1. Are there any prescriptions or over-the counter (OTC) medications that have been started, discontinued, or changed since the last DREAM study visit? **(cmotcm)**

**Update the Concomitant Medication Log.**

 ( )1 Yes

 ( )0 No

2. Is the patient currently taking omega‑3, EPA, DHA, or ALA fatty acids or Vitamin E? Do not include DREAM study supplements

**(cmomega)**

**Complete the Dietary Supplement Form.**

 ( )1 Yes

 ( )0 No

3. “Since the last DREAM visit or scheduled call, have you had any new symptoms, injuries, illness or side effects or worsening of pre-existing conditions?”

**(opworse)**

 ( )1 Yes

**Record on the Adverse Event Log.**

 ( )0 No

4. “Since the last DREAM visit or scheduled call, have you have any health event which required major medical intervention or hospitalization?”

**(aevst)**

**Record on the Adverse Event Log.**

 ( )1 Yes

 ( )0 No

5. Are there any events listed on the adverse event log that were unresolved as of the previous contact?

**(aestatus)**

Ask the patient about any unresolved AEs on the Adverse Event Log and update accordingly.

 ( )1 Yes

 ( )0 No

1. Return of DREAM bottles and gelcaps

a. \_\_\_\_\_ Number of returned supplement bottles **(cmrets)**

b. \_\_\_\_\_ Number of returned gelcaps **(cmret)**

7.a. Print last name of staff completing this form: **(qclname)**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

8. Date this form completed **(qccompdtc)**

 \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / 201 \_\_\_\_

 Month Day Year