

ENRGISE PILOT STUDY: DOSE REDUCTION/DISCONTINUATION PHONE FOLLOW-UP

Visit Date Completed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Staff ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rev: _____ DE: _____ Date: _____
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ONLY use this form when calling the participant in-between visits to reduce dose of one or both study medications.

Losartan/Placebo	Omega 3/Placebo
₁ <input type="checkbox"/> Not participating in this arm ₂ <input type="checkbox"/> Continuing previously dispensed dose <i>If you have selected one of the above, do not complete Q1-6 for Losartan/Placebo</i>	₁ <input type="checkbox"/> Not participating in this arm ₂ <input type="checkbox"/> Continuing previously dispensed dose <i>If you have selected one of the above, do not complete Q1-6 for Omega3/Placebo</i>
Dose Change for Losartan/Placebo	Dose Change for Omega 3/Placebo
1. Why is the dose decreasing for Losartan/Placebo? ₁ <input type="checkbox"/> Labs indicate to decrease dose ₂ <input type="checkbox"/> DMAQC notification to decrease dose ₃ <input type="checkbox"/> Other, specify → _____ _____	1. Why is the dose decreasing for Omega3/Placebo? ₁ <input type="checkbox"/> Labs indicate to decrease dose ₂ <input type="checkbox"/> DMAQC notification to decrease dose ₃ <input type="checkbox"/> Other, specify → _____ _____
2. What is the current dose of Losartan/Placebo? <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> mg </div>	2. What is the current dose of Omega3/Placebo? <div style="text-align: center;"> <input type="text"/> <input type="text"/> g </div>
3. What are you reducing the Losartan/Placebo dose to at this time? What is the new dose? ₁ <input type="checkbox"/> Discontinue ₂ <input type="checkbox"/> 25 mg ₃ <input type="checkbox"/> 50 mg	3. What are you reducing the Omega3/Placebo dose to at this time? What is the new dose? ₁ <input type="checkbox"/> Discontinue ₂ <input type="checkbox"/> 1.4 g
4. Will new bottles of Losartan/Placebo be mailed/dispensed to the participant? ₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No	4. Will new bottles of Omega3/Placebo be mailed/dispensed to the participant? ₁ <input type="checkbox"/> Yes ₂ <input type="checkbox"/> No
5. What is the date the participant will begin with the new Losartan/Placebo dose? <div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> </div>	5. What is the date the participant will begin with the new Omega3/Placebo dose? <div style="text-align: center;"> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> </div>
6. Indicate any special directions given to the participant regarding the new dosing of Losartan/Placebo. ₁ <input type="checkbox"/> Discontinue taking medication ₂ <input type="checkbox"/> Reduce number of pills ₃ <input type="checkbox"/> Split current pills	6. Indicate any special directions given to the participant regarding the new dosing of Omega3/Placebo. ₁ <input type="checkbox"/> Discontinue taking medication ₂ <input type="checkbox"/> Reduce number of pills