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| **Were any medications taken?**  *(Including over the counter medications, vitamins or supplements?)* | | | | | | Yes | | No | | | |  | | |
| **CM Number**  *(CM001, CM002, CM003 etc.)* | **What is the generic term for the medication/ therapy taken?** | **Start date of medication/ therapy** *DD/MM/YYYY* | **End Date of medication/ therapy** *DD/MM/YYYY* | **What was the prescribed dose of medication/ therapy?**  *(Value)* | **What was the unit of the medication/ therapy?**  *1 = milligram (mg)*  *2 = microgram (µg)*  *3 = gram (g)*  *4 = millilitre (mL)*  *5 = International Unit (IU)*  *6 = tablet*  *7 = capsule*  *8 = puff*  *99 =Other (please specify)* | | ***What was the form of administration?***  *1 = Tablet*  *2 = Capsule*  *3 = Ointment*  *4 = Suppository*  *5 = Aerosol*  *6 = Spray*  *7 = Suspension*  *8 = Patch*  *9 = Gas*  *10 = Cream*  *11 = Powder*  *99 = Other (please specify)* | **What was the frequency of medication/ therapy?**  *1 = Daily (OD)*  *2 = Twice Daily (BID)*  *3 = Thrice Daily (TID)*  *4 = Four times Daily (QID)*  *5 = Every other day (QOD)*  *6 = Every month (QM)*  *7 = As needed (PRN)*  *8 = Unknown*  *99 = Other (Please Specify)* | **What was the route of administration?**  *1 = Oral*  *2 = Topical*  *3 = Subcutaneous*  *4 = Transdermal*  *5 = Intraocular*  *6 = Intramuscular*  *7 = Inhalation*  *8 = Intralesion*  *9 = Intraperitoneal*  *10 = Nasal*  *11 = Vaginal*  *12 = Rectal*  *99 = Other (Please Specify)* | **For what indication was the medication/ therapy taken?**  *1 = Adverse Event*  *2 = Medical History*  *99 = Other (Please Specify)* | **What was the AE number for which this medication was taken?** | | **What was the MH number for which this medication was taken?** | **What was the reason for stopping the medication/ therapy?**  *1= Efficacy*  *2= Recovery*  *3= Progressive Disease*  *4= Adverse Event*  *5= Physician Decision*  *6= To enter trial*  *7= Procedure*  *8= Completed Treatment*  *9= Subject decision*  *99= Other (Please specify)* |
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