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:		
	□ 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 \Box 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:		
	Medication name (generic name):		
	Dose and unit:		
	Frequency:		
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	☐ Twice daily ☐ Alternate days ☐ Every month		
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	□ Four times daily		

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	Start date:	
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	Dose and unit:	
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