**Medication Name\*:**

**Medication Indication:**

**Medication Dose\*:**

**Medication Unit of Measure**

[ ]  Gram

[ ]  Microgram

[ ]  Microliter

[ ]  Milligram

[ ]  Ounce

[ ]  Unknown

[ ]  N/A

[ ]  Other, specify:

**Medication Dose Frequency\***

[ ]  two times a day [ ]  every evening

[ ]  three times a day [ ]  every day

[ ]  four times a day [ ]  every other day

[ ]  every 2 hours [ ]  at bedtime

[ ]  every 4 hours [ ]  as needed

[ ]  every 8 hours [ ]  Unknown

[ ]  every morning [ ]  N/A

[ ]  Other, specify:

**Medication Route Type**

[ ]  Buccal [ ]  Rectal

[ ]  Inhaled [ ]  By ear

[ ]  Intramuscular [ ]  Topical

[ ]  Intravenous [ ]  Subcutaneous

[ ]  Nasal [ ]  Sublingual

[ ]  Oral [ ]  Transdermal

[ ]  Unknown

[ ]  Other, specify:

**Med Start Date\*:**

**Med End Date\*:**

**Medication Ongoing Indicator** [ ]  Yes [ ]  No [ ]  Unknown

## Instructions

*Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.*

Important note: None of the data elements included on this CRF are considered Core (i.e., strongly recommended for all studies to collect). These data elements are supplemental or supplemental-highly recommended (\*) and should be collected on clinical trials and only if the research team considers them appropriate for their study.