A-STAR: Concomitant Medication		
Patient Study ID:		Initials:

Current concomitant medication (for additional medications print further CRF pages)					
	Medication name (generic name):				
	Dose and unit:				
	Frequency:				
	<ul> <li>Once daily</li> <li>Twice daily</li> </ul>				
	Three times daily	$\Box$ As needed	□ Other		
	Four times daily				
	Reason:				
	Start date:				
	Stop date:		or  _ Ongoing		
	Medication name (ge	eneric name):			
	Dose and unit:				
	Frequency:				
	Once daily	U Weekly	🗆 Unknown		
	Twice daily	Alternate days	Every month		
	Three times daily	□ As needed	□ Other		
	Four times daily				
	Reason:				
	Start date:				
	Stop date:		or		
	Medication name (generic name):				
	Dose and unit:				
	Frequency:				
	Once daily	U Weekly	🗆 Unknown		
	Twice daily	Alternate days	Every month		
	Three times daily	$\Box$ As needed	□ Other		
	Four times daily				

A-STAR CRF - CONCOMITANT MEDICATION - V3.0 (01-MAY-2023)

## **A-STAR: Concomitant Medication**

Patient Study ID: |\_\_\_\_| |\_\_\_| |\_\_\_|

Initials:

	Reason:				
	Start date:				
	Medication name (generic name):				
	Dose and unit:				
	Frequency:				
	Once daily      Weekly      Unknown				
	Twice daily     Alternate days     Every month				
	□ Three times daily □ As needed □ Other				
	Four times daily				
	Reason:				
	Start date:				
	Stop date:             or □ Ongoing				
	Medication name (generic name):				
	Dose and unit:				
	Frequency:				
	Once daily      Weekly      Unknown				
	Twice daily     Alternate days     Every month				
	□ Three times daily □ As needed □ Other				
	Four times daily				
	Reason:				
	Start date:				
	Stop date:           or □ Ongoing				