MEDICATION DIARY

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Page OMNI Research Group at
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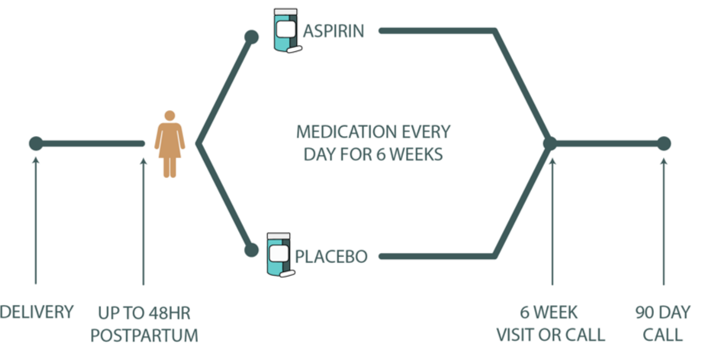
Version Date: February 22, 2021 CTO Stream ID 2099

partumtrial.ca

Thank you for participating in the PARTUM trial! We are studying whether aspirin can prevent blood clots in postpartum women, compared to placebo.

Our Study Timeline



Contact Information

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Keep up to date with us online

Website: partumtrial.ca
Email: info@partumtrial.ca
Twitter: @PARTUMtrial

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Next Steps

We will be contacting you in the next month by **phone** or **e-mail** to arrange your 6-week follow-up visit. Please feel free to contact our team at any time before that appointment if you have any questions.

Follow-up Appointment Details:
Date: ______________________________
Time: ______________________________

Location:

Parking Instructions:

Do you know the symptoms of blood clots?

A blood clot in the leg is known as a deep vein thrombosis (DVT):
Deep vein thrombosis (DVT) occurs when a blood clot forms in one of the deep veins of your legs. The signs and symptoms of a DVT include:

- **Swelling**, usually in one leg more than the other
- Leg or groin **pain** or tenderness
- **Redness** and **warmth** in the affected leg

A blood clot in the lungs is known as a pulmonary embolism (PE):
A blood clot can break off from a DVT in the leg and travel to the lung, causing a pulmonary embolism (PE), which can be serious. The signs and symptoms of a PE include:

- Sudden **shortness of breath**
- **Chest pain**: can be sharp, stabbing; may get worse with deep breath
- Rapid heart rate
- Coughing up blood
- Feeling lightheaded or faint

DVT and PE is an emergency. If you are having any symptoms, then please seek urgent medical attention by going to your nearest emergency department. For any questions you have, please contact our research team.

Notes

Your questions or notes on anything you would like to discuss with the research team:

This booklet is where you will track your daily study medication and any NSAIDs (non-steroidal anti-inflammatory drugs) you take over the next 6 weeks. In this booklet you will also find information about blood clot symptoms, contact information, and instructions for your upcoming follow-up appointment.

Instructions:

- Please put a **check mark on each day** when you take your study medication.
- If you take any pill **NSAID pain medication**, please fill in the details below.
- Please use **pen only**, not pencil.
- Try to take your medication around the **same time** every day; build it into your daily routine.
- Please don't take any extra doses of aspirin or other blood thinners, other than the study medication we gave you.
- If you miss a day of your medication, **do not make up for it** and just leave that check box blank.
- If you lose your bottle of medication please notify us to have it replaced.

Examples of NSAID medications include:

- Ibuprofen
- Advil
- Motrin
- Naproxen
- Aleve
- Anaprox
- Naprelan
- Naprosyn
- Celebrex
- Ketorolac

*Tylenol (acetaminophen) is not an NSAID and does not need to be tracked

AN EXAMPLE OF HOW TO FILL OUT YOUR DIARY:				
DAY	**DATE** DD/MM/YY	**STUDY MED. TAKEN** ☑ Yes	**NSAIDS TAKEN** ☑ Yes	**IF YES, INDICATE THE TYPE OF NSAID & THE DOSE:**
1	30/08/20	☑	☑	Ibuprofen 200mg – 2 times
2	31/08/20	☑	☑	Ibuprofen 400mg – 1 time
3		☐	☐	
4		☐	☐	

Day 1 = Date of first dose: | D | D | M | M | Y | Y | Y | Y |

Subject No: | | | | | |

DAY	DATE	STUDY MED. TAKEN	NSAIDS TAKEN	IF YES, WHICH NSAID & THE DOSE
	DD/MM/YY	☑ Yes	☑ Yes	
1	DD/MM/YY	☐	☐	
2	DD/MM/YY	☐	☐	
3	DD/MM/YY	☐	☐	
4	DD/MM/YY	☐	☐	
5	DD/MM/YY	☐	☐	
6	DD/MM/YY	☐	☐	
7	DD/MM/YY	☐	☐	
8	DD/MM/YY	☐	☐	
9	DD/MM/YY	☐	☐	
10	DD/MM/YY	☐	☐	
11	DD/MM/YY	☐	☐	
12	DD/MM/YY	☐	☐	
13	DD/MM/YY	☐	☐	
14	DD/MM/YY	☐	☐	
15	DD/MM/YY	☐	☐	
16	DD/MM/YY	☐	☐	
17	DD/MM/YY	☐	☐	
18	DD/MM/YY	☐	☐	
19	DD/MM/YY	☐	☐	
20	DD/MM/YY	☐	☐	
21	DD/MM/YY	☐	☐	
22	DD/MM/YY	☐	☐	
23	DD/MM/YY	☐	☐	
24	DD/MM/YY	☐	☐	
25	DD/MM/YY	☐	☐	

Day	DATE	STUDY MED. TAKEN	NSAIDS TAKEN	IF YES, WHICH NSAID & THE DOSE
26	DD/MM/YY	☐	☐	
27	DD/MM/YY	☐	☐	
28	DD/MM/YY	☐	☐	
29	DD/MM/YY	☐	☐	
30	DD/MM/YY	☐	☐	
31	DD/MM/YY	☐	☐	
32	DD/MM/YY	☐	☐	
33	DD/MM/YY	☐	☐	
34	DD/MM/YY	☐	☐	
35	DD/MM/YY	☐	☐	
36	DD/MM/YY	☐	☐	
37	DD/MM/YY	☐	☐	
38	DD/MM/YY	☐	☐	
39	DD/MM/YY	☐	☐	
40	DD/MM/YY	☐	☐	
41	DD/MM/YY	☐	☐	
42	DD/MM/YY	☐	☐	

Any notes about your medication you would like to share: