

# Therapeutics Prescription Medication

Research Subject ID Research ID \_\_\_\_\_

## Prescription Medication (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.**

Prescribed Medication \_\_\_\_\_

(Please enter in the first 20 letters only.)

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 Medicine?

- Y  
 N

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

Circle: Day, Week, Month

- D  
 W  
 M

Number unable to transcribe \_\_\_\_\_