



## PVDOMICS STUDY

### PH and Concomitant Medications Form #110

**Instructions:** This form is completed once per participant. This form should record all medications including those medications prescribed by physician, nurse practitioner, or physician assistant as well as any over-the-counter medications such as multivitamins, nutraceuticals, herbal remedies and so on. Review participant's medical record and **ask the participant** what medications that are prescribed and/or OTC meds usually taken even if not taken that day but would take normally.

**Note:** A Form 110 list of medications that includes but is not limited to, a variety of medications and is provided as a supplement document-see Forms webpage.

--	--	--	--	--	--

1. Identification Number

--	--

2. Alphacode

--	--	--	--	--	--	--	--

3. Date of medication review (mm/dd/yyyy)

4. In the last three months has participant received any of following therapies?

- a. Blood transfusion(s) (0=No; 1=Yes)..... \_\_\_\_\_
- b. Platelet transfusion(s) (0=No; 1=Yes) ..... \_\_\_\_\_
- c. Intravenous immunoglobulin (IVIG) (0=No; 1=Yes) ..... \_\_\_\_\_
- d. Chemotherapy and/or immunosuppressive medications (0=No; 1=Yes, complete table below) ..... \_\_\_\_\_

*You will be able to enter as many medications as needed.*

Name of Immunosuppression/Chemotherapy Medications	Duration 1=0-3mos, 2=4-6 mos, 3=7-12mos, 4= >1 year	Last Dose 1=0-3mos, 2=4-6 mos, 3=7-12mos, 4= >1 year

5. Is the participant currently taking any medications and/or OTC supplements? (0=No, 1=Yes)..... \_\_\_\_\_

*You will be able to enter as many medications as needed.*

Name of Medication/Supplement

Name of Medication/Supplement

Name of Medication/Supplement

Name of Medication/Supplement

6. Is the participant currently using oxygen at **rest**? (0=No; 1=Yes) ..... \_\_\_\_
- a. If yes, how much does participant report using in liters per minutes (lpm) ..... \_\_\_\_
- 1=1-2 lpm                      3=5-6 lpm                      5=greater than 8 lpm
- 2=2-4 lpm                      4=6-8 lpm
7. Is the participant currently using oxygen at **night**? (0=No; 1=Yes)..... \_\_\_\_
- a. If yes, how much does participant report using in liters per minutes (lpm) ..... \_\_\_\_
- 1=1-2 lpm                      3=5-6 lpm                      5=greater than 8 lpm
- 2=2-4 lpm                      4=6-8 lpm
8. Is the participant currently using oxygen on **exertion**? (0=No; 1=Yes) ..... \_\_\_\_
- a. If yes, how much does participant report using in liters per minutes (lpm) ..... \_\_\_\_
- 1=1-2 lpm                      3=5-6 lpm                      5=greater than 8 lpm
- 2=2-4 lpm                      4=6-8 lpm

200. Date this form completed (mm/dd/yyyy) ..... \_\_\_\_/\_\_\_\_/\_\_\_\_
201. Username of person completing/reviewing completeness of this form ..... \_\_\_\_\_

<p><b>Clinical Center Use Only</b></p> <p>Date Form Entered (mm/dd/yyyy) ____/____/____</p> <p>Username of person entering this form ____/____/____</p>
---