1. Indicates reported medication use during the time period relevant to the study protocol

Yes  No  Unknown

1. Name of the prior/concomitant agent or drug administered
2. Code for the name of prior/concomitant agent or measure
3. Reason for the administration of prior/concomitant agent or measure
4. Dosage of prior/concomitant medication taken per administration
5. Dosage unit of measurement

mcg

mg

g

mcL

mL

oz

Other, specify

Unknown

NA

1. Code that represents dosage unit of measurement
2. Frequency of prior/concomitant medication use

BID

TID

QID

QAM

QPM

QD

OTH

UNK

AD

HS

PRN

q8h

q2h

q4h

q6h

NA

1. Type of access route for administration of prior/concomitant medication

Buccal

Intramuscular

Nasal

Rectal

Topical

Sublingual

Unknown

Inhaled

Intravenous

Oral

By ear

Subcutaneous

Transdermal

Other, specify

1. Medication prior or concomitant start date and time
2. Medication prior or concomitant start date and time
3. Indicates or describes that prior/concomitant medication usage is ongoing

Yes  No  Unknown