

Long Data Form

< Inclusion Criterion >

Patients with diagnosis of schizophrenia on the day of survey will be included.

(Both inpatient and outpatient)

< Target Dates >

1st to 31st March, 2016

This form is to be completed by a physician in charge of the patient.

Information about the collaborator

Serial number: (Automatically generated)

Patient No:

(Please count at each physician's level from the number one)

Patient ID:

Date of Survey: , March, 2016 (Date of Prescribed)

Prescribing psychiatrist name first name:

middle name:

last name:

Prescribing psychiatrist: 1.Resident 2.Attending(years practice)

Patient: 1.Inpatient 2.Outpatient

Next(save)

A) PATIENT'S PROFILE

1. Age: years

2. Weight: kg; Height: cm; BMI:

3. Sex: 1.Male 2.Female

4. **for inpatient :**

Date of the current admission (y/m/d): / /

First admission: 1.Yes 2.No ; if No, number of current admission:

First prescription (i.e., is the patient drug naïve?) 1.Yes 2.No

5. **for outpatient :**

Date of the initiating the current treatment (y/m/d): / /

First treatment: 1.Yes 2.No ; if No, 3.Readmission 4.Others

First prescription (i.e., is the patient drug naïve?) 1.Yes 2.No

6. **Duration from the onset until now:**

- 1. Less than 3 months
- 2. 3 - 6 months
- 3. 6 months - 1 year
- 4. 1 year - Less than 5 years
- 5. 5 year - Less than 10 years
- 6. 10 year - Less than 20 years
- 7. More than 20 years

7. **Duration of untreated psychosis (DUP)**

- 1. Less than 3 months
- 2. 3 month – 1 year
- 3. 1 year-less than 5 years
- 4. More than 5 years
- 5. No information

Duration of untreated psychosis (DUP) is the time from manifestation of the first psychotic symptom to initiation of adequate treatment

8. Mode of the first contact

- 1. Voluntary
- 2. Brought by family members
- 3. Brought by friend
- 4. Brought by police and/or other law enforcement agency
- 5. Other mode : Specify ()
- 6. No information

9. Pathway

Direct 1.Yes 2.No

Physicians (not psychiatrists) 1.Yes 2.No

Other medical facility 1.Yes 2.No ; Specify if yes ()

Traditional healer 1.Yes 2.No

Other non-medical agency 1.Yes 2.No ; Specify if yes ()

10. Concurrent treatment Modalities (Tick all if applicable)

- 0. None
- 1. Social skill training (SST)
- 2. Occupational therapy
- 3. Psychoeducation
- 4. Others :Please specify ()

11. Financial status of the patient

- 1. Employed
- 2. Supported by family members
- 3. Supported by the social welfare system of the government
- 4. Supported by NGO and/or charity
- 5. Beggar or vagrancy
- 6. Others :Please specify ()

12. Medication coverage:

- 1. Self-payment: 0% 1-25% 26-50% 51-75% 76-100%
- 2. Third party: 1. Private insurance 2. Government scheme/insurance
- 3. Hospital: 1. Free hospital supply
- 2. Partial hospital supply and partial self-payment

Next(save)

B) DIAGNOSIS

13. Diagnosis of Schizophrenia was based on which criteria (please choose ONLY 1)

- 1. ICD9 (coding No.)
- 2. ICD10 (coding No.)
- 3. DSM
- 4. National Criteria(e.g.,CCMD) (coding No.)
- 5. Other ()

C) COURSE

14. Course of illness for the past 1 year (both for inpatients and outpatients)

- 1. Remission
- 2. Continuing presence of symptoms
- 3. Relapse of symptoms while on medication
- 4. Relapse of symptoms after non-adherence to treatment

D) CURRENT SYMPTOMS

15-1. Significant symptoms for the past 1 month are (plural choice):

- 1. Delusions
- 2. Hallucinations
- 3. Disorganized speech, e.g. frequent derailment or incoherence
- 4. Grossly disorganized or catatonic behavior
- 5. Negative symptoms, e.g. affective flattening, alogia, or avolition
- 6. Existence of social/occupational dysfunction
- 7. Verbal aggression
- 8. Physical aggression
- 9. Significant affective symptoms
- 10. Other symptoms (Please specify:)

Next(save)

15- **BRIEF PSYCHIATRIC RATING SCALE (BPRS)** skip join

2. Date of evaluation (y/m/d): / /

Please enter the score for the term that best describes the patient's condition.

0 = Not assessed, 1 = Not present, 2 = Very mild, 3 = Mild, 4 = Moderate, 5 = Moderately severe, 6 = Severe, 7 = Extremely severe

	Score								
<hr/>									
1. SOMATIC CONCERN									
Preoccupation with physical health, fear of physical illness, hypochondriasis.	0	1	2	3	4	5	6	7	
<hr/>									
2. ANXIETY									
Worry, fear, over-concern for present or future, uneasiness.	0	1	2	3	4	5	6	7	
<hr/>									
3. EMOTIONAL WITHDRAWAL									
Lack of spontaneous interaction, isolation deficiency in relating to others.	0	1	2	3	4	5	6	7	
<hr/>									
4. CONCEPTUAL DISORGANIZATION									
Thought processes confused, disconnected, disorganized, disrupted.	0	1	2	3	4	5	6	7	
<hr/>									
5. GUILT FEELINGS									
Self-blame, shame, remorse for past behavior.	0	1	2	3	4	5	6	7	
<hr/>									
6. TENSION									
Physical and motor manifestations of nervousness, over-activation.	0	1	2	3	4	5	6	7	
<hr/>									
7. MANNERISMS AND POSTURING									
Peculiar, bizarre, unnatural motor behavior (not including tic).	0	1	2	3	4	5	6	7	
<hr/>									
8. GRANDIOSITY									
Exaggerated self-opinion, arrogance, conviction of unusual power or abilities.	0	1	2	3	4	5	6	7	
<hr/>									
9. DEPRESSIVE MOOD									
Sorrow, sadness, despondency, pessimism.	0	1	2	3	4	5	6	7	
<hr/>									
10. HOSTILITY									
Animosity, contempt, belligerence, disdain for others.	0	1	2	3	4	5	6	7	

11.	SUSPICIOUSNESS								
	Mistrust, belief others harbor malicious or discriminatory intent.	0	1	2	3	4	5	6	7
12.	HALLUCINATORY BEHAVIOR								
	Perceptions without normal external stimulus correspondence.	0	1	2	3	4	5	6	7
13.	MOTOR RETARDATION								
	Slowed, weakened movements or speech, reduced body tone.	0	1	2	3	4	5	6	7
14.	UNCOOPERATIVENESS								
	Resistance, guardedness, rejection of authority	0	1	2	3	4	5	6	7
15.	UNUSUAL THOUGHT CONTENT								
	Unusual, odd, strange, bizarre thought content.	0	1	2	3	4	5	6	7
16.	BLUNTED AFFECT								
	Reduced emotional tone, reduction in formal intensity of feelings, flatness.	0	1	2	3	4	5	6	7
17.	EXCITEMENT								
	Heightened emotional tone, agitation, increased reactivity.	0	1	2	3	4	5	6	7
18.	DISORIENTATION								
	Confusion or lack of proper association for person, place or time.	0	1	2	3	4	5	6	7

BRIEF PSYCHIATRIC RATING SCALE (BPRS)

Instructions for the Clinician:

The Brief Psychiatric Rating Scale (BPRS) is a widely used instrument for assessing the positive, negative, and affective symptoms of individuals who have psychotic disorders, especially schizophrenia. It has proven particularly valuable for documenting the efficacy of treatment in patients who have moderate to severe disease.

It should be administered by a clinician who is knowledgeable concerning psychotic disorders and able to interpret the constructs used in the assessment. Also considered is the individual's behavior over the previous 2-3 days and this can be reported by the patient's family.

The BPRS consists of 18 symptom constructs and takes 20-30 minutes for the interview and scoring. The rater should enter a number ranging from 1 (not present) to 7 (extremely severe). 0 is entered if the item is not assessed.

First published in 1962 as a 16-construct tool by Drs. John Overall and Donald Gorham, the developers added two additional items, resulting in the 18-item scale used widely today to assess the effectiveness of treatment.

BPRS Scoring Instructions:

Sum the scores from the 18 items. Record the total score and compare the total score from one evaluation to the next as the measure of response to treatment.

Overall, JE, Gorham DR: The Brief Psychiatric Rating Scale (BPRS): recent developments in ascertainment and scaling. *Psychopharmacology Bulletin* 24:97-99, 1988.

Next(save)

E) PRESCRIPTION (including all medications on the day of survey)

16. Depot injections 1.Yes 2.No

If yes, please key in as prescribed, any depot injections given within past 1 month

(Frequency: q1w = every once a week; q2w = once every two weeks; q1m = once a month; ...)

Drug name/unit	doses	Frequency Ex:(q1w, q2w or q1m)	Total dosage per 1 month	Action
e.g. Fluanxol depot(flupentixol) 20mg/1ml/amp	20	q2w	40mg	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>
+ <input type="text"/>				

17. Psychotropic medications 1.Yes 2.No

If yes, please key in as prescribed, all psychotropic medications on the day of survey, within 24 hours, from 6am to 6am

(Frequency: bid = 2 times a day, morning and evening; qid = 4 times daily; hs = 1 times a day, at bedtime; ...)

Drug name	unit (mg/tab)	doses	Frequency Ex:(bid, qid, hs...)	Total dosage per day	Action
e.g. Haloperidol	2	1	tid	6mg	
e.g. Trihexyphenidyl	2	1	bid	4mg	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>
+ <input type="text"/>					

18. Other medications 1.Yes 2.No

If yes, please key in as prescribed, all other medications on the day of survey, within 24 hours, from 6am to 6am

(Frequency: bid = 2 times a day, morning and evening; qid = 4 times daily; hs = 1 times a day, at bedtime; ...)

Drug name	unit (mg)	doses	Frequency Ex:(bid, qid, hs...)	Total dosage per day	Action
e.g. Amlodipine	5	1	qd	5mg	
e.g. Avorvastatin calcium	10	1	bid	20mg	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>
<input style="width: 150px;" type="text" value="+"/>					

F) ECT

19. Has this patient received ECT therapy

- 1.Yes received in the past
- 2.Yes concurrently (in the course of this episode)
- 0.No

Next(save)

G) REPORTED ADVERSE EVENTS

20. Evaluation based on: 1.patient's self report 2.psychiatrist's interview/observation

21. Please tick the reported symptoms of the patient on the day of survey.

("9.No information" is the choice for item that requires patient's complaint or laboratory data).

(a) Movement disorders:

symptoms	1.Yes	0.No	9.No information	Action
1. Rigidity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Akinesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Tremor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Akathisia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Dystonia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Tardive dyskinesia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
7. Other (please specified)	<input style="width: 100%;" type="text" value="+"/>			

(b)Autonomic adverse effects:

symptoms	1.Yes	0.No	9.No information	Action
1. Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Excessive salivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Dry mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Postural hypotension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Difficulty in micturition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Blurring of vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
7. Other (please specified)	<input style="width: 100%;" type="text" value="+"/>			

(c)Endocrinological disturbance:

symptoms	1.Yes	0.No	9.No information	Action
1. Sexual dysfunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Galactorrhea, amenorrhea in women or gynecomastia in men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Delete
3. Other (please specified)	<input style="width: 100%;" type="text" value="+"/>			

(d)Metabolic dysfunction(within the past 3months):

symptoms	1.Yes	0.No	9.No information	Action
1. Impaired glucose tolerance (hyperglycaemia, diabetes mellitus, diabetic ketoacidosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Hypercholesterolemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Weight gain If yes, from baseline from <input type="text"/> kg to <input type="text"/> kg, in <input type="text"/> months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Delete"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Delete"/>
4. Other (please specified)	<input style="width: 100%;" type="text" value="+"/>			

(e)Cardiovascular adverse effect(within the past3 months):

symptoms	1.Yes	0.No	9.No information	Action
1. QTc-interval lengthening (QTc > 456ms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Delete"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Delete"/>
2. Other (please specified)	<input style="width: 100%;" type="text" value="+"/>			

(f)Others:

symptoms	1.Yes	0.No	9.No information	Action
1. Over sedation (drowsy most of day)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Delete"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="button" value="Delete"/>
2. Other (please specified)	<input style="width: 100%;" type="text" value="+"/>			

22. Drug-Induced Extrapyramidal Symptoms Scale(DIEPSS) skip join

Date of evaluation (y/m/d): / /

Read the rater's manual of DIEPSS carefully, for detailed explanation of anchor points.

0 = None-Normal, 1 = Minimal-Questionable, 2 = Mild, 3 = Moderate, 4 = Severe

Circle one as appropriate.

1 Gait

Shuffling, slow gait. Evaluate the degree of reduction in speed and step, decrease in pendular arm movement, stooped posture and propulsion phenomenon.

0 1 2 3 4

2 Bradykinesia

Slowness and poverty of movements: Delay and/ or difficulty in initiating and/ or terminating movements. Rate degree of poverty of facial expression (mask-like face) and monotonous, slurred speech, as well.

0 1 2 3 4

3 Sialorrhea

Excess salivation.

0 1 2 3 4

4 Muscle rigidity

Resistance to flexion and extension of upper arms. Rate cogwheeling, waxy flexibility, lead-pipe rigidity and the degree of flexibility of wrists, as well.

0 1 2 3 4

5 Tremor

Repetitive, regular (4-8 Hz), and rhythmic movements observed in the oral region, fingers, extremities, and trunk.

0 1 2 3 4

6 Akathisia

Subjective inner restlessness and related distress; awareness of the inability to remain seated, restless legs, fidgety feelings, desire to move constantly, etc. Rate increased motor phenomena (body rocking, shifting from foot to foot, stamping in place, crossing and uncrossing legs, pacing around, etc.), as well.

0 1 2 3 4

7 Dystonia

Symptoms induced by the hypertonic state of muscles. Stiffness, twisting, and persistent abnormal position of muscles observed in tongue, neck, extremities, trunk, etc. Rate tongue protrusion, torticollis, retrocollis, trismus, oculogyric crisis, Pisa syndrome, etc.

0 1 2 3 4

8 Dyskinesia

Hyperkinetic abnormal movements. Apparently purposeless, irregular, and involuntary movements observed in face, mouth, tongue, jaw, extremities and/or trunk. Include choreic and athetoid movements, but do not rate tremor.

0 1 2 3 4

9 Overall severity

Overall severity of extrapyramidal symptoms.

0 1 2 3 4

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Next(save)

H) Physical comorbidities

23. If the patient has any physical comorbidities currently, please refer to the commodity list and write down the corresponding codes (01-20) in the table below. If the patient does not have any physical comorbidities, please check here.

Comorbidities list

code	Comorbidities (*)
<input type="checkbox"/> 01	Myocardial infarction
<input type="checkbox"/> 02	Congestive heart failure
<input type="checkbox"/> 03	Peripheral vascular disease
<input type="checkbox"/> 04	Cerebrovascular disease
<input type="checkbox"/> 05	Dementia
<input type="checkbox"/> 06	Chronic pulmonary disease
<input type="checkbox"/> 07	Rheumatic disease
<input type="checkbox"/> 08	Peptic ulcer disease
<input type="checkbox"/> 09	Mild liver disease Moderate or severe liver disease
<input type="checkbox"/> 10	Diabetes without chronic complication Diabetes with chronic complication
<input type="checkbox"/> 11	Hemiplegia or paraplegia
<input type="checkbox"/> 12	Renal disease
<input type="checkbox"/> 13	Any malignancy, including lymphoma and leukemia, except malignant neoplasm of skin
<input type="checkbox"/> 14	Metastatic solid tumor
<input type="checkbox"/> 15	AIDS/HIV
<input type="checkbox"/> 16	Skin diseases
<input type="checkbox"/> 17	Any Communicable diseases
<input type="checkbox"/> 18	Tuberculosis

<input type="checkbox"/> 19	Leprosy
<input type="checkbox"/> 20	Injury
<input type="checkbox"/> 21	<input type="text"/>
<input type="checkbox"/> 22	<input type="text"/>
<input type="checkbox"/> 23	<input type="text"/>
<input type="checkbox"/> 24	<input type="text"/>
<input style="width: 100px;" type="text" value="+"/>	

1. Charlson ME, Pompei P, Ales KL, MacKenzie CR. A new method of classifying prognostic comorbidity in longitudinal studies: development and validation. J Chrom Dis. 1987; 40(5): 373-383.
2. Quan H, Sundararajan V, Halfon P, Fong A, Burnand B, Luthi JC, Sunders LD, Beck CA, Feasby TE, Ghali WA. Coding algorithms for defining comorbidities in ICD-9-CM and ICD-10 administrative data. Med Care. 2005; 43:1130-1139.

I) Use of other psychotropic substance

24. If the patient has used any other psychotropic substance currently or in the past, please write down the corresponding codes in the table below.

Substance used	1. Yes (Currently)	2. Yes (in the past)	0. No	9. No information
1. Tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other drugs	<input style="width: 100px;" type="text" value="+"/>			

J) Laboratory data

25. For adverse drug reaction monitory skip join

Lab. list	Normal range	Baseline data:date	Current data:date	Current - Baseline
GOT	10-39 U/L	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>
GPT	7-42 U/L	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>
Na	137-150 mEq/L	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>
K	3.5-5.3 mEq/L	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>
BUM	7-18mg/dl	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>
Creatinine	0.7-1.5 mg/dl	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>
freeT4	0.93-1.7 ng/dl	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>
T3	80-200 ng/dl	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>
TSH	0.27-4.2 u IU/ml	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>
Prolactin	4.79-23.3 ng/dl	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>
W.B.C	3.54-9.06 10 ³ /uL	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>
Platelet	150-361 10 ³ /uL	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>
blood ammonia	18-60 ug/dl	<input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>

If you are OK, than enter save