Patient Name: _____	Visit Date: _____
Study Number: _____	PI: _____
Cycle: _____ Day: _____	Tx Physician: _____

Pill Count Reconciliation Worksheet

Cycle: _____ Start Date: _____ End Date: _____

☐ Study Drug: _____ mg/total Dose _____ as directed
(QD/BID/TID)

(Take _____ - _____ mg tablet (= _____mg) tablets

_____ X _____ X _____ = _____
Days taken (Based on pill diary) | Doses/day | pill/dose | Total "should" have taken

A. Drug Dispensed	B. Strength	C. # Pills Dispensed	D. # pills should have taken (determined by cycle length & Dose holds)	E. # Pills should have returned (=C-D)	F. # Pills Returned	G. Discrepancy? (If E ≠ F, then Yes.)

Were there any dose holds during this cycle? ☐ Yes ☐ No
- If yes, how many doses were held? _____ Was there a dose reduction? _____

Did subject return unused pills and bottles? ☐ Yes ☐ No
Did subject return pill diary? ☐ Yes ☐ No
- If yes:
  - Was completed in entirety? ☐ Yes ☐ No
  - Were there any missed doses? ☐ Yes ☐ No
    Explain: _____
    _____
    _____
    _____

- If no:
  Review with the patient:
  - Provide documentation in CRC note regarding why diary not returned and reason.
  - Were there any missed doses? ☐ Yes ☐ No
    - Number of missed doses? _____ Dates of missed doses (if known): _____
    - Reason for missed doses: _____

Is there a discrepancy in pill diary vs pills returned? ☐ Yes ☐ No
- If yes, discuss with patient --- reason for discrepancy*:
  _____
  _____

* Drug discrepancy information should be recorded in the comments CRF in RAVE, as applicable.

_____ _____
Signature Date