*Instructions: Information must be obtained during the baseline visit by reviewing the ingredient labels of all dietary supplements taken by the patient so that the dose can be accurately recorded. If a multivitamin is taken, review and list the dose of the specific ingredients listed below. Add the doses from separate bottles (if applicable) and record the total daily dose for each of the supplements listed below.* ***DO NOT INCLUDE THE DREAM STUDY SUPPLEMENTS ON THIS FORM***

1. Total daily dose of Ω-3 Fatty acids (do not include ALA: Alpha- Linolenic Acid)

a. EPA **(opepa)**  + \_\_\_\_\_\_ mg

b. DHA **(opdha)** + \_\_\_\_\_\_ mg

c. Ω-3 Fatty acid, **(opfacid)**

Note: Only enter a value for 1c if EPA and DHA values are not listed individually on the supplement labels.

 (if breakdown

 of EPA/DHA is not given) + \_\_\_\_\_\_ mg

d. Sum of 1a., 1b., and 1c. **(optdd)**= \_\_\_\_\_\_ mg

2. Is sum (1.d.) greater than 1,200 mg? **(optdsum)**

 ( )0 No

**Patient is ineligible but continue with question 3!**

 ( )1 Yes

3. Did the patient decrease their total dosage in

 item 1.d. from greater than 1,200 mg to 1,200 mg

 or below within the past 30 days? **(opdectd)**

 ( )0 No

**Patient is ineligible but continue with question 4!**

 ( )1 Yes

4. Total daily dose of ALA **(tddala)**\_\_\_\_\_\_ mg

5. Total daily dose of Vitamin E **(tddvite)**\_\_\_\_\_\_ iu

6. Last name and certification number of person who completed this form

 a. PRINT last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(qclname)**

 b. Certification #: \_\_\_ \_\_\_ \_\_\_ \_\_\_ **(qcconcert)**

7. Date Form Completed **(qccompdtc)**

\_\_ \_\_ / \_\_ \_\_ / **2** **0 1** \_\_

Month Day Year