

CRF - Medications		
No.	Question	Response
001	Enter today's date:	_ _ / _ _ / _ _ _ _ D D / M M / Y Y Y Y
002	Medication name:	
003	Indication/reason for taking medication:	
004	Date started medication:	_ _ / _ _ / _ _ _ _ D D / M M / Y Y Y Y
005	Date stopped medication:	_ _ / _ _ / _ _ _ _ D D / M M / Y Y Y Y
006	Dose:	Enter numeric dose. E.G. if 100 mg of Tylenol write: 100
007	Dosing units:	0 = Grams 1 = Micrograms 2 = Milligrams 3 = Milliliters 4 = Capsules 5 = Drops 6 = Puffs 7 = Sachets 8 = Tablets 9 = Unit (arbitrary) 10 = Other Specify in 008

008	Specify "Other" dosing units:	Respond only if [007 = 10]
009	Frequency:	0 = As needed 1 = Daily 2 = Twice a day 3 = Three times a day 4 = Four times a day 5 = Every month 6 = Once 7 = Other Specify in 010
010	Specify "Other" frequency":	Respond only if [009 = 7]
011	Route/Mode:	0 = Oral 1 = Intramuscular 2 = Intravenous 3 = Topical 4 = Inhalation 5 = Vaginal 6 = Rectal 7 = Subcutaneous 8 = Ocular 9 = Other Specify in 012
012	Specify "Other" route/mode:	Respond only if [011 = 9]
013	Taken for reported Medical Event/Condition?	0 = No 1 = Yes
014	CRF Notes	