

Subject Initials

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Subject ID#

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of

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Insert question to ask participant:

Are you currently taking any medications (prescription, over the counter, vitamins, minerals, supplements), or non-drug therapy?

Concomitant Medication Log

#	Medication/ Non-drug Therapy	Indication	Dose (per admin)	Dose Units ¹	Schedule/ Frequency ²	Dose Form ³	Route of Administration ⁴	Start Date	End Date	Baseline Med (Y/N)	Continuing at end of study (Y/N)

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|-------------------------------|---|------------------------------|--|
| Dose Units¹ | Schedule (frequency)² | Dose Form³ | Route of Administration⁴ |
| 1 - g (gram) | 1 - QD (once a day) | 1 - Tablet | 1 - Oral |
| 2 - mg (milligram) | 2 - BID (twice a day) | 2 - Capsule | 8 - Inhalation |
| 3 - µg (microgram) | 3 - TID (three times a day) | 3 - Ointment | 9 - Intravenous |
| 4 - L (liter) | 4 - QID (four times a day) | 4 - Suppository | 10 - Intraperitoneal |
| 5 - mL (milliliter) | 5 - QOD (every other day) | 5 - Aerosol | 11 - Nasal |
| 6 - IU (International Unit) | 6 - QM (every month) | 6 - Spray | 12 - Vaginal |
| 7 - Other | 7 - QOM (every other mo) | 7 - Suspension | 13 - Rectal |
| | 8 - QH (every hour) | 8 - Patch | 14 - Other |
| | 9 - AC (before meals) | | |
| | 10 - PC (after meals) | | |
| | 11 - PRN (as needed) | | |
| | 12 - Other | | |
| | | 9 - Gas | |
| | | 10 - Gel | |
| | | 11 - Cream | |
| | | 12 - Powder | |
| | | 13 - Implant | |
| | | 14 - Chewable | |
| | | 15 - Liquid | |
| | | 99 - Other | |
| | | | 3 - Subcutaneous |
| | | | 4 - Intradermal |
| | | | 5 - Transdermal |
| | | | 6 - Intraocular |
| | | | 7 - Intramuscular |