# 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**

*Version\_November 2020*

#### Prior and Concomitant Medications FormCompletion 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).