**Medication Name\*:**

**Medication Indication:**

**Medication Dose\*:**

**Medication Unit of Measure**

Gram

Microgram

Microliter

Milligram

Ounce

Unknown

N/A

Other, specify:

**Medication Dose Frequency\***

two times a day  every evening

three times a day  every day

four times a day  every other day

every 2 hours  at bedtime

every 4 hours  as needed

every 8 hours  Unknown

every morning  N/A

Other, specify:

**Medication Route Type**

Buccal  Rectal

Inhaled  By ear

Intramuscular  Topical

Intravenous  Subcutaneous

Nasal  Sublingual

Oral  Transdermal

Unknown

Other, specify:

**Med Start Date\*:**

**Med End Date\*:**

**Medication Ongoing Indicator**  Yes  No  Unknown

## Instructions

*Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.*

Important note: None of the data elements included on this CRF are considered Core (i.e., strongly recommended for all studies to collect). These data elements are supplemental or supplemental-highly recommended (\*) and should be collected on clinical trials and only if the research team considers them appropriate for their study.