Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: _____ *haltid*   **Clinical Center:** _____ *clinic*   **Date of Visit:** ___ **/** ___ **/** _____

visit   *dvm / dvd / dvy*

___**Form was not completed** *misfrm*

| Missing Data Codes: | A-Participant Refused | B-Reading Not Possible | C-Institutional Error |

CONCOMITANT MEDICATIONS FORM   Form #6

This form is to be completed by designated personnel at the Screening Visit (S) and updated at each subsequent visit (by phone or in clinic). In the first table, record all prescription drugs, over-the-counter medications, dietary supplements, and herbal remedies since the last visit. In the second table, record all pre-existing medications used to control BP, and any antihypertensive agents taken for issues other than BP control. At the Screening visit only, check the ongoing column, if applicable, in lieu of entering a start date.

1 ☐ **No medications taken to date** *cmnomed*

☐ **No change in medications since last visit.**   **Date of Last Visit:** _____ **/** _____ **/** _____

#	**Non-BP Medication Name** *cmmed*	**PRN** ☐ *prn*	**Ongoing ≥6 mo prior to study** *cmpsongo* 0 No 1 Yes	**Start Date** MMDDYYYY *sdm/sdd/sdy*	**Check Currently Ongoing** *cmongo* 0 No 1 Yes	**Stop Date** MMDDYYYY *edm/edd/edy*

Participant ID:_____ *haltid* **Clinical Center:_____** *clinic* **Date of Visit:____/____/_____**

dvm / dvd / dvy

visit _____**Form was not completed** *misfrm*

Missing Data Codes:	A-Participant Refused	B-Reading Not Possible	C-Institutional Error

CONCOMITANT MEDICATIONS FORM Form #6

#	Antihypertensive Agents Pre-existing and for non-BP indications	Indication		Dose and Frequency *dosefreq*	Ongoing ≥6 mo prior to study *cmpsongo* 0 No 1 Yes	Start Date MMDDYYYY *sdm/sdd/sdy*	Check Currently Ongoing *cmongo* 0 No 1 Yes	Stop Date MMDDYYYY *edm/edd/edy*
		BP *hyper* 1 ☐	Other Use *hypreas* 2 ☐					

****

HALT PKD staff member completing this form:_____ **Date:** _____/_____/_____

cmidnum Month *cdm* Day *cdd* Year *cdy*

Data Entry Status: Please check to indicate that the above information has been entered ☐

Primary Entered by: _____ Date: __ __/__ __/__ __ __

deidnum *dem* Month *ded* Day *dey* Year

Secondary Entered by: _____ Date __ __/__ __/__ __ __