*Instructions: Information must be obtained during the follow-up visit (months 03, 06, 12, 18 and 24) 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 + \_\_\_\_\_\_ mg **(opepa)**

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

c. Ω-3 Fatty acid,

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 **(opfacid)**

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

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

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

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

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

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

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

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

Month Day Year