


PtID	PtID: <Patient ID>
Namecode	Namecode: <Name Code>

	 Click here to open/close previously entered data for viewing or editing
ParentRxNorm-DrugListID	1. Medication Name: <input type="text" value="Begin typing to load list of options."/> <div style="text-align: right;"> <input type="button" value="↑"/> <input type="button" value="↓"/> </div> <p>Note: If the medication you are looking for is not in the list, please click here to send an email to request that it be added to the list.</p>
MedDose MedUnit MedDoseUnk	2. Dose per administration (include unit): Dose: _____ Unit: _____ or <input type="checkbox"/> Unknown
MedRoute	3. Route: <input type="text"/>
MedLocSide	4. If treatment is for eye or ear, complete: <input type="radio"/> right <input type="radio"/> left <input type="radio"/> both
MedFreqType MedFreqNum MedFreqPer MedFreqUnk MedFreqAs-NeededDs	5. Frequency: <input type="radio"/> fixed regimen <input type="radio"/> as needed <input type="radio"/> one time treatment 5a. if Fixed, complete the following: Frequency <input type="text"/> per <input type="radio"/> day <input type="radio"/> week <input type="radio"/> month <input type="radio"/> year or <input type="checkbox"/> Unknown 5b. if 'as needed', approximate frequency: <input type="text"/>
BM3	NULL
MedInd ParentLoginID-MedCondition MedCond-NotReqd ParentLoginID-PreExisting PreExistCond-NotReqd	6. Indication: <input type="radio"/> Medical condition prior to enrollment <input type="radio"/> New medical condition/adverse event <input type="radio"/> Prevention 6a. If medical condition (either pre-existing or occurred during the study), select condition: <input type="text"/> or <input type="checkbox"/> Condition not required to be reported on medical condition form 6a. If medical condition prior to enrollment (i.e. pre-existing), select condition: <input type="text"/> or <input type="checkbox"/> Condition not required to be reported on pre-existing condition form

ParentLoginID-AdvEvent	6b. If "Treatment for Adverse Event", select adverse event: <div></div>
MedStartTrtCat MedStartPre-EnrRange MedStartDt MedStartDt-Approx MedStartMonth MedStartYear MedStartDtUnk	7.Start Date of Treatment <div> <input type="radio"/> On treatment at time of enrollment <input type="radio"/> Treatment started after enrollment </div> <p>7a. If on treatment at time of enrollment:</p> <p>Start date:</p> <div> <input type="radio"/> <=30 days <input type="radio"/> >30 days to < 3 months <input type="radio"/> 3 months to < 6 months <input type="radio"/> 6 months to < 1 year <input type="radio"/> 1 year to < 5 years <input type="radio"/> 5 years to < 10 years <input type="radio"/> >=10 years <input type="radio"/> Unknown </div> <p>7b. If treatment started after enrollment:</p> <p>Start Date:</p> <p>Please enter exact date (Month, Day, Year) if known, otherwise estimate the month and year: Mon / DD / YYYY OR if exact date not known, estimate: Mon / YYYY (if month unknown and cannot be estimated just enter year) <input type="checkbox"/> Unknown</p>
MedStopDt MedStopDt-Approx MedStopMonth MedStopYear MedStopDtUnk MedOngoing	8. Stop Date (or mark box if ongoing): Please enter exact date (Month, Day, Year) if known, otherwise estimate the month and year: Mon / DD / YYYY OR if exact date not known, estimate: Mon / YYYY (if month unknown and cannot be estimated just enter year) <input type="checkbox"/> Unknown <input type="checkbox"/> Ongoing