

## Concomitant Medication Form

## Section 1 - Participant Details

Patient Trial Number Initials: *First, Middle, Last* 

Site Name:

## Section 2 - Visit Details

Timepoints

☐ Initial Appointment☐ Day 1 Clinic☐ Day 14 Clinic☐ Month 6☐ Month 12Date of Trial Appointment 

## Section 3 - Relevant Medications

Concomitant Medications Table

Drug Name	Category (Use Table 2)	Dose	Units (Use Table 1)	Start Date	Ongoing (Select if ongoing)	Stop Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

## Section 4 - Form Completion Details

Completed by:

Signature:

Date: e.g. 31-JAN-2017

D D - M M M - Y Y Y Y

Principal Investigator Name:

Signature:

Date: e.g. 31-JAN-2017

D D - M M M - Y Y Y Y

**Table 1: Coded list**

Unit Codes
1 = mg
2 = µg
3 = G
4 = Puffs
5 = Units
6 = ml
7 = mg/ml
8 = mg/kg
9 = µg/ml
10 = AUC
11 = Kg
12 = ng
13 = pg
14 = µg/kg
15 = mg/m2
16 = µg/m2
17 = Gy
97 = Other (please specify)
99 = Not Known

**Table 2: Category Codes**

1 = Inhaled short acting beta 2 agonist (SABA)
2 = Nebulised short acting beta 2 agonist (SABA)
3 = Nebulised short acting muscarinic antagonist (SAMA)
4 = Inhaled long acting muscarinic antagonist (LABA)
5 = Inhaled long acting beta 2 agonist (LAMA)
6 = Inhaled dual LABA/LAMA therapy
7 = Inhaled dual LABA/ICS therapy
8 = Inhaled triple therapy (LAMA/LABA/ICS)
9 = Mucolytic
10 = Prophylactic Antibiotic
11 = Theophylline
12 = Long Term Oxygen Therapy (LOTO)
13 = Ambulatory Oxygen
14 = Domiciliary Non-invasive Ventilation
15= Other