

Therapeutics Over Counter Medication

Research Subject ID Research ID _____

Over-the-Counter Medications (PhenX protocol PX0140301 unless stated otherwise)

Copy the name of the medicine, the strength (include units), and the total number of doses prescribed per day/week/month. Include all pills, skin patches, eye drops, creams, salves, and injections.

OTC Medication

(Print the first 20 letters only - Please print clearly.)

Strength (mg, IU, etc.). Write the decimal one of the digits.

Record the units of the strength of prescription medication

Number Prescribed

Circle: Day, Week, Month

D W M

PRN (pro re nata/ as needed) Medicine?

Y N

On average during the last two weeks, how many of these pills did you take a day/ week

Circle: Day, Week, Month

D W M

Number unable to transcribe

Comments about medications
