Participant ID			

Initials		

Respiratory Medications Log

Respiratory & Antibiotic Concomitant Medication**

NAME OF DRUG	DOSE	UNITS	TIMES PER DAY	TICK IF ONGOING AT START OF TRIAL OR ENTER START DATE	TICK IF ONGOING AT END OF TRIAL OR ENTER END DATE
Instructions: It is necessary to include the name, dose, units and frequency of administration of antibiotic and respiratory medication. It is not necessary to include additional information for non-respiratory antibiotic medication. These can simply be named in the Other Concomitant Medication. Please use brand names for inhaled therapies and generic names for non-inhaled therapies. **Include all antibiotics, inhaled medications, leukotriene receptor antagonists, theophylline and any other respiratory medications.**					
Is this medication: ○ Oral ○ IV ○ Inhaled ○ Other		○ mg ○ mcg ○ puff ○ ml ○ other________		☐ __/__/____	☐ __/__/____
Is this medication: ○ Oral ○ IV ○ Inhaled ○ Other		○ mg ○ mcg ○ puff ○ ml ○ other________		☐ __/__/____	☐ __/__/____
Is this medication: ○ Oral ○ IV ○ Inhaled ○ Other		○ mg ○ mcg ○ puff ○ ml ○ other________		☐ __/__/____	☐ __/__/____
Is this medication: ○ Oral ○ IV ○ Inhaled ○ Other		○ mg ○ mcg ○ puff ○ ml ○ other________		☐ __/__/____	☐ __/__/____