

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**