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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

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

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