



Participant ID:

Participant Initials:

Site:

Visit Number:

CRF Date:

RC ID:

PRESCRIPTION AND NON-PRESCRIPTION MEDICATION USE

Record all prescription & non-prescription use, vitamin/dietary supplements, and alternative medications taken in past month.

Visit Date	Drug Code*	Drug Name	Total Daily Dose	Unit	Route	Start Date [mm/dd/yyyy]**	Stop Date [mm/dd/yyyy]***	Indication for Use

*From Medication Reference Tool

**Type "UNKNOWN" if the Start Date for the medication is not known

***Type "CONTINUING" if there is no Stop Date

Unit		Route		Indication for Use
1 = mg	7 = drops	1 = Oral	7 = Intravaginal	1 = Prophylaxis
2 = mcg	8 = cream/ointment	2 = IV	8 = Nasal	2 = Therapeutic
3 = mL	9 = spray	3 = IM	9 = Inhalant	3 = Recreational
4 = tablet	10 = tablespoon	4 = SC	10 = Sublingual	4 = Nutritional supplementation (e.g. vitamins)
5 = capsule	98 = other	5 = Topical/transdermal	98 = Other	98 = Other
6 = teaspoon		6 = Rectal		

For Research Coordinator use only: CRF was: ☐ Self-administered ☐ Interviewer-administered