

PEDS-C Concurrent Medications



41399

Please Use Black Pen To Fill Out Form.

○
Correction

Week #	Sequence #	Date of Assessment	Patient ID	Patient Letter Code
		/ /	- -	
		mm dd yyyy		

Instructions

Use this form at all visits after baseline where the patient has taken medications other than those given within the study. Include all pre-dose medications such as Acetaminophen and Diphenhydramine. If you are reporting more than 3 other drugs in the same visit week, use a separate form and sequence number, beginning with 01.

1. Common concurrent medications:

Answer **Yes** for each medication that has been taken since the last study visit.

<p>A. Acetaminophen Yes med01</p> <p>B. Antacid Yes med02</p> <p>C. Antihistamine (such as Benadryl/diphenhydramine) Yes med03</p> <p>D. Laxatives/stool softener/fiber supplement/enema Yes med04</p> <p>E. Cough syrup / drops Yes med05</p>	<p>F. Ibuprofen Yes med06</p> <p>G. Immunization Yes med07</p> <p>H. Decongestant Yes med08</p> <p>I. Oral antibiotics Yes med09</p> <p>J. Topical preparations Yes med10</p>
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2. Were there any other concurrent medications?

Yes No
 med11

If **No**, skip to Signature and Certif. #.

3.A. Drug:

med12

B. Indication:

med12ind

C. Date started:

med12sdt / /

mm dd yyyy

D. Date stopped:

med12edt / /

mm dd yyyy

4.A. Drug:

med13

B. Indication:

med13ind

C. Date started:

med13sdt / /

mm dd yyyy

D. Date stopped:

med13edt / /

mm dd yyyy

5.A. Drug:

med14

B. Indication:

med14ind

C. Date started:

med14sdt / /

mm dd yyyy

D. Date stopped:

med14edt / /

mm dd yyyy

CRA Use Only

Signature: _____

Certif. #: -