1. Date of Chart Review\_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ (DD-MMM-YYYY)
2. Has the participant ever been prescribed any of the medications listed below?

Yes

No

1. Indicate group of medication (check all that apply)

Short-Acting Bronchodilators

Short-Acting Theophylline

Long-Acting Beta-Agonist

Long-Acting Theophylline

Other

1. For each medication provide the following information:
2. Name of medication
3. Start Date
4. Start Dose
5. Has the participant STOPPED taking the medications?

Yes

No

1. Stop Date:
2. Medication restarted?
3. Restart Date:
4. Medication stopped?

Yes

No

1. Stop Date: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ (DD-MMM-YYYY)
2. Medication restarted?

Yes

No

1. Restarted Date:\_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ (DD-MMM-YYYY)

## General Instructions

This form is generally administered at screening and/or baseline to determine study eligibility. It may also be administered at follow-up visits to track a participant’s/subject’s physical status. This CRF is Supplemental for certain types of clinical research, but is not intended to be used in all studies. If the study is going to conduct a neurological exam, investigators should consider these elements, but there may be some studies where a physical exam is not appropriate or could be abbreviated.

The data elements collected on this form may need to be modified for study-specific research hypotheses. Every CDE contained in this CRF Module may not be appropriate for every epilepsy study, e.g. pediatric versus adult populations. The CDEs are dependent on the age of the patients, the research question(s) being investigated, and other data being collected. However please note that if a study chooses not to collect the information contained on this CRF Module, the researchers should be prepared to justify why if study section asks.

This form is based on the SAC II Asthma Medication CRF.