# PRIOR AND CONCOMITANT MEDICATIONS FORM

## Study Name

|  |  |
| --- | --- |
| **Site ID:**  **Participant ID:** | **Date (dd/mmm/yyyy):**  **Study Visit:** Studywide |

Has the participant taken any medications from <***time (protocol specific)***>? ☐Yes ☐No*(If Yes, please complete table)*

### Unit

|  |  |
| --- | --- |
| Cap = Capsule Dosing Unit; Cap | PUFF= Puff Dosing Unit |
| g = Gram | SPR = Spray Dosing Unit |
| gra = Grain | SUPP = Suppository Dosing Unit |
| gtt = Drop | tsp = Teaspoon Dosing Unit |
| ug = Microgram; mcg | Tbsp = Tablespoon Dosing Unit |
| uL = Microliter; mCl; mm3 | TAB = Tablet Dosing Unit; Tab |
| mg = Milligram | UNK = Unknown |
| mL = Milliliter; cm3 | OTH = Other, specify |
| Oz = Ounce |  |

### Route

|  |  |
| --- | --- |
| PO = Oral | SL = Sublingual |
| TD = Transdermal | AUR = Auricular (otic) |
| INH = Inhaled | IA = Intra-articular |
| IM = Intramuscular | NAS = Nasal |
| IV = Intravenous | IO = Intraocular |
| REC = Rectal | TOP = Topical |
| VAG = Vaginal | UNK = Unknown |
| SQ = Subcutaneous | OTH = Other, specify |

### Frequency

|  |  |
| --- | --- |
| Once = Single Dose | Q8H = Every 8 Hours |
| QD = Once | QOD = Every Other Day |
| BID = Twice Daily | QS = Every Week |
| TID = Three Times Per Day | QM = Every Month; Per Month |
| QID = Four Times Per Day | PRN = As Needed |
| Q2H = Every 2 Hours | OTH = Other, specify |
| Q6H = Every 6 Hours |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Line #** | **Medication** | **Indication** | **Dose** | **Unit** | **Route** | **Frequency** | **Start Date**  (dd-mmm-yyyy) | **Stop Date**  (dd-mmm-yyyy) |
|  |  |  |  |  |  |  |  | ☐Ongoing\* |
|  |  |  |  |  |  |  |  | ☐Ongoing\* |
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**\*Continuing at study exit**

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#### Prior and Concomitant Medications Form Completion Instructions

**Has the participant taken any medication from <time (protocol specific)>?** If participant has taken medications within the specified timeframe, select **Yes** and complete table. If not, select **No.**

* **Line #:** Record numbers sequentially beginning with the number 1.
* **Medication:** Record the medication name the participant took/is taking.
* **Indication:** Record the reason for medication use, using appropriate medical terminology**.**
* **Dose:** Record the numeric value of the strength of the dose.
* **Unit:** Refer to box labeled “Unit” to record the unit the dose is being measured. If not listed, record as **OTH** and specify.
* **Route:** Refer to box labeled “Route” to record the route of administration of the medication provided. If not listed, record as **OTH** and specify.
* **Frequency:** Refer to box labeled “Frequency” to record how often themedication is being taken. If not listed, record as **OTH** and specify.
* **Start Date:** Record the Start Date the participant started medication in dd-mmm-yyyy format. The date should be recorded to the level of granularity known (e.g., year, year and month, complete date).
* **Stop Date:** If medications are ongoing during study participation, leave this section blank. If Ongoing as of study completion,leave **Stop Date** blank and check **Ongoing**. If medications are not Ongoing, record Stop Date in dd-mmm-yyyy format. The date should be recorded to the level of granularity known (e.g., year, year and month, complete date).