MAPP research network	**Participant ID:** __ __ __ __ __ __	**Pin #** __ __ __ __
	Discovery Site: __ __	**Clinical Center** __ __
	CRF Date: __ __/__ __/__ __ __ __	**Visit #:** __ __

Concomitant Medications

RESEARCH COORDINATOR COMPLETES ON DAY OF TRANS-MAPP NEURO-IMAGING PROTOCOL MRI SCAN

LIST THE DOSE OF ALL OVER-THE-COUNTER MEDICATIONS AND PRESCRIPTIONS TAKEN IN ***THE LAST 24 HOURS BEFORE THIS VISIT.***

1. Did the participant report taking any medications in the last 24 hours before this visit? ❑1 Yes ❑0 No

Line # 3-digits	**Drug Code#** From Medication Reference Tool	**Drug Name**	**Time of Last Dose**	**Total Daily Dose** Total Daily Dose or PRN	**Frequency Taken (See Legend)**	**Unit (See Legend)**	**Route (See Legend)**	**For Urologic or Pelvic Pain Symptoms** 1 = Yes 0 = No	**Medication taken for > 3 months?** 1 = Yes 0 = No
__ __ __			___ ___ : ___ ___ ❑1 AM ❑2 PM						
__ __ __			___ ___ : ___ ___ ❑1 AM ❑2 PM						
__ __ __			___ ___ : ___ ___ ❑1 AM ❑2 PM						
__ __ __			___ ___ : ___ ___ ❑1 AM ❑2 PM						
__ __ __			___ ___ : ___ ___ ❑1 AM ❑2 PM						
__ __ __			___ ___ : ___ ___ ❑1 AM ❑2 PM						
__ __ __			___ ___ : ___ ___ ❑1 AM ❑2 PM						
__ __ __			___ ___ : ___ ___ ❑1 AM ❑2 PM						

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

Additional comments, if needed:

Line #	**Comments**
__ __ __	
__ __ __	

MAPP research network	**Participant ID:**	__ __ __ __ __ __	**Pin #**	__ __ __ __
	Discovery Site:	__ __	**Clinical Center**	__ __
	CRF Date:	__ __/__ __/__ __ __ __	**Visit #:**	__ __

Concomitant Medications Legend

Use the codes below in completing the CMED_SCAN form.

Frequency	Unit	Route
1. Every day 2. A few times per week 3. A few times per month 4. Infrequently 5. PRN	1. mg 2. ml/cc 3. tablets 4. SC 5. tsp 6. drops 7. cream 8. spray 9. tbsp 98. other	1. oral 2. IV 3. IM 4. SC 5. topical 6. rectal 7. nasal 8. transdermal 9. inhalant 10. sublingual 98. other