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PROTOCOL #1

Medication Diary
Record

Patient ID: _____
 Patient Initials: _____
 Clinical Center: _____
 Contact Week: _____
 RC ID: _____
 Date: ____/____/____
 month day year

List all medication taken at entry and/or during the course of the study (include all over-the-counter and prescription drugs)

Were any non-study medications taken? ☐ 1 Yes ☐ 0 No

Line #	Drug Code # (From Medication Reference Tool)	Drug Name (brand or generic) Print Clearly	Total Daily Dose Enter Total Daily Dose or "PRN"	Unit 1=mg 2=ml/cc 3=tablets 4=capsules 5=tsp 6=drops 7=cream 8=spray 9=TBSP 99=other	Route 1=oral 2=IV 3=IM 4=SC 5=topical 6=rectal 7=nasal 8=transdermal 9=inhalant 10=sublingual 99=other	Start Date mm/ dd/ yyyy	Stop Date mm/ dd /yyyy	Was this an exclusion-ary or restricted medication? 1=Yes 0=No	Was this for pain? 1=Yes 0=No	Was this for IC? 1=Yes 0=No

Line #	If needed, briefly comment on Concomitant Medication (e.g., unit, route, etc.) below by line number