

# Repeating Data 'Respiratory Medications'

## Form Respiratory Medication

Question	Answers
<b>**Respiratory &amp; Antibiotic Concomitant Medications Log**</b>	
It is necessary to include the name, dose, number of puffs (if applicable) and frequency of administration of antibiotic and respiratory medications. It is not necessary to include additional information for non-respiratory antibiotic medications. These can simply be named in the Other Concomitant Medications Log. Please use brand names for inhaled therapies and generic names for non-inhaled therapies.	
<b>**Include all antibiotics, inhaled medications, leukotriene receptor antagonists, theophylline and any other respiratory medications.**</b>	
Name of drug	<input type="text"/>
Dose	<input type="text"/>
Number of puffs OR NA	<input type="text"/>
Times per day	<input type="text"/>
Ongoing at start of trial?	<input type="radio"/> YES <input type="radio"/> NO
<b><i>If 'Ongoing at start of trial?' is equal to 'NO' answer this question:</i></b> Start date (DD-MM-YYYY, NK-MM-YYYY or NK-NK-YYYY)	<input type="text"/>
Ongoing at end of trial?	<input type="radio"/> YES <input type="radio"/> NO
<b><i>If 'Ongoing at end of trial?' is equal to 'NO' answer this question:</i></b> End date (DD-MM-YYYY, NK-MM-YYYY or NK-NK-YYYY)	<input type="text"/>