CATT

Comparison of Age-related
Macular Degeneration Treatments Trials

Dietary Supplement Form

ID. No.: __ __ - __ __ __ Alpha Code: __ __ __ __

Clinic #: __ __ Week: __ __ __

NOTE: This form is to be completed at the initial CATT visit, follow-up visit 52 and follow-up visit 104 for daily dosages of listed supplements. Information may be obtained during the visits or over the telephone. Please ask the patient to have their supplement bottles with them during the visit or telephone call so the doses can be accurately recorded. If a multivitamin is taken, list the individual ingredients.

Check supplements that are taken	Daily Dose	Unit (check one)
☐ **Vitamin A (beta carotene)**	_____ ☐1 check if dose unknown	☐1 iu ☐2 mg ☐3 mcg ☐4 other specify _____
☐ **Vitamin B**	_____ ☐1 check if dose unknown	☐1 iu ☐2 mg ☐3 mcg ☐4 other specify _____
☐ **Vitamin C**	_____ ☐1 check if dose unknown	☐1 iu ☐2 mg ☐3 mcg ☐4 other specify _____
☐ **Vitamin D**	_____ ☐1 check if dose unknown	☐1 iu ☐2 mg ☐3 mcg ☐4 other specify _____
☐ **Vitamin E**	_____ ☐1 check if dose unknown	☐1 iu ☐2 mg ☐3 mcg ☐4 other specify _____
☐ **Vitamin K**	_____ ☐1 check if dose unknown	☐1 iu ☐2 mg ☐3 mcg ☐4 other specify _____
☐ **Calcium**	_____ ☐1 check if dose unknown	☐1 iu ☐2 mg ☐3 mcg ☐4 other specify _____
☐ **Chromium**	_____ ☐1 check if dose unknown	☐1 iu ☐2 mg ☐3 mcg ☐4 other specify _____
☐ **Copper**	_____ ☐1 check if dose unknown	☐1 iu ☐2 mg ☐3 mcg ☐4 other specify _____
☐ **Iron**	_____ ☐1 check if dose unknown	☐1 iu ☐2 mg ☐3 mcg ☐4 other specify _____
☐ **Lutein**	_____ ☐1 check if dose unknown	☐1 iu ☐2 mg ☐3 mcg ☐4 other specify _____
☐ **Magnesium**	_____ ☐1 check if dose unknown	☐1 iu ☐2 mg ☐3 mcg ☐4 other specify _____
☐ **Selenium**	_____ ☐1 check if dose unknown	☐1 iu ☐2 mg ☐3 mcg ☐4 other specify _____
☐ **Zinc**	_____ ☐1 check if dose unknown	☐1 iu ☐2 mg ☐3 mcg ☐4 other specify _____