Participant ID [_] [_] [_] [_] Initials [_] [_] [_]

GREAT-2 Worksheet

Concomitant Medications: Other Concomitant Medications

Review each medication and check if it is still ongoing at each visit. Ingredients of combined medications should be listed separately e.g. for Codydramol list separately as codeine, paracetamol.

Name of drug (generic)	Ongoing at start of trial? Y/N (If no, add start date)	Ongoing at end of trial? Y/N (if no add end date)

Participant ID [_] [_] [_] [_] Initials [_] [_] [_]

Name of drug (generic)	Ongoing at start of trial? Y/N (If no, add start date)	Ongoing at end of trial? Y/N (if no add end date)