

Participant ID							<b>CONCOMITANT MEDICATIONS LOG</b>	

Name of Drug <sup>1</sup>	Reason Prescribed	Dose	Units <sup>2</sup>	Frequency <sup>3</sup>	Route of Admin <sup>4</sup> state if other	Tick (✓) if on-going at start of study or enter Start Date	Tick (✓) if on-going at end of study or enter Date stopped or Dose changed
						__/__/__ or <input type="checkbox"/>	__/__/__ or <input type="checkbox"/>
						__/__/__ or <input type="checkbox"/>	__/__/__ or <input type="checkbox"/>
						__/__/__ or <input type="checkbox"/>	__/__/__ or <input type="checkbox"/>
						__/__/__ or <input type="checkbox"/>	__/__/__ or <input type="checkbox"/>
						__/__/__ or <input type="checkbox"/>	__/__/__ or <input type="checkbox"/>
						__/__/__ or <input type="checkbox"/>	__/__/__ or <input type="checkbox"/>

<sup>1</sup>All Laxatives used by participant should be added to this form

<sup>2</sup>Units: µg, mg, g, mL, IU, tablet, capsule, puff, other (specify)

<sup>3</sup>Frequency: Once Daily, Twice per day, 3 times per day, 4 times per day, Every week, Every 2 weeks, Every month, As needed (PRN), Other (specify)

<sup>4</sup>Route of Administration: 1. Oral 2. Subcutaneous 3. Intramuscular 4. Intravenous 5. Rectal 6. Topical 7. Inhaled 8. Other

<b>Signature</b>										
	<b>Date</b>	D	D	M	M	Y	Y	Y	Y	