**Form 5: Drugs Dose Record Form**

Study site:  Participant ID**:** -

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| 1. **Study Treatment Dose Record** |

**Instructions:** Enter initial treatment regimen at enrollment. Review this form at every study visit after enrollment and record all medication changes (medication, dose, and/or frequency) on a new line. Record stop dates on any medications that were changed. If a change of a medication in the study regimen occurred, continue recording treatment on the next page. Print additional pages as needed.

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| **Medication** | **Daily dose, mg** | **Frequency** | **Start date** | **Stop date** | **Total no. of doses during IP** | **Total no. of doses during CP** |
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| 1. **Form Completion** |

PRINT name of person completing form:

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Date Drugs Dose Record Form completed: --