mildly restricted	Slightly restricted	Unrestricted	Limited for other reasons
Dress yourself	\Box_1	\Box_2	\square_3	\Box_4	\Box_5	\Box_6
Indoor walk	\Box_1	\Box_2	□3	\Box_4	\Box_5	\Box_6
Take a shower	\Box_1	\Box_2	□3	\Box_4	□5	□6
Climbing or stairway (three floors, non-stop)		\Box_2	□3	□4	□5	□6
Outdoor activities or pick up	\Box_1	\Box_2	□3	\Box_4	\Box_5	□6
Walk lightly (one kilometer)	\Box_1	\Box_2	□3	\Box_4	□5	\Box_6
Jogging (one kilometer)	\Box_1	\square_2	□3	\Box_4	\Box_5	\Box_6
Lift or move heavy objects	\Box_1	\Box_2	□3	\Box_4	□5	□6
Strenuous exercise (such as swimming or playing)		\Box_2	□3	□4	□5	□6

- 2. Compared with 4 weeks ago, when doing the maximum intensity of activity, chest pain, chest tightness and angina pectoris:
- $\square_1 \ obviously \ increase \ \square_2 \ Slight \ increase \ \square_3 \ the \ same \ \square_4 \ Minor \ reduction \ \square_5 \ obviously \ decrease$
- 3. The average number of episodes of chest pain, chest tightness, and angina in the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 4. The average number of nitro drugs (such as nitroglycerin) in chest pain, chest tightness, and angina pectoris over the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 One-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 5. Due to chest pain, chest tightness and angina pectoris, follow the doctor's advice:
- \square_1 Serious \square_2 Moderate \square_3 Minor \square_4 Very little \square_5 No \square_6 Doctor did not administer
- 6. Satisfaction with various measures for treating chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 7. Satisfaction with the doctor's explanation for chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 8. Overall, satisfaction with the current treatment of chest pain, chest tightness and angina:
- □ Dissatisfied □ Most dissatisfied □ Partially satisfied □ Most satisfied □ Highly satisfied

Visit6	Drug number	Patient initials	Date of visit
30Week±4Day		l <u></u>	201 Year _ Month _ Day

- 9. In the past 4 weeks, chest pain, chest tightness and angina have affected the level of fun in life:
- $\square_1 \, Dissatisfied \, \square_2 \, Most \, dissatisfied \, \square_3 \, Partially \, satisfied \, \square_4 \, Most \, satisfied \, \square_5 \, Highly \, satisfied \, \square_4 \, Most \, satisfied \, \square_5 \, Highly \, satisfied \, \square_6 \, Highly \, satisfied \, \square_7 \, Highly \, satisfied \, \square_8 \, Highly \, satisfied \, \square_9 \, Highly \, Satisfied$
- 10. If you have chest pain, chest tightness and angina in your future life, how would you feel?
- $\square_1 \, Dissatisfied \, \square_2 \, Most \, dissatisfied \, \square_3 Partially \, satisfied \, \square_4 \, Most \, satisfied \, \square_5 \, Highly \, satisfied \, \square_4 \, Most \, satisfied \, \square_5 \, Highly \, satisfied \, \square_6 \, Highly \, satisfied \, \square_7 \, Highly \, satisfied \, \square_8 \, Highly \, satisfied \, \square_9 \, Highly \, Satisfied \, N \, Highly \,$
- 11. Concerns about heart attack and sudden death:
- \square_1 Always worried \square_2 Frequently worried \square_3 Sometimes worried \square_4 Very little worried \square_5 Never worry
- * The Seattle Angina Scale is divided into 5 items and 19 items: Physical activity limitation (PL, question 1), angina stable state (AS, question 2), angina pectoris (AF, question 3-4), treatment satisfaction (TS), question 5-8), disease cognition (DP, question 9-11). After scoring the 19 items of the 5 major items one by one, each score is forwarded. The standard score = (actual score the lowest score in this aspect) / (the highest score in this aspect the lowest score in this aspect) * 100, the higher the score, the better the quality of life and the functional state of the patient.

Score	*:	I	I

Number of	□ ₀ No	□ ₂ 2-6 episodes per	□ ₄ 1-3 times a day	□ ₆ more than 4
angina		week		episodes per day
attacks				
Angina	□ ₀ No	\Box_2 Each time the pain	□ ₄ Each time the pain	□ ₆ Each time the pain
duration		lasts less than or equal	lasts longer than 5	lasts for 10 minutes or
		to 5 minutes	minutes and less than	more
			10	
Angina pain	□ ₀ No	□ ₂ Physical activity	□ ₄ Daily physical	□ ₆ Lighter physical
level		that is heavier than	activity causes angina	activity than daily
		daily activities causes	and daily activities are	activities causes
		angina and daily	slightly limited.	angina and daily
		activities are	Activities that can cause	activities are
		asymptomatic.	angina, such as walking	significantly limited.
		Activities that can	3-4 stations (3-4 miles)	Activities that can
		cause angina, such as	at normal speed under	cause angina, such as
		trotting on the ground,	normal conditions, on	walking 1-2 stations
		fast or holding heavy	the third floor, uphill,	(1-2 miles) at normal
		objects on the third	etc.	speed under normal
		floor, up steep slopes,		conditions, on the
		etc.		second floor, gentle
				slope, etc.
Nitroglyceri	□ ₀ No	□ ₂ 1-4 tablets per week	□ ₄ 5-9tablets per week	□ ₆ Take more than 10
n dosage				tablets a week

30Week±4Day	Drug number 	Patient initia	1	201 _		ite of vis	nth Day
Laboratory inspection							
Indicator	Measured Value	Unit	Clini 1	cal signifi			omalous cause explanation
Blood sugar	, and	Report dat				Ionth	_ Day
FPG		mmol/L		\square_2 \square_3 \square_4	<u> </u>		
2hPG		mmol/L		\square_2 \square_3 \square_4			
HbA1c		mg/dl		\square_2 \square_3 \square_4			
Fasting insulin		μU/ml		\square_2 \square_3 \square_4			
Blood lipid		Report dat	te: 201	Year	N	Ionth	Day
HDL-C		mmol/L					
LDL-C		mmol/L					
TG		mmol/L					
СН		mmol/L			3 □4		
C-reactive protein		Report dat	te: 201			Ionth	Day
CRP		mg/L			3 □4		
* Clinical significance judgment: (1) normal (2) abnormal but no clinical significance (3) abnormal and clinical significance (4) not investigated. Is there a combined medication? □₀No □₁Yes→Please fill out the "Combined Medication Record Form" on page 47.							
Are there any adve	rse events?						
\Box_0 No \Box_1 Yes \rightarrow Please fill out the "Adverse Event Record Form" on page 48 in detail.							
Is there an unscheduled laboratory check?							
$\square_0 No$							
□ ₁ Yes→Record the results to "Unplanned Laboratory Inspection Results" on page 49							
Release of test drug: Ginkgo biloba drop pills 900 pills (10 bottles)							
Researcher's signature:Date: 201 Year Month Day							

Patient initials

Visit6

Drug number

Date of visit

Visit7	Drug number	Patient initials	Date of visit
38Week±4Day		liil	201 Year _ Month _ Day

Seattle	Angina	O_{11}	estion	naire	(SAO)	١
Scame	Angma	Qu	CSHOIL	nanc	DAQ.	,

Score *: |____|

	Severely restricted	Moderately restricted	Mildly restricted	Slightly restricted	Unrestricted	Limited for other reasons
Dress yourself	\Box_1	\Box_2	\square_3	\Box_4	\Box_5	\Box_6
Indoor walk	□1	\Box_2	□3	□4	□5	□6
Take a shower	\Box_1	\Box_2	□3	□4	□5	□6
Climbing or stairway (three floors, non-stop)		\Box_2	□3	\Box_4	□5	□6
Outdoor activities or pick up	\Box_1	\Box_2	Пз	\Box_4	\Box_5	□6
Walk lightly (one kilometer)	\Box_1	\Box_2	□3	\Box_4	□5	□6
Jogging (one kilometer)	\Box_1	\square_2	□3	\Box_4	\Box_5	\Box_6
Lift or move heavy objects	\Box_1	\Box_2	□3	\Box_4	□5	□6
Strenuous exercise (such as swimming or playing)		\Box_2	□3	□4	□5	□6

- 2. Compared with 4 weeks ago, when doing the maximum intensity of activity, chest pain, chest tightness and angina pectoris:
- \square_1 obviously increase \square_2 Slight increase \square_3 the same \square_4 Minor reduction \square_5 obviously decrease
- 3. The average number of episodes of chest pain, chest tightness, and angina in the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 4. The average number of nitro drugs (such as nitroglycerin) in chest pain, chest tightness, and angina pectoris over the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 5. Due to chest pain, chest tightness and angina pectoris, follow the doctor's advice:
- \square_1 Serious \square_2 Moderate \square_3 Minor \square_4 Very little \square_5 No \square_6 Doctor did not administer
- 6. Satisfaction with various measures for treating chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 7. Satisfaction with the doctor's explanation for chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 8. Overall, satisfaction with the current treatment of chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied

Visit7	Drug number	Patient initials	Date of visit
38Week±4Day		lil	201 Year _ Month _ Day

- 9. In the past 4 weeks, chest pain, chest tightness and angina have affected the level of fun in life:
- $\square_1 \, Dissatisfied \, \square_2 \, Most \, dissatisfied \, \square_3 \, Partially \, satisfied \, \square_4 \, Most \, satisfied \, \square_5 \, Highly \, satisfied \, \square_4 \, Most \, satisfied \, \square_5 \, Highly \, satisfied \, \square_6 \, Highly \, satisfied \, \square_7 \, Highly \, satisfied \, \square_8 \, Highly \, satisfied \, \square_9 \, Highly \, Satisfied \, N \, Highly \, S$
- 10. If you have chest pain, chest tightness and angina in your future life, how would you feel?
- $\square_1 \, Dissatisfied \,\, \square_2 \, Most \,\, dissatisfied \,\, \square_3 Partially \,\, satisfied \,\, \square_4 \, Most \,\, satisfied \,\, \square_5 \, Highly \,\, satisfied \,\,$
- 11. Concerns about heart attack and sudden death:
- \square_1 Always worried \square_2 Frequently worried \square_3 Sometimes worried \square_4 Very little worried \square_5 Never worry
- * The Seattle Angina Scale is divided into 5 items and 19 items: Physical activity limitation (PL, question 1), angina stable state (AS, question 2), angina pectoris (AF, question 3-4), treatment satisfaction (TS), question 5-8), disease cognition (DP, question 9-11). After scoring the 19 items of the 5 major items one by one, each score is forwarded. The standard score = (actual score the lowest score in this aspect) / (the highest score in this aspect the lowest score in this aspect) * 100, the higher the score, the better the quality of life and the functional state of the patient.

Score	*:	I	I

Number of	□ ₀ No	□ ₂ 2-6 episodes per	□ ₄ 1-3 times a day	\Box_6 more than 4
angina		week		episodes per day
attacks				
Angina	□ ₀ No	\Box_2 Each time the pain	□ ₄ Each time the pain	□ ₆ Each time the pain
duration		lasts less than or equal	lasts longer than 5	lasts for 10 minutes or
		to 5 minutes	minutes and less than	more
			10	
Angina pain	□ ₀ No	□ ₂ Physical activity	□ ₄ Daily physical	□ ₆ Lighter physical
level		that is heavier than	activity causes angina	activity than daily
		daily activities causes	and daily activities are	activities causes
		angina and daily	slightly limited.	angina and daily
		activities are	Activities that can cause	activities are
		asymptomatic.	angina, such as walking	significantly limited.
		Activities that can	3-4 stations (3-4 miles)	Activities that can
		cause angina, such as	at normal speed under	cause angina, such as
		trotting on the ground,	normal conditions, on	walking 1-2 stations
		fast or holding heavy	the third floor, uphill,	(1-2 miles) at normal
		objects on the third	etc.	speed under normal
		floor, up steep slopes,		conditions, on the
		etc.		second floor, gentle
				slope, etc.
Nitroglyceri	□ ₀ No	□ ₂ 1-4 tablets per week	□ ₄ 5-9tablets per week	□ ₆ Take more than 10
n dosage				tablets a week

Visit7	Drug number	Patient initials	Date of visit
38Week±4Day	ll	l	201 Year _ Month _ Day

Laboratory inspection

Indicator	Measured	Unit	Clinical	significa	nce *	Anomalous cause
mulcator	Value	Omt	1 2	3	4	explanation
Blood sugar		Report date	e: 201	_ Year	_ Mo	onth Day
FPG		mmol/L	\square_1 \square_2	\square_3 \square_4		
2hPG		mmol/L	\square_1 \square_2	$\square_3 \ \square_4$		
HbA1c		mg/dl	\square_1 \square_2	$\square_3 \ \square_4$		
Fasting insulin		μU/ml	\square_1 \square_2	$\square_3 \ \square_4$		
Blood lipid		Report date	e: 201	_ Year	Mo	onth Day
HDL-C		mmol/L		$\square_1 \square_2 \square_3$	□4	
LDL-C		mmol/L		$\square_1 \square_2 \square_3$	□4	
TG		mmol/L		$\square_1 \square_2 \square_3$	□4	
СН		mmol/L		$\square_1 \square_2 \square_3$	□4	
C-reactive protein		Report dat	e: 201 _	_ Year _	Mo	onth Day
CRP		mg/L		$\square_1 \square_2 \square_3$		

^{*} Clinical significance judgment: (1) normal (2) abnormal but no clinical significance (3) abnormal and clinical significance (4) not investigated.

Visit7	Drug number	Patient initials	Date of visit		
38Week±4Day	I	l <u></u>	201 Year _ Month _ Day		
Is the test drug	roturnod?				
is the test urug	returneu:				
□ ₀ No→Unreturn	ned reason: \Box_2 Tak	e all \Box_3 Lost \Box_4 Other	.		
$\Box_1 \text{Yes} \rightarrow \text{Ginkgo}$	biloba drop pills _	pills			
Is there a comb	ined medication?				
□ ₀ No					
□ ₁ Yes→Please f	ill out the "Combin	ed Medication Record Fo	orm" on page 47.		
Are there any a	dverse events?				
$\square_0 No$					
□ ₁ Yes→Please f	ill out the "Adverse	Event Record Form" on	page 48 in detail.		
Is there an unso	heduled laborator	y check?			
□ ₀ No					
□₁Yes→Record the results to "Unplanned Laboratory Inspection Results" on page 49					
Researcher's sig	mature:	Date 2	01 Year Month Day		
	<u></u>		<u></u>		

Visit8	Drug number	Patient initials	Date of visit
40Week±4Day		liil	201 Year Month _ Day

Seattle Angina Questionnaire(SAQ)

Score *: _____

	Severely restricted	Moderately restricted	Mildly restricted	Slightly restricted	Unrestricted	Limited for other reasons
Dress yourself	\Box_1	\Box_2	\square_3	\Box_4	\Box_5	\Box_6
Indoor walk	\Box_1	\Box_2	□3	\Box_4	\Box_5	\Box_6
Take a shower	\Box_1	\Box_2	□3	\Box_4	\Box_5	\Box_6
Climbing or stairway (three floors, non-stop)	\Box_1	\Box_2	□3	□4	□5	□6
Outdoor activities or pick up	\Box_1	\Box_2	Пз	\Box_4	\Box_5	□6
Walk lightly (one kilometer)	\Box_1	\Box_2	□3	\Box_4	□5	□6
Jogging (one kilometer)	\Box_1	\square_2	□3	\Box_4	\Box_5	\Box_6
Lift or move heavy objects	\Box_1	\Box_2	□3	\Box_4	□5	□6
Strenuous exercise (such as swimming or playing)	□1	\Box_2	\Box_3	□4	□5	□6

- 2. Compared with 4 weeks ago, when doing the maximum intensity of activity, chest pain, chest tightness and angina pectoris:
- \square_1 obviously increase \square_2 Slight increase \square_3 the same \square_4 Minor reduction \square_5 obviously decrease
- 3. The average number of episodes of chest pain, chest tightness, and angina in the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 4. The average number of nitro drugs (such as nitroglycerin) in chest pain, chest tightness, and angina pectoris over the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 5. Due to chest pain, chest tightness and angina pectoris, follow the doctor's advice:
- \square_1 Serious \square_2 Moderate \square_3 Minor \square_4 Very little \square_5 No \square_6 Doctor did not administer
- 6. Satisfaction with various measures for treating chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 7. Satisfaction with the doctor's explanation for chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 8. Overall, satisfaction with the current treatment of chest pain, chest tightness and angina:
- \Box_1 Dissatisfied \Box_2 Most dissatisfied \Box_3 Partially satisfied \Box_4 Most satisfied \Box_5 Highly satisfied

Visit8	Drug number	Patient initials	Date of visit		
40Week±4Day	II	l	201 Year Month _ Day		

- 9. In the past 4 weeks, chest pain, chest tightness and angina have affected the level of fun in life:
- \Box_1 Dissatisfied \Box_2 Most dissatisfied \Box_3 Partially satisfied \Box_4 Most satisfied \Box_5 Highly satisfied 10. If you have chest pain, chest tightness and angina in your future life, how would you feel?
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 11. Concerns about heart attack and sudden death:
- \square_1 Always worried \square_2 Frequently worried \square_3 Sometimes worried \square_4 Very little worried \square_5 Never worry
- * The Seattle Angina Scale is divided into 5 items and 19 items: Physical activity limitation (PL, question 1), angina stable state (AS, question 2), angina pectoris (AF, question 3-4), treatment satisfaction (TS), question 5-8), disease cognition (DP, question 9-11). After scoring the 19 items of the 5 major items one by one, each score is forwarded. The standard score = (actual score the lowest score in this aspect) / (the highest score in this aspect the lowest score in this aspect) * 100, the higher the score, the better the quality of life and the functional state of the patient.

Score 5	* :	l	I

Number of	□ ₀ No	□ ₂ 2-6 episodes per	□ ₄ 1-3 times a day	\Box_6 more than 4
angina		week	-	episodes per day
attacks				
Angina	□ ₀ No	\Box_2 Each time the pain	□ ₄ Each time the pain	□ ₆ Each time the pain
duration		lasts less than or equal	lasts longer than 5	lasts for 10 minutes or
		to 5 minutes	minutes and less than	more
			10	
Angina pain	□ ₀ No	□ ₂ Physical activity	□ ₄ Daily physical	□ ₆ Lighter physical
level		that is heavier than	activity causes angina	activity than daily
		daily activities causes	and daily activities are	activities causes
		angina and daily	slightly limited.	angina and daily
		activities are	Activities that can cause	activities are
		asymptomatic.	angina, such as walking	significantly limited.
		Activities that can	3-4 stations (3-4 miles)	Activities that can
		cause angina, such as	at normal speed under	cause angina, such as
		trotting on the ground,	normal conditions, on	walking 1-2 stations
		fast or holding heavy	the third floor, uphill,	(1-2 miles) at normal
		objects on the third	etc.	speed under normal
		floor, up steep slopes,		conditions, on the
		etc.		second floor, gentle
				slope, etc.
Nitroglyceri	□ ₀ No	\Box_2 1-4 tablets per week	□ ₄ 5-9tablets per week	□ ₆ Take more than 10
n dosage				tablets a week

40Week±4Day			1	201		_i Month i Da
Laboratory inspec	tion	· · · · · · · · · · · · · · · · · · ·				
Indicator	Measured Value	Unit -	Clinica	al significa	nce *	Anomalous cause explanation
Blood sugar		Report date	e: 201 _	Year	_ Mo	onth Day
FPG		mmol/L		1₂ □3 □4		
2hPG		mmol/L		12 □3 □4		
HbA1c		mg/dl	□1 □	$\square_2 \square_3 \square_4$		
Fasting insulin		μU/ml	□1 □	$\square_2 \square_3 \square_4$		
Blood lipid		Report date	e: 201 _	Year	_ M	onth Day
HDL-C		mmol/L		$\square_1 \square_2 \square_3 \square$	14	
LDL-C		mmol/L		\square_1 \square_2 \square_3 \square	14	
TG		mmol/L		\square_1 \square_2 \square_3 \square	l ₄	
СН		mmol/L		\square_1 \square_2 \square_3 \square	l ₄	
C-reactive protein		Report dat	e: 201 _	Year	_ M	onth Day
CRP		mg/L		$\square_1 \square_2 \square_3 \square$	14	
significance (4) not inv Is there a combine \square_0 No						mal and clinical
Are there any adve	erse events?					
□ ₀ No						
$\Box_1 \text{Yes} \rightarrow \text{Please fill } c$	out the "Adverse Ever	nt Record For	m" on pa	ige 48 in de	etail.	
Is there an unsched	duled laboratory che	eck?				
□ ₀ No						
$\Box_1 \text{Yes} \rightarrow \text{Record the}$	results to "Unplanned	d Laboratory	Inspectio	n Results"	on page	49
Release of test dru	g: Ginkgo biloba drop	p pills 900 pil	ls (10 bo	ttles)		
Researcher's signa	ture:	Da	ite: 201	Year	<u>_</u> N	MonthDay

Drug number Patient initials

Date of visit

Visit8

Visit9	Drug number	Patient initials	Date of visit
48Week±4Day		l <u></u>	201 Year _ Month _ Day

Seattle Angina	Questionnaire	(SAO)

Score *: _____

1. In the past 4 weeks, the following restrictions have been caused by chest pain, chest tightness and angina:

	Severely restricted	Moderately restricted	Mildly restricted	Slightly restricted	Unrestricted	Limited for other reasons
Dress yourself	\Box_1	\square_2	\square_3	\Box_4	\Box_5	\Box_6
Indoor walk	\Box_1	\square_2	□3	□4	\Box_5	\Box_6
Take a shower	\Box_1	\Box_2	□3	□4	□5	□6
Climbing or stairway (three floors, non-stop)	\Box_1	\Box_2	\square_3	□4	□5	□6
Outdoor activities or pick up	\Box_1	\Box_2	\square_3	\Box_4	\Box_5	□6
Walk lightly (one kilometer)	\Box_1	\Box_2	□3	\Box_4	□5	□6
Jogging (one kilometer)	\Box_1	\square_2	□3	\Box_4	□5	□6
Lift or move heavy objects	\Box_1	\square_2	□3	\Box_4	□5	□6
Strenuous exercise (such as swimming or playing)	□1	\Box_2	□3	□4	□5	□6

- 2. Compared with 4 weeks ago, when doing the maximum intensity of activity, chest pain, chest tightness and angina pectoris:
- \square_1 obviously increase \square_2 Slight increase \square_3 the same \square_4 Minor reduction \square_5 obviously decrease
- 3. The average number of episodes of chest pain, chest tightness, and angina in the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 4. The average number of nitro drugs (such as nitroglycerin) in chest pain, chest tightness, and angina pectoris over the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 5. Due to chest pain, chest tightness and angina pectoris, follow the doctor's advice:
- \square_1 Serious \square_2 Moderate \square_3 Minor \square_4 Very little \square_5 No \square_6 Doctor did not administer
- 6. Satisfaction with various measures for treating chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 7. Satisfaction with the doctor's explanation for chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 8. Overall, satisfaction with the current treatment of chest pain, chest tightness and angina:
- \Box_1 Dissatisfied \Box_2 Most dissatisfied \Box_3 Partially satisfied \Box_4 Most satisfied \Box_5 Highly satisfied

Visit9	Drug number	Patient initials	Date of visit
48Week±4Day		l	201 Year _ Month _ Day

- 9. In the past 4 weeks, chest pain, chest tightness and angina have affected the level of fun in life:
- \Box_1 Dissatisfied \Box_2 Most dissatisfied \Box_3 Partially satisfied \Box_4 Most satisfied \Box_5 Highly satisfied 10. If you have chest pain, chest tightness and angina in your future life, how would you feel?
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 11. Concerns about heart attack and sudden death:
- \square_1 Always worried \square_2 Frequently worried \square_3 Sometimes worried \square_4 Very little worried \square_5 Never worry
- * The Seattle Angina Scale is divided into 5 items and 19 items: Physical activity limitation (PL, question 1), angina stable state (AS, question 2), angina pectoris (AF, question 3-4), treatment satisfaction (TS), question 5-8), disease cognition (DP, question 9-11). After scoring the 19 items of the 5 major items one by one, each score is forwarded. The standard score = (actual score the lowest score in this aspect) / (the highest score in this aspect the lowest score in this aspect) * 100, the higher the score, the better the quality of life and the functional state of the patient.

Angina pectoris symptom score

Score	* •	1		
SCOLE		1	1	I

Tingina pectoris symptom score			Score i		
Number of	□ ₀ No	□ ₂ 2-6 episodes per	□ ₄ 1-3 times a day	\Box_6 more than 4	
angina		week		episodes per day	
attacks					
Angina	□ ₀ No	\Box_2 Each time the pain	□ ₄ Each time the pain	\Box_6 Each time the pain	
duration		lasts less than or equal	lasts longer than 5	lasts for 10 minutes or	
		to 5 minutes	minutes and less than	more	
			10		
Angina pain	□ ₀ No	□ ₂ Physical activity	□ ₄ Daily physical	□ ₆ Lighter physical	
level		that is heavier than	activity causes angina	activity than daily	
		daily activities causes	and daily activities are	activities causes	
		angina and daily	slightly limited.	angina and daily	
		activities are	Activities that can cause	activities are	
		asymptomatic.	angina, such as walking	significantly limited.	
		Activities that can	3-4 stations (3-4 miles)	Activities that can	
		cause angina, such as	at normal speed under	cause angina, such as	
		trotting on the ground,	normal conditions, on	walking 1-2 stations	
		fast or holding heavy	the third floor, uphill,	(1-2 miles) at normal	
		objects on the third	etc.	speed under normal	
		floor, up steep slopes,		conditions, on the	
		etc.		second floor, gentle	
				slope, etc.	
Nitroglyceri	□ ₀ No	□ ₂ 1-4 tablets per week	□ ₄ 5-9tablets per week	□ ₆ Take more than 10	
n dosage				tablets a week	

Visit9	Drug number	Patient initials	Date of visit
48Week±4Day		lll	201 Year _ Month _ Day

Laboratory inspection

Indicator	Measured	Unit	Clinical	significa	ance *	Anomalous cause
mulcator	Value	Omt	1 2	3	4	explanation
Blood sugar		Report date	e: 201	_ Year	Mo	onth Day
FPG		mmol/L	\square_1 \square_2	□3 □4		
2hPG		mmol/L	\square_1 \square_2	\square_3 \square_4		
HbA1c		mg/dl	\square_1 \square_2	\square_3 \square_4		
Fasting insulin		μU/ml	\square_1 \square_2	\square_3 \square_4		
Blood lipid		Report dat	e: 201	_ Year	Mo	onth Day
HDL-C		mmol/L		$\square_1 \square_2 \square_3$	□4	
LDL-C		mmol/L		$\square_1 \square_2 \square_3$	□4	
TG		mmol/L		$\square_1 \square_2 \square_3$	□4	
СН		mmol/L		$\square_1 \square_2 \square_3$	□4	
C-reactive protein		Report dat	e: 201 _	_ Year _	Mo	onth Day
CRP		mg/L		$\square_1 \square_2 \square_3$		

^{*} Clinical significance judgment: (1) normal (2) abnormal but no clinical significance (3) abnormal and clinical significance (4) not investigated.

Visit9	Drug number	Patient initials	Date of visit		
48Week±4Day		l	201 Year _ Month _ Day		
Is the test drug i	returned?				
\Box_0 No \rightarrow Unreturno	ed reason: □2 Take	e all □3 Lost □4 Other			
$\Box_1 \text{Yes} \rightarrow \text{Ginkgo}$	biloba drop pills [_	pills			
Is there a combi	ned medication?				
□ ₀ No					
□ ₁ Yes→Please fil	ll out the "Combine	ed Medication Record Fo	rm" on page 47.		
Are there any ad	lverse events?				
□ ₀ No					
□ ₁ Yes→Please fil	ll out the "Adverse	Event Record Form" on	page 48 in detail.		
Is there an unscheduled laboratory check?					
□ ₀ No					
□ ₁ Yes→Record the results to "Unplanned Laboratory Inspection Results" on page 49					
Researcher's sig	nature:	Date : 20	01 <u> </u> Year <u> </u> Month <u> </u> Day		

Visit10	Drug number	Patient initials	Date of visit
50Week±4Day	l	l	201 Year _ Month _ Day

Seattle	Angina	O_{11}	estion	naire	(SAO)	١
Scame	Angma	Qu	CSHOIL	nanc	DAQ.	,

Score *: |___|

1. In the past 4 weeks, the following restrictions have been caused by chest pain, chest tightness and angina:

	Severely restricted	Moderately restricted	Mildly restricted	Slightly restricted	Unrestricted	Limited for other reasons
Dress yourself	\Box_1	\Box_2	\square_3	\Box_4	\Box_5	\Box_6
Indoor walk	\Box_1	\Box_2	□3	\Box_4	\Box_5	\Box_6
Take a shower	\Box_1	\Box_2	□3	\Box_4	\Box_5	\Box_6
Climbing or stairway (three floors, non-stop)	\Box_1	\Box_2	□3	□4	□5	□6
Outdoor activities or pick up	\Box_1	\Box_2	□3	\Box_4	□5	□6
Walk lightly (one kilometer)	\Box_1	\Box_2	□3	\Box_4	□5	\Box_6
Jogging (one kilometer)	\Box_1	\square_2	□3	\Box_4	□5	\Box_6
Lift or move heavy objects	\Box_1	\Box_2	□3	\Box_4	□5	□6
Strenuous exercise (such as swimming or playing)	□1	\Box_2	\Box_3	□4	□5	□6

- 2. Compared with 4 weeks ago, when doing the maximum intensity of activity, chest pain, chest tightness and angina pectoris:
- $\square_1 \ obviously \ increase \ \square_2 \ Slight \ increase \ \square_3 \ the \ same \ \square_4 \ Minor \ reduction \ \square_5 \ obviously \ decrease$
- 3. The average number of episodes of chest pain, chest tightness, and angina in the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 4. The average number of nitro drugs (such as nitroglycerin) in chest pain, chest tightness, and angina pectoris over the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 5. Due to chest pain, chest tightness and angina pectoris, follow the doctor's advice:
- \square_1 Serious \square_2 Moderate \square_3 Minor \square_4 Very little \square_5 No \square_6 Doctor did not administer
- 6. Satisfaction with various measures for treating chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 7. Satisfaction with the doctor's explanation for chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 8. Overall, satisfaction with the current treatment of chest pain, chest tightness and angina:
- \Box_1 Dissatisfied \Box_2 Most dissatisfied \Box_3 Partially satisfied \Box_4 Most satisfied \Box_5 Highly satisfied

Visit10	Drug number	Patient initials	Date of visit
50Week±4Day		l	201 Year _ Month _ Day

- 9. In the past 4 weeks, chest pain, chest tightness and angina have affected the level of fun in life:
- $\square_1 \, Dissatisfied \, \square_2 \, Most \, dissatisfied \, \square_3 \, Partially \, satisfied \, \square_4 \, Most \, satisfied \, \square_5 \, Highly \, satisfied \, \square_6 \, Highly \, satisfied \, \square_7 \, Highly \, satisfied \, \square_8 \, Highly \, satisfied \, \square_9 \, Highly \, Satisfied \, N \, High$
- 10. If you have chest pain, chest tightness and angina in your future life, how would you feel?
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 11. Concerns about heart attack and sudden death:
- \square_1 Always worried \square_2 Frequently worried \square_3 Sometimes worried \square_4 Very little worried \square_5 Never worry
- * The Seattle Angina Scale is divided into 5 items and 19 items: Physical activity limitation (PL, question 1), angina stable state (AS, question 2), angina pectoris (AF, question 3-4), treatment satisfaction (TS), question 5-8), disease cognition (DP, question 9-11). After scoring the 19 items of the 5 major items one by one, each score is forwarded. The standard score = (actual score the lowest score in this aspect) / (the highest score in this aspect the lowest score in this aspect) * 100, the higher the score, the better the quality of life and the functional state of the patient.

Angina pectoris symptom score

Score	*	1	1	

Number of	□ ₀ No	□ ₂ 2-6 episodes per	□ ₄ 1-3 times a day	\Box_6 more than 4
angina		week		episodes per day
attacks				
Angina	□ ₀ No	\Box_2 Each time the pain	□ ₄ Each time the pain	□ ₆ Each time the pain
duration		lasts less than or equal	lasts longer than 5	lasts for 10 minutes or
		to 5 minutes	minutes and less than	more
			10	
Angina pain	□ ₀ No	□ ₂ Physical activity	□ ₄ Daily physical	□ ₆ Lighter physical
level		that is heavier than	activity causes angina	activity than daily
		daily activities causes	and daily activities are	activities causes
		angina and daily	slightly limited.	angina and daily
		activities are	Activities that can cause	activities are
		asymptomatic.	angina, such as walking	significantly limited.
		Activities that can	3-4 stations (3-4 miles)	Activities that can
		cause angina, such as	at normal speed under	cause angina, such as
		trotting on the ground,	normal conditions, on	walking 1-2 stations
		fast or holding heavy	the third floor, uphill,	(1-2 miles) at normal
		objects on the third	etc.	speed under normal
		floor, up steep slopes,		conditions, on the
		etc.		second floor, gentle
				slope, etc.
Nitroglyceri	□ ₀ No	□ ₂ 1-4 tablets per week	□ ₄ 5-9tablets per week	□ ₆ Take more than 10
n dosage				tablets a week

VISITIO 50Week±4Day	Drug number	Patient initi		201		te of \ M	lonth _ Day
Laboratory inspe	ction						
Indicator	Measured Value	Unit	Clini	cal signifi	cance *	A	nomalous cause explanation
Blood sugar		Report dat				onth _	Day
FPG		mmol/L	□1	\square_2 \square_3 \square_4			
2hPG		mmol/L	□1	\square_2 \square_3 \square_4			
HbA1c		mg/dl	□1	\square_2 \square_3 \square_4			
Fasting insulin		μU/ml	□1	\square_2 \square_3 \square_4			
Blood lipid		Report dat	te: 201	Year _	M	onth _	Day
HDL-C		mmol/L		$\square_1 \square_2 \square_3$	□4		
LDL-C		mmol/L		\square_1 \square_2 \square_3	\square_4		
TG		mmol/L		$\square_1 \square_2 \square_3$	\square_4		
СН		mmol/L		\square_1 \square_2 \square_3	□4		
C-reactive protein		Report da	te: 201	Year	M	[onth _	Day
CRP		mg/L		$\square_1 \square_2 \square_3$	\square_4		
* Clinical significance judgment: (1) normal (2) abnormal but no clinical significance (3) abnormal and clinical significance (4) not investigated. Is there a combined medication? $\Box_0 No$							
Are there any adv	out the "Combined M	redication Red	LOIG FO	im on pag	ge 47.		
\Box_0 No \Box_1 Yes \rightarrow Please fill out the "Adverse Event Record Form" on page 48 in detail.							
Is there an unscheduled laboratory check?							
\square_0 No							
□ ₁ Yes→Record the results to "Unplanned Laboratory Inspection Results" on page 49							
Release of test drug: Ginkgo biloba drop pills 900 pills (10 bottles)							
Researcher's signature:Date: 201 Year Month Day							

Patient initials

Date of visit

Drug number

Visit10

Visit11	Drug number	Patient initials	Date of visit
58Week±4Day		l	201 Year _ Month _ Day

Vital signs

Body temperature (°C)	Breathe (Times/minute)	Heart rate (Times/minute)	Blood pressure (mmHg)
	<u> </u>	<u> </u>	L i N i i

Seattle Angina Questionnaire(SAQ)

Score *: |____|

1. In the past 4 weeks, the following restrictions have been caused by chest pain, chest tightness and angina:

	Severely restricted	Moderately restricted	Mildly restricted	Slightly restricted	Unrestricted	Limited for other reasons
Dress yourself	\Box_1	\Box_2	\square_3	\Box_4	□5	□6
Indoor walk	\Box_1	\square_2	□3	\Box_4	\Box_5	\Box_6
Take a shower	\Box_1	\Box_2	□3	□4	□5	□6
Climbing or stairway (three floors, non-stop)		\Box_2	□3	□4	□5	□6
Outdoor activities or pick up	\Box_1	\Box_2	□3	\Box_4	□5	□6
Walk lightly (one kilometer)	\Box_1	\Box_2	□3	\Box_4	□5	□6
Jogging (one kilometer)	\Box_1	\square_2	\square_3	\Box_4	\Box_5	□6
Lift or move heavy objects	\Box_1	\square_2	Пз	\Box_4	□5	□6
Strenuous exercise (such as swimming or playing)	□1	\Box_2	□3	□4	□5	□6

- 2. Compared with 4 weeks ago, when doing the maximum intensity of activity, chest pain, chest tightness and angina pectoris:
- \square_1 obviously increase \square_2 Slight increase \square_3 the same \square_4 Minor reduction \square_5 obviously decrease
- 3. The average number of episodes of chest pain, chest tightness, and angina in the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1 \text{ time/week} \quad \Box_6 \text{ no episode}$
- 4. The average number of nitro drugs (such as nitroglycerin) in chest pain, chest tightness, and angina pectoris over the past 4 weeks:
- $\square_1 \ge$ four times/day \square_2 0ne-three times/day $\square_3 \ge$ three times/week \square_4 one-two times/week
- $\Box_5 < 1$ time/week \Box_6 no episode
- 5. Due to chest pain, chest tightness and angina pectoris, follow the doctor's advice:
- \square_1 Serious \square_2 Moderate \square_3 Minor \square_4 Very little \square_5 No \square_6 Doctor did not administer
- 6. Satisfaction with various measures for treating chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied

Visit11	Drug number	Patient initials	Date of visit
58Week±4Day		ll	201 Year _ Month _ Day

- 7. Satisfaction with the doctor's explanation for chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 8. Overall, satisfaction with the current treatment of chest pain, chest tightness and angina:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 9. In the past 4 weeks, chest pain, chest tightness and angina have affected the level of fun in life:
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 10. If you have chest pain, chest tightness and angina in your future life, how would you feel?
- \square_1 Dissatisfied \square_2 Most dissatisfied \square_3 Partially satisfied \square_4 Most satisfied \square_5 Highly satisfied
- 11. Concerns about heart attack and sudden death:
- \square_1 Always worried \square_2 Frequently worried \square_3 Sometimes worried \square_4 Very little worried \square_5 Never worry
- * The Seattle Angina Scale is divided into 5 items and 19 items: Physical activity limitation (PL, question 1), angina stable state (AS, question 2), angina pectoris (AF, question 3-4), treatment satisfaction (TS), question 5-8), disease cognition (DP, question 9-11). After scoring the 19 items of the 5 major items one by one, each score is forwarded. The standard score = (actual score the lowest score in this aspect) / (the highest score in this aspect the lowest score in this aspect) * 100, the higher the score, the better the quality of life and the functional state of the patient.

Angina pectoris symptom score

Score *:

1 111 8 111 P	<i>J</i> 1		·	
Number of	□ ₀ No	□ ₂ 2-6 episodes per	□ ₄ 1-3 times a day	\Box_6 more than 4
angina		week		episodes per day
attacks				
Angina	□ ₀ No	\Box_2 Each time the pain	□ ₄ Each time the pain	□ ₆ Each time the pain
duration		lasts less than or equal	lasts longer than 5	lasts for 10 minutes or
		to 5 minutes	minutes and less than	more
			10	
Angina pain	□ ₀ No	□ ₂ Physical activity	□ ₄ Daily physical	□ ₆ Lighter physical
level		that is heavier than	activity causes angina	activity than daily
		daily activities causes	and daily activities are	activities causes
		angina and daily	slightly limited.	angina and daily
		activities are	Activities that can cause	activities are
		asymptomatic.	angina, such as walking	significantly limited.
		Activities that can	3-4 stations (3-4 miles)	Activities that can
		cause angina, such as	at normal speed under	cause angina, such as
		trotting on the ground,	normal conditions, on	walking 1-2 stations
		fast or holding heavy	the third floor, uphill,	(1-2 miles) at normal
		objects on the third	etc.	speed under normal
		floor, up steep slopes,		conditions, on the
		etc.		second floor, gentle
				slope, etc.
Nitroglyceri	□ ₀ No	□ ₂ 1-4 tablets per week	□4 5-9tablets per week	□ ₆ Take more than 10
n dosage				tablets a week

Visit11	Drug number	Patient initials	Date of visit
58Week±4Day		l	201 Year _ Month _ Day

Laboratory inspection

Indicator	Measured Value	Unit	Clinical significance 1 2 3 4	
Blood routine		 Report date	e: 201 Year	
HGB		g/L	\square_1 \square_2 \square_3 \square_4	
RBC		×10 ¹² L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
WBC		×10 ⁹ /L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
PLT		×10 ⁹ /L	\square_1 \square_2 \square_3 \square_4	
Urine routine		Report date	e: 201 Year	Month Day
Urine PH			$\square_1 \ \square_2 \ \square_3 \ \square_4$	
PRO		_	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
ERY		/HPF	□1 □2 □3 □4	
White blood cells (LEU)		/HPF	□1 □2 □3 □4	
Liver and kidney functi	on	Report dat	te: 201 Year	_ Month Day
ALT		U/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
AST		U/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
ALP		U/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
TBIL		μmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
γ-GT		U/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
ТВА		μmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
BUN		mmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
Cr		μmol/L	$\square_1 \ \square_2 \ \square_3 \ \square_4$	
blood sugar		Report dat	e: 201 Year	_ Month Day
FPG		mmol/L	\square_1 \square_2 \square_3 \square_4	
2hPG		mmol/L	\square_1 \square_2 \square_3 \square_4	
HbA1c		mg/dl	\square_1 \square_2 \square_3 \square_4	
Fasting insulin		μU/ml	\square_1 \square_2 \square_3 \square_4	

Visit11	Drug number		Patient initia	als	Date of visit			
58Week±4Day		_			201 Year	-	Month Day	
Blood lipid]	Report date	: 201	Year	_ Mo	nth Day	
HDL-C			mmol/L		\square_1 \square_2 \square_3 \square_4			
LDL-C			mmol/L		\square_1 \square_2 \square_3 \square_4			
TG			mmol/L		\square_1 \square_2 \square_3 \square_4			
СН			mmol/L		\square_1 \square_2 \square_3 \square_4			
C-reactive protein			Report date	: 201	Year	_ Mo	onth Day	
CRP			mg/L		\square_1 \square_2 \square_3 \square_4			
Electrocardiogra	m		Report date	e: 201	Year	M	onth Day	
ECG					\square_1 \square_2 \square_3 \square_4			
* Clinical significance	indoment: (1) norms	al (2) a	bnormal but no	clinical	l significance (3) a	hnorn	al and clinical	
		ai (2) a	onormai out ne	Cililica	i significance (3) a	10110111	iai and chineai	
significance (4) not in	vestigated.							
Is the test drug re	turned?							
\Box_0 No \rightarrow Unreturned	l reason: □2 Take	all [\Box_3 Lost \Box_4	Other_				
$\Box_1 \text{Yes} \rightarrow \text{Ginkgo bi}$	loba drop pills	_	pills					
Is there a combine	ed medication?							
□ ₀ No								
□ ₁ Yes→Please fill	out the "Combined	d Med	lication Reco	ord For	m" on page 47.			
Are there any adv	verse events?							
□ ₀ No								
$\Box_1 \text{Yes} \rightarrow \text{Please fill}$	\Box_1 Yes \rightarrow Please fill out the "Adverse Event Record Form" on page 48 in detail.							
To those on sounds	J1. J 1.b 4	_1	1_0					
Is there an unsche	uulea laboratory	cnec	K.					
□ ₀ No								
□ ₁ Yes→Record the results to "Unplanned Laboratory Inspection Results" on page 49								
Researcher's signa	ature:		Dat	te: 201	lYear	<u> </u> M	IonthDay	

Drug number	Patient initials	Date of visit
	lııl	201 Year Month _ Day

Combined medication record

Are there any combined medications during the trial? \Box_0 No \Box_1 Yes \rightarrow please fill in the form below

Drug Name	Indications or medication reasons	Single dose	Unit (01-11)	Number of doses (01-08)	Route of administ ration (01-10)	Start medication date	medication date Still using End of medication	
				1 1		Year Month _ Day	□1 Yes □0 No	Year Month Day
				1 1		Year Month _ Day	□1 Yes □0 No	Year Month Day
						Year Month _ Day	□1 Yes □0 No	Year Month Day
			l _l l	1 1		Year Month _ Day	□ ₁ Yes □ ₀ No	Year Month Day
						Year Month _ Day	□ ₁ Yes □ ₀ No	Year Month Day
				1 1		Year Month _ Day	□1 Yes □0 No	Year Month Day
			1 + 1	1 + 1	1 1	Year Month _ Day	\square_1 Yes \square_0 No	Year Month Day
Unit code 01=microgram 02=milligram 03=g 04=ml 05=milliequival 06=internationa		Daily dosi 01=1 time 02=2 time: 03=3 time: 04=4 time: 07=Use be	per day 0 s a day 0 s a day 0	5=Use when 6=Use every 8=Others to bed		02 = vein 08 03=intramuscular injection 09	7=inhalatior 3=Personal v 9=Local use) = other	use

Researcher's signature:	Da	ate: 2	201	Year	Month	Day
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Drug number	Patient initials	Date of visit
	l <u></u>	201 Year _ Month _ Day

Adverse event record

Are there any adverse events during the trial? \Box_0 No \Box_1 Yes \rightarrow please fill in the form below

	adverse events during the trial: 10 No	P						
Adverse event name	Date of occurrence	Severity 1-3	Relatio nship with test drugs 1-5	Measu res taken for test drugs 1-5	Endi ng 1-5	End date	Whethe r serious adverse events	Is there a combined medicatio n?
	Year Month Day	<u> </u>				Year Month Day	□1 Yes □0 No	□ ₁ Yes □ ₀ No
	Year Month Day	<u> </u>				Year Month Day	□ ₁ Yes □ ₀ No	□ ₁ Yes □ ₀ No
	Year Month Day	<u> </u>		<u> </u>		Year Month Day	□ ₁ Yes □ ₀ No	□ ₁ Yes □ ₀ No
	Year Month Day	<u> </u>				Year Month Day	□ ₁ Yes □ ₀ No	\square_1 Yes \square_0 No
Severity coding (according to CTCAE3.0) 1=mild 2=moderate 3=severe	Coding with test drug 1= definitely relevant 2=may be relevant 3=may not be relevant 4= definitely has nothing to do 5=Unable to determine	Code of action for 1=no action takes 2=reduce the dos 3=increase the days 4=suspension of 5=permanent terms.	en se ose treatment	t	ent		Ending co 1=recover 2=mitigat 3=continu 4=death 5=unknov	ry ion ious

Researcher's signature:	Date : 201	1Yea	rMonth	lDay
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Drug number	Patient initials	Date of visit
III	liil	201 Year _ Month _ Day

Is there an unscheduled laboratory test during the trial? $\Box_0 \text{No} \quad \Box_1 \text{Yes} \rightarrow \text{please fill in the form below}$

		Examination		s→ please fill in the fo	Whether it
Check date (yyyymmdd)	Check item	result (marked	Check the reason	significance *	has an impact on
(yyyymmad)	Item	unit)	reason	1 2 3 4	this study
				$\square_1 \ \square_2 \ \square_3 \ \square_4$	\square_1 Yes \square_0 No
				$\square_1 \ \square_2 \ \square_3 \ \square_4$	□ ₁ Yes □ ₀ No
				\square_1 \square_2 \square_3 \square_4	□ ₁ Yes □ ₀ No
				\square_1 \square_2 \square_3 \square_4	□ ₁ Yes □ ₀ No
				\square_1 \square_2 \square_3 \square_4	□ ₁ Yes □ ₀ No
				\square_1 \square_2 \square_3 \square_4	□ ₁ Yes □ ₀ No
				\square_1 \square_2 \square_3 \square_4	□ ₁ Yes □ ₀ No
				\square_1 \square_2 \square_3 \square_4	□ ₁ Yes □ ₀ No
				□1 □2 □3 □4	□ ₁ Yes □ ₀ No
				\square_1 \square_2 \square_3 \square_4	\square_1 Yes \square_0 No
				\square_1 \square_2 \square_3 \square_4	□ ₁ Yes □ ₀ No
				$\square_1 \ \square_2 \ \square_3 \ \square_4$	□ ₁ Yes □ ₀ No
				$\square_1 \ \square_2 \ \square_3 \ \square_4$	□ ₁ Yes □ ₀ No
				□1 □2 □3 □4	□ ₁ Yes □ ₀ No
				\square_1 \square_2 \square_3 \square_4	□ ₁ Yes □ ₀ No
				\square_1 \square_2 \square_3 \square_4	□ ₁ Yes □ ₀ No

^{*} Clinical significance judgment: (1) normal (2) abnormal but no clinical significance (3) abnormal and clinical significance (4) not investigated.

201 Year Month Day	
Medication compliance	
Should take the dose: Ginkgo biloba drop pills/Ginkgo biloba drop pills simulation agent 5040 pi	lls (56
bottles)	. (
Actual dose: Pills; lost doses Pills.	
$Compliance \ with \ medication = actual \ dose \ / \ dose \ of \ medication \ \times 100\% = \underline{\hspace{0.5cm}} . \ \underline{\hspace{0.5cm}} . \ \underline{\hspace{0.5cm}} \%$	
Summary of test completion	
Subject's first medication date: 201 Year Month Day	
Subject's last medication date: 201 Year Month Day	
Does the subject have a concomitant medication during the trial? $\Box_0 No \Box_1 Yes \rightarrow Please fit$	ll in the
"Consolidated Drug Record Form"	
Did the subject have an adverse event during the trial? \Box_0 No \Box_1 Yes \rightarrow Please fill in the "A	Adverse
Event Record Form"	
Did the subject have serious adverse events during the trial? \Box_0 No \Box_1 Yes \rightarrow Please fill out the '	Serious
Adverse Event Report Form"	
Did the subject complete a clinical trial? $\Box_1 Yes \Box_0 No \longrightarrow Please$ fill out the form below	
Patient Suspension Test Date: 201	
The first to propose a suspension test is: The main reason for the suspension test is:	(please
(please choose one) choose one)	
\Box_1 patient \Box_1 adverse events (insulated adverse events t	able)
\square_2 test researcher \square_2 lack of efficacy	
\square_3 sponsor \square_3 violation of the test plan	
\Box_4 other: \Box_4 lost	
□ ₅ subject withdraws informed consent	
\Box_6 other reasons:	

Date of visit

Drug number

Patient initials

Researcher's signature: _____Date:201|___|Year|____|Month|____|Day

Drug number	Patient initials	Date of visit
	l	201 Year _ Month _ Day

Lead researcher review statement
I confirmed that the pages of the patient's case report form signed by me have been checked by me and confirmed that all information is true, accurate and in accordance with the research protocol requirements.
Signature of the main investigator:
Date: 201 Year Month Day

			Observation period										
Project		Baseline (-7-0d)	Visit1 (8week ±4day)	Visit 2 (10week± 4day)	Visit 3 (18week± 4day)	Visit 4 (20week± 4day)	Visit 5 (28week± 4day)	Visit 6 (30week± 4day)	Visit 7 (38week± 4day)	Visit 8 (40week± 4day)	Visit 9 (48week± 4day)	Visit 10 (50week± 4day)	Visit 11 (58week ±4day)
	ng informed consent	V	,					•	,	,	,	,	,
	on/exclusion criteria	V											
	cal history / graphic data	V											
	blood sugar	√	V	√	√	V	V	√	√	V	√	√	√
	Blood lipid	√	√	√	V	V	V	√	√	V	√	√	V
	CRP	√	V	V	V	V	V	V	V	V	V	V	V
	Blood routine	V	V										V
Laborat ory inspecti	Urine routine	√	V										V
on	liver function	V	V										V
	Renal function	V	V										V
	Urine pregnancy test	√											
vital	Body temperature,	V	V										V

signs	breathing, heart rate												
	blood pressure	$\sqrt{}$	V										V
Physica	l examination	$\sqrt{}$											V
12-1	lead ECG	$\sqrt{}$	√										V
	na pectoris otom score	$\sqrt{}$	V	V	V	V	V	V	V	V	V	V	V
Seat Que	tle Angina stionnaire	V	√	V	√	√	V	V	√	V	V	V	V
Al	E record		√	√	√	√	√	√	√	√	√	√	√
medicat	ombined cion/treatment record	V	V	V	V	V	V	V	V	V	V	V	V
Distr	ibute drugs	√		√		√		√		√		√	
	remaining test		√		V		V		V		V		V
	cal efficacy sessment												V