

Investigators copy of submitted eCRF

Subject: 308194

Investigator: Investigator

Submitted at: 25.05.2011 11:35:35

Form: Prior and Concomitant Medications

Group: Common

Group code: IG_COMMON

Question	Response	Question code	Response code
Site ID	CHB	I_SITE	
Subject ID	308194	I_SUBJECTID	

Question	Response	Question code	Response code
Visit Date	2011-05-25	I_VISIT	
Visit Start Time	11:30:52	I_VISITTIME	

Group: Non-study related medication

Group code: IG_CM_TAKEN

Question	Response	Question code	Response code
Were any non-study medications taken	Yes	I_CM_TAKEN	1

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	1	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	

Question	Response	Question code	Response code
Start Date	2003-11-18	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2003-12-18	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	2	I_CM_NUMBER	
Drug Name (Brand or Generic)	Niacin 500 MG Extended Release Tablet [Niaspan]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2003-11-25	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2003-12-25	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	3	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2003-12-18	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-01-17	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	4	I_CM_NUMBER	
Drug Name (Brand or Generic)	Niacin 500 MG Extended Release Tablet [Niaspan]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-01-04	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0

Question	Response	Question code	Response code
Stop Date	2004-02-03	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	5	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-01-10	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-02-09	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	6	I_CM_NUMBER	
Drug Name (Brand or Generic)	Niacin 500 MG Extended Release Tablet [Niaspan]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-02-04	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-03-05	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	7	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-02-16	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0

Question	Response	Question code	Response code
Stop Date	2004-03-17	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	8	I_CM_NUMBER	
Drug Name (Brand or Generic)	Niacin 500 MG Extended Release Tablet [Niaspan]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-03-12	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-04-11	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	9	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-03-18	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-04-17	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	10	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-04-13	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0

Question	Response	Question code	Response code
Stop Date	2004-05-13	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	11	I_CM_NUMBER	
Drug Name (Brand or Generic)	Niacin 500 MG Extended Release Tablet [Niaspan]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-04-13	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-05-13	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	12	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-05-15	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-06-14	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	13	I_CM_NUMBER	
Drug Name (Brand or Generic)	Niacin 500 MG Extended Release Tablet [Niaspan]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-05-17	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0

Question	Response	Question code	Response code
Stop Date	2004-06-16	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	14	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-06-15	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-07-15	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	15	I_CM_NUMBER	
Drug Name (Brand or Generic)	Niacin 500 MG Extended Release Tablet [Niaspan]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-06-22	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-07-22	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	16	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-07-15	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0

Question	Response	Question code	Response code
Stop Date	2004-08-14	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	17	I_CM_NUMBER	
Drug Name (Brand or Generic)	Niacin 500 MG Extended Release Tablet [Niaspan]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-08-04	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-09-03	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	18	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-08-18	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-09-17	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	19	I_CM_NUMBER	
Drug Name (Brand or Generic)	Amoxicillin 875 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	2/d	I_CM_DOSEFREQ	
Start Date	2004-09-06	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-10-06	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	20	I_CM_NUMBER	
Drug Name (Brand or Generic)	Niacin 500 MG Extended Release Tablet [Niaspan]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-09-07	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-10-07	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	21	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	

Question	Response	Question code	Response code
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-09-17	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-10-17	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	22	I_CM_NUMBER	
Drug Name (Brand or Generic)	Niacin 500 MG Extended Release Tablet [Niaspan]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-10-09	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-11-08	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	23	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-10-22	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-11-21	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	24	I_CM_NUMBER	
Drug Name (Brand or Generic)	Niacin 500 MG Extended Release Tablet [Niaspan]	I_CM_NAME	

Question	Response	Question code	Response code
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-11-19	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-12-19	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	25	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-11-22	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2004-12-22	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	26	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-12-25	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-01-24	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	27	I_CM_NUMBER	
Drug Name (Brand or Generic)	Niacin 1000 MG Extended Release Tablet [Niaspan]	I_CM_NAME	

Question	Response	Question code	Response code
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2004-12-25	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-01-24	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	28	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-01-18	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-02-17	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	29	I_CM_NUMBER	
Drug Name (Brand or Generic)	sibutramine 10 MG Oral Capsule [Meridia]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-01-18	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-02-17	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	30	I_CM_NUMBER	
Drug Name (Brand or Generic)	Niacin 1000 MG Extended Release Tablet [Niaspan]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	

Question	Response	Question code	Response code
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-01-18	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-02-17	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	31	I_CM_NUMBER	
Drug Name (Brand or Generic)	rosuvastatin 10 MG Oral Tablet [Crestor]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-01-24	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-02-23	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	32	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-02-17	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-03-19	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	33	I_CM_NUMBER	
Drug Name (Brand or Generic)	sibutramine 10 MG Oral Capsule [Meridia]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-02-17	I_CM_START	

Question	Response	Question code	Response code
Is medication still continuing	No	I_CM_CONTINUUES	0
Stop Date	2005-03-19	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	34	I_CM_NUMBER	
Drug Name (Brand or Generic)	rosuvastatin 10 MG Oral Tablet [Crestor]	I_CM_NAME	
Total Dose Per Freqeuncy Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-02-24	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUUES	0
Stop Date	2005-03-26	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	35	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-03-20	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-04-19	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	36	I_CM_NUMBER	
Drug Name (Brand or Generic)	sibutramine 10 MG Oral Capsule [Meridia]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-03-20	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-04-19	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	37	I_CM_NUMBER	
Drug Name (Brand or Generic)	rosuvastatin 10 MG Oral Tablet [Crestor]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-03-26	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-04-25	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	38	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	

Question	Response	Question code	Response code
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-04-22	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-05-22	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	39	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-05-22	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-06-21	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	40	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-06-20	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-07-20	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	41	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	

Question	Response	Question code	Response code
Start Date	2005-07-23	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-08-22	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	42	I_CM_NUMBER	
Drug Name (Brand or Generic)	Cyclobenzaprine hydrochloride 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	3/d	I_CM_DOSEFREQ	
Start Date	2005-08-20	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-09-19	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	43	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-08-21	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-09-20	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	44	I_CM_NUMBER	
Drug Name (Brand or Generic)	rosuvastatin 20 MG Oral Tablet [Crestor]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-09-10	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-10-10	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	45	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-09-21	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-10-21	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	46	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	

Question	Response	Question code	Response code
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-10-23	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-11-22	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	47	I_CM_NUMBER	
Drug Name (Brand or Generic)	rosuvastatin 20 MG Oral Tablet [Crestor]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-10-23	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-11-22	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	48	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2005-11-21	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2005-12-21	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	49	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	

Question	Response	Question code	Response code
Start Date	2005-12-24	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2006-01-23	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	50	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2006-01-20	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2006-02-19	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	51	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2006-02-25	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2006-03-27	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	52	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2006-03-30	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0

Question	Response	Question code	Response code
Stop Date	2006-04-29	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	53	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2006-05-01	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2006-05-31	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	54	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2006-05-27	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2006-06-26	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	55	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2006-06-22	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0

Question	Response	Question code	Response code
Stop Date	2006-07-22	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	56	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2006-07-22	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2006-08-21	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	57	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2006-08-20	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2006-09-19	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	58	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2006-09-25	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0

Question	Response	Question code	Response code
Stop Date	2006-10-25	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	59	I_CM_NUMBER	
Drug Name (Brand or Generic)	rosuvastatin 20 MG Oral Tablet [Crestor]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2006-10-09	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2006-11-08	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	60	I_CM_NUMBER	

Question	Response	Question code	Response code
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2006-10-25	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2006-11-24	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	61	I_CM_NUMBER	
Drug Name (Brand or Generic)	rosuvastatin 20 MG Oral Tablet [Crestor]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2006-11-15	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2006-12-15	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	62	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2006-11-27	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2006-12-27	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	63	I_CM_NUMBER	
Drug Name (Brand or Generic)	rosuvastatin 20 MG Oral Tablet [Crestor]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	

Question	Response	Question code	Response code
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2006-12-19	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-01-18	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	64	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2006-12-28	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-01-27	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	65	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-01-27	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-02-26	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	66	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	

Question	Response	Question code	Response code
Start Date	2007-03-05	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-04-04	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	67	I_CM_NUMBER	
Drug Name (Brand or Generic)	rosuvastatin 20 MG Oral Tablet [Crestor]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-03-05	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-04-04	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	68	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-03-29	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-04-28	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	69	I_CM_NUMBER	
Drug Name (Brand or Generic)	zolpidem 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-03-29	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-04-28	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	70	I_CM_NUMBER	
Drug Name (Brand or Generic)	rosuvastatin 20 MG Oral Tablet [Crestor]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-03-29	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-04-28	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	71	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	

Question	Response	Question code	Response code
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-05-04	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-06-03	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	72	I_CM_NUMBER	
Drug Name (Brand or Generic)	zolpidem 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-05-13	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-06-12	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	73	I_CM_NUMBER	
Drug Name (Brand or Generic)	rosuvastatin 20 MG Oral Tablet [Crestor]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-05-13	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-06-12	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	74	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-06-03	I_CM_START	

Question	Response	Question code	Response code
Is medication still continuing	No	I_CM_CONTINUUES	0
Stop Date	2007-07-03	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	75	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Freqeuncy Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-06-30	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUUES	0
Stop Date	2007-07-30	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	76	I_CM_NUMBER	
Drug Name (Brand or Generic)	rosuvastatin 20 MG Oral Tablet [Crestor]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-06-30	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-07-30	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	77	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-08-03	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-09-02	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	78	I_CM_NUMBER	
Drug Name (Brand or Generic)	rosuvastatin 20 MG Oral Tablet [Crestor]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-08-03	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-09-02	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	79	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	

Question	Response	Question code	Response code
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-09-02	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-10-02	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	80	I_CM_NUMBER	
Drug Name (Brand or Generic)	rosuvastatin 20 MG Oral Tablet [Crestor]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-09-02	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-10-02	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	81	I_CM_NUMBER	
Drug Name (Brand or Generic)	Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-10-06	I_CM_START	
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-11-05	I_CM_STOP	

Group: Prior/Concomitant medication

Group code: IG_CM

Question	Response	Question code	Response code
Medication No.	82	I_CM_NUMBER	
Drug Name (Brand or Generic)	rosuvastatin 10 MG Oral Tablet [Crestor]	I_CM_NAME	
Total Dose Per Frequency Checked	1	I_CM_DOSE	
Unit	tablet	I_CM_DOSEUNIT	
Frequency	1/d	I_CM_DOSEFREQ	
Start Date	2007-10-06	I_CM_START	

Question	Response	Question code	Response code
Is medication still continuing	No	I_CM_CONTINUES	0
Stop Date	2007-11-05	I_CM_STOP	