

Subject ID				

Initials		

## Other Concomitant Medications Log

Do **not** add antibiotics prescribed for pulmonary exacerbations, inhaled medications, leukotriene receptor antagonists, theophylline and any other respiratory medications. These should be entered on *Respiratory & Antibiotic Concomitant Medications Log*

OTHER MEDICATIONS NAME OF DRUG (GENERIC)	TICK IF ONGOING AT START OF TRIAL OR ENTER START DATE	TICK IF ONGOING AT END OF TRIAL OR ENTER DATE STOPPED
	<input type="checkbox"/> ___/___/___	___/___/___ <input type="checkbox"/>
	<input type="checkbox"/> ___/___/___	___/___/___ <input type="checkbox"/>
	<input type="checkbox"/> ___/___/___	___/___/___ <input type="checkbox"/>
	<input type="checkbox"/> ___/___/___	___/___/___ <input type="checkbox"/>
	<input type="checkbox"/> ___/___/___	___/___/___ <input type="checkbox"/>
	<input type="checkbox"/> ___/___/___	___/___/___ <input type="checkbox"/>
	<input type="checkbox"/> ___/___/___	___/___/___ <input type="checkbox"/>

OTHER MEDICATIONS NAME OF DRUG (GENERIC)	TICK IF ONGOING AT START OF TRIAL OR ENTER START DATE	TICK IF ONGOING AT END OF TRIAL OR ENTER DATE STOPPED
	<input type="checkbox"/> ___/___/___	___/___/___ <input type="checkbox"/>
	<input type="checkbox"/> ___/___/___	___/___/___ <input type="checkbox"/>
	<input type="checkbox"/> ___/___/___	___/___/___ <input type="checkbox"/>
	<input type="checkbox"/> ___/___/___	___/___/___ <input type="checkbox"/>
	<input type="checkbox"/> ___/___/___	___/___/___ <input type="checkbox"/>
	<input type="checkbox"/> ___/___/___	___/___/___ <input type="checkbox"/>
	<input type="checkbox"/> ___/___/___	___/___/___ <input type="checkbox"/>