


| | | |
|---|-------------------------|-----------------------|
|  | Participant ID: _____ | Pin # _____ |
| | Discovery Site: _____ | Clinical Center _____ |
| | CRF Date: ___/___/_____ | Visit #: _____ |

Concomitant Medications

Research Coordinator completes this form at the Baseline, Six-month, and Twelve-month Contacts.

LIST THE MOST RECENT DOSE OF 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 | Date 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 |
|--------------------|--|-----------|-------------------|---|---------------------------------|----------------------|-----------------------|---|
| ____ | | | ___/___/_____ | | | | | |
| ____ | | | ___/___/_____ | | | | | |
| ____ | | | ___/___/_____ | | | | | |
| ____ | | | ___/___/_____ | | | | | |
| ____ | | | ___/___/_____ | | | | | |
| ____ | | | ___/___/_____ | | | | | |
| ____ | | | ___/___/_____ | | | | | |
| ____ | | | ___/___/_____ | | | | | |

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

Additional comments, if needed:

| Line # | Comments |
|--------|----------|
| ____ | |
| ____ | |

| | | |
|---|-------------------------|-----------------------|
|  | Participant ID: _____ | Pin # _____ |
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| | CRF Date: ___/___/_____ | Visit #: _____ |

Concomitant Medications Legend

Use the codes below in completing the CMED form.

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