

Center Number: _____ Participant Number: _____ Participant's Initials: _____
first middle last

Concomitant Medications Log

Record any medications taken after start of baseline visit, including over-the-counter and prescription drugs, vitamins, supplements, and herbal medications. Update form for each visit and mark corresponding additional box.

Send copies of this form with each submission starting with baseline:

Baseline 1 Baseline 2 Month 1 Month 3 Month 6 Month 9 Month 12 Month 18 Month 24

Medication	Start Date or <input checked="" type="checkbox"/> if Pre-study	Stop Date or <input checked="" type="checkbox"/> if Continuing	Indication
1	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Pre-study	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Continuing	
2	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Pre-study	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Continuing	
3	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Pre-study	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Continuing	
4	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Pre-study	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Continuing	
5	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Pre-study	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Continuing	
6	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Pre-study	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Continuing	
7	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Pre-study	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Continuing	
8	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Pre-study	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Continuing	
9	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Pre-study	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Continuing	
10	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Pre-study	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Continuing	
11	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Pre-study	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Continuing	
12	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Pre-study	____/____/____ <small>day month year</small> OR <input type="checkbox"/> Continuing	

Page Numbering: Sequentially number each page in the right hand corner, i.e. 281+1, 281+2, 281+3. Insert additional pages as needed.

Send to DCRI Forms Management • 2400 Pratt St. • Room 0311 Terrace Level • Durham NC 27705