

**FORM TITLE: Valacyclovir Administration Diary**

**Protocol Case #:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Course #:**  1  2 **Date of injection for this course:** \_\_\_\_MM/\_\_\_\_DD/\_\_\_\_YY

**Strength of valacyclovir tablets:** \_\_\_\_\_ (e.g. 500 mg, or 1 g) **# Tablets Dispensed:** \_\_\_\_\_

**Directions:** Take \_\_\_\_\_ tablets \_\_\_\_\_ times a day for 14 days starting the day after injection with plenty of fluids. If this is different than the information on the bottle label, confirm with the research staff that this is the correct amount. Record the number of tablets taken and the time of each dose below.

| Date: ____MM/____DD/____YY |      |              | Date: ____MM/____DD/____YY |      |              | Date: ____MM/____DD/____YY   |      |              |
|----------------------------|------|--------------|----------------------------|------|--------------|--|------|--------------|
|                            | Time | # of tablets |                            | Time | # of tablets |  | Time | # of tablets |
| Morning:                   |      |              | Morning:                   |      |              | Morning:   |      |              |
| Midday:                    |      |              | Midday:                    |      |              | Midday:  |      |              |
| Evening:                   |      |              | Evening:                   |      |              | Evening:   |      |              |
| Date: ____MM/____DD/____YY |      |              | Date: ____MM/____DD/____YY |      |              | Date: ____MM/____DD/____YY   |      |              |
|                            | Time | # of tablets |                            | Time | # of tablets |  | Time | # of tablets |
| Morning:                   |      |              | Morning:                   |      |              | Morning:   |      |              |
| Midday:                    |      |              | Midday:                    |      |              | Midday:  |      |              |
| Evening:                   |      |              | Evening:                   |      |              | Evening:   |      |              |
| Date: ____MM/____DD/____YY |      |              | Date: ____MM/____DD/____YY |      |              | Date: ____MM/____DD/____YY   |      |              |
|                            | Time | # of tablets |                            | Time | # of tablets |  | Time | # of tablets |
| Morning:                   |      |              | Morning:                   |      |              | Morning:   |      |              |
| Midday:                    |      |              | Midday:                    |      |              | Midday:  |      |              |
| Evening:                   |      |              | Evening:                   |      |              | Evening:   |      |              |
| Date: ____MM/____DD/____YY |      |              | Date: ____MM/____DD/____YY |      |              | Date: ____MM/____DD/____YY   |      |              |
|                            | Time | # of tablets |                            | Time | # of tablets |  | Time | # of tablets |
| Morning:                   |      |              | Morning:                   |      |              | Morning:   |      |              |
| Midday:                    |      |              | Midday:                    |      |              | Midday:  |      |              |
| Evening:                   |      |              | Evening:                   |      |              | Evening:   |      |              |
| Date: ____MM/____DD/____YY |      |              | Date: ____MM/____DD/____YY |      |              | <p><b><i>Drink plenty of water each day while taking valacyclovir.</i></b></p> |      |              |
|                            | Time | # of tablets |                            | Time | # of tablets |  |      |              |
| Morning:                   |      |              | Morning:                   |      |              |  |      |              |
| Midday:                    |      |              | Midday:                    |      |              |  |      |              |
| Evening:                   |      |              | Evening:                   |      |              |  |      |              |

**Please return this form at your next visit!**