



Comparison of Age-related
Macular Degeneration Treatments Trials
Concomitant Medication Log

CM (005.1)

11/21/2007

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ID. No.: ____ - ____ Alpha Code: ____

Clinic: ____

Drug Code	Medication Name (Generic name preferred)	Rx	Mode of Admin.	Dose per Administration	Unit	Freq.	Variations	Route of Admin.	Start Date MMDDYYYY	Stop Date MMDDYYYY
		Is this an Rx? No Yes		Check box if unknown			Dose or frequency routinely vary? No Yes		Note: Enter best estimate of medication start/stop date. If month or day of start/stop date is estimated, enter 01 for month or day.	
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> ₁			<input type="checkbox"/> <input type="checkbox"/>		<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> ₁			<input type="checkbox"/> <input type="checkbox"/>		<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> ₁			<input type="checkbox"/> <input type="checkbox"/>		<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
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		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> ₁			<input type="checkbox"/> <input type="checkbox"/>		<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> ₁			<input type="checkbox"/> <input type="checkbox"/>		<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> ₁			<input type="checkbox"/> <input type="checkbox"/>		<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> ₁			<input type="checkbox"/> <input type="checkbox"/>		<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> ₁			<input type="checkbox"/> <input type="checkbox"/>		<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>

Mode of Administration	Unit	Frequency	Route of Administration		
1 = capsule 2=tablet 3 = drop 4 = spray 5 = liquid 6 = puff 88 = unknown 98 = other	1 = tablespoon 2 = teaspoon 3 = ounce 4 = gram 5 = milligram (mg) 6 = microgram (mcg) 7 = milliliter (ml) 8 = microliter (mcl) 9 = millicure (mlc)	10 = microcurie (mcc) 11 = grain 12 = units 88 = unknown unit 98 = other	1 = 1X per day (qd) 2 = 2X per day (bid) 3 = 3X per day (tid) 4 = 4X per day (qid) 5= as needed (PRN) 88 = unknown 98 = other	1 = S.C. - subcutaneous 2 = I.V. - intravenous 3 = eye drops 4 = I.M. - intramuscular 5 = P.O. - by mouth 6 = P.R. - by rectum 7 = topical 8 = vaginal 9 = oral inhalation	10 = nasal 11 = sublingual 12 = intravitreal 13 = peribulbar 14 = intra-articular 15 = transdermal 16 = by ear 88 = unknown 98 = other