

ISRCTN71327395 HTA 09/22/136		 <small>www.investigate-i.com</small>		Medication and Therapies
<input type="text"/> Area No	<input type="text"/> Site No	<input type="text"/> Participant I.D.	<input type="text"/> Participant initials	

MEDICATION & THERAPIES

Please record details of medications and therapies taken during the trial. *If the participant has not taken any medications or therapies, please enter "NONE".*

Generic Name of Medication	Total dosage & frequency	Administration Route	Start Date	✓if Continuing	Stop Date	Reason
			<input type="text"/> <small>dd mm yyyy</small>	<input type="checkbox"/>	<input type="text"/> <small>dd mm yyyy</small>	
			<input type="text"/> <small>dd mm yyyy</small>	<input type="checkbox"/>	<input type="text"/> <small>dd mm yyyy</small>	
			<input type="text"/> <small>dd mm yyyy</small>	<input type="checkbox"/>	<input type="text"/> <small>dd mm yyyy</small>	
			<input type="text"/> <small>dd mm yyyy</small>	<input type="checkbox"/>	<input type="text"/> <small>dd mm yyyy</small>	
			<input type="text"/> <small>dd mm yyyy</small>	<input type="checkbox"/>	<input type="text"/> <small>dd mm yyyy</small>	
			<input type="text"/> <small>dd mm yyyy</small>	<input type="checkbox"/>	<input type="text"/> <small>dd mm yyyy</small>	

**If medications/therapies are continuing at trial completion, please record 'CONT' in the stop date field.*

Completed by:

Name:	Signature:	<input type="text"/> <small>Day Month Year</small>	Medication & Therapies Version 1.0 240511
-------	------------	---	--