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Ask Participant: Are you currently taking any medications (i.e. prescription, vitamins, supplements, OTC drugs)?

Signature of Principal Researcher

**To be signed at the end of the study*

CODING

CODE	DOSE UNITS	FREQ	FORM	ROUTE OF ADMINISTRATION
01	mg (milligram)	QD (once/day)	Tablet	Oral
02	µg (microgram)	BID (twice/day)	Capsule	Topical
03	L (liter)	TID (three/day)	Ointment	Subcutaneous
04	mL (milliliter)---	QID (four/day)	Suppository	Intradermal
05	IU (International Unit)	QOD (every other day)	Aerosol	Transdermal
06	g (gram)	QM (every month)	Spray	Intraocular
07		QOM (every other month)	Suspension	Intramuscular
08		QH (every hour)	Patch	Inhalation
09		AC (before meals)	Gas	Intravenous
10		PC (after meals)	Gel	Intraperitoneal
11		PRN (as needed)	Cream	Nasal
12			Powder	Vaginal
13			Implant	Rectal
14			Chewable	
15			Liquid	
99	Other, define	Other, define	Other, define	Other, define

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