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| --- |
| ***Instructions:*** *To be completed by the coordinator by directly questioning the patient. You must speak with the patient only! Do not leave a message on voicemail!!! Telephone calls are scheduled for 9 months after the Baseline Visit and at 15 and 21 months for patients who continued to the Extension Study. Telephone calls are also scheduled 1 month after the Month 12 visit for patients who do not continue in the Extension Study or 1 month after the Month 24 visit for patients who continue to the Extension Study. If Visit 12 or 24 is not the last visit, call 1 month later after last visit to collect AE information.* |

1. Date of telephone call **(dscalldtc)**

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

Month Day Year

2. “Since your last visit, would you say your dry eye condition is better, the same, or worse?”

2A.Describe symptoms or discomfort: **(opsymp)**

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If the symptoms reported require an office visit prior to the next scheduled DREAM appointment, schedule one now. If not, encourage the patient to call the office for an appointment if the problem worsens.

2B. Was an office visit scheduled? **(dsoffvt)**

Yes ( )1  No ( )0

(opeyecomp)

Better ( )1

Same ( )2

Worse ( )3

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)**

**Record on the Adverse Event Log.**

 ( )1 Yes

 ( )0 No

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

**Record on the Adverse Event Log.**

 ( )1 Yes

 ( )0 No

5. “Do you have any questions about the DREAM study or the study medication?” **(cmstmed)**

 ( )0 ( )1

Answer questions if possible. If not, call the Coordinating Center for assistance.

 No Yes

6. Check (✓) that the following items were discussed with patient (if applicable):

* 1 Patient encouraged to stay compliant with medication regime **(cmcmpl)**
* 1 Patient reminded to bring empty bottles of supplements to next visit **(cmsupp)**
* 1 Patient reminded of next scheduled visit **(svvisit)**

7. Last name and certification number of person who completed the telephone visit:

 a. Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (qclname)

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

8. Date form was completed: (qccompdtc)

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

 Month Day Year