

PPMI

CONCOMITANT MEDICATION LOG

1 3 2

7 2

SUBJECT ID

INITIALS

SITE NO

Enter all medications taken at Screening Visit. At subsequent visits record new meds, and changes/discontinuation of previously listed meds. Changes in total daily dose or route require a new line. Row: enter 1, 2, 3, etc. Medication: Record generic name; if unknown, enter brand name. For multiple ingredient medications, indicate strength if possible, e.g., carbidoval/levodopa 25/100. Dose: Record dose for each administration. Date: Please specify if the Start and Stop dates are ACTUAL or ESTIMATED. If the exact date is unknown, please enter your best reasonable estimate of the date and specify which part(s) are estimated. Ongoing: Answer yes if medication is still being taken at end of study. Indication: Reason for use, not drug category.

Row # (e.g., 1, 2, etc.)	MEDICATION (List generic name, if possible)	DOSE (e.g., mg, cc, ml, puffs)	FREQUENCY (e.g., qd, BID, qid, etc.)	ROUTE 1 = IV 2 = IM 3 = PO 4 = SC 5 = PR 6 = Sublingual 7 = Inhaled 8 = Topical 9 = Other	START DATE (MM/DD/YYYY)	STOP DATE (MM/DD/YYYY)	1 = Actual (ACT) 2 = Day Est. (DAY) 3 = Mon/Day Est (MD) 4 = Month Est. (MON)	1 = Actual (ACT) 2 = Day Est. (DAY) 3 = Mon/Day Est (MD) 4 = Month Est. (MON)	ONGOING 0 = No 1 = Yes	INDICATION	PD MED? 0 = No, 1 = Yes
0	paroxetine hydrochloride	20 mg	qd	3	10/30/2003	10/31/2003	2	2	0	depression	0

SAMPLE