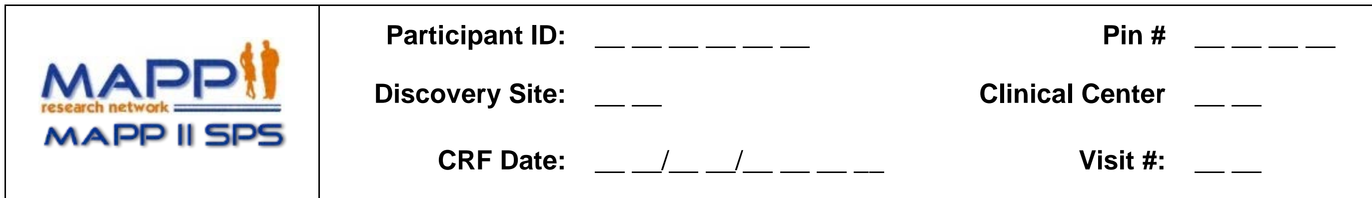


**Participant ID:** __ __ __ __ __ __ **Pin #** __ __ __ __

**Discovery Site:** __ __ **Clinical Center** __ __

**CRF Date:** __ __/__ __/__ __ __ __ **Visit #:** __ __

# Concomitant Medications

Research Coordinator completes this form at **Screening Week 0**, **Baseline Week 4**, **and *ALL* in-clinic Follow-up and ATLAS clinic visits**.

**Concomitant Medications** data from **MyMED** treatment tracking module

Research Coordinator will also record new medications and/or medication changes on this CRF following any new medications or medication changes reported via the **MyMED** treatment tracking module.

LIST THE MOST RECENT INFORMATION FOR ALL OVER-THE-COUNTER MEDICATIONS AND PRESCRIPTIONS.

1. Did the participant report taking any medications as of this visit? ❑1 Yes ❑0 No

| Line # 3-digits | Drug Code# From Medication Reference Tool | Drug Name | Medication Start Date | Medication Stopped? | For Urologic or Pelvic Pain Symptoms | ATLAS Medication? |
|---|---|---|---|---|---|---|
| __ __ __ | | | __ __/__ __/__ __ __ __ | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No |
| __ __ __ | | | __ __/__ __/__ __ __ __ | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No |
| __ __ __ | | | __ __/__ __/__ __ __ __ | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No |
| __ __ __ | | | __ __/__ __/__ __ __ __ | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No |
| __ __ __ | | | __ __/__ __/__ __ __ __ | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No |
| __ __ __ | | | __ __/__ __/__ __ __ __ | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No |
| __ __ __ | | | __ __/__ __/__ __ __ __ | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No |
| __ __ __ | | | __ __/__ __/__ __ __ __ | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No | ❑1 Yes ❑0 No |

Administrative

| Med. Chg. Updt. Via MyMED<br>1 = Med. stop<br>2 = New med. | Date of Medication Change per MyMED | Visit # |
|---|---|---|
| ❑1 ❑2 | __ __/__ __/__ __ __ __ | |
| ❑1 ❑2 | __ __/__ __/__ __ __ __ | |
| ❑1 ❑2 | __ __/__ __/__ __ __ __ | |
| ❑1 ❑2 | __ __/__ __/__ __ __ __ | |
| ❑1 ❑2 | __ __/__ __/__ __ __ __ | |
| ❑1 ❑2 | __ __/__ __/__ __ __ __ | |
| ❑1 ❑2 | __ __/__ __/__ __ __ __ | |
| ❑1 ❑2 | __ __/__ __/__ __ __ __ | |

2. Research Coordinator ID: ___ ___ ___ ___ (4-digit ID)

**Additional comments, if needed:**

| Line # | Comments |
|---|---|
| __ __ __ | |
| __ __ __ | |