ENRGISE PILOT STUDY: MEDICAL HISTORY FOLLOW-UP

Visit Date Completed ☐☐/☐☐/☐☐

Staff ID ☐☐☐☐

Rev: _____

DE: _____

Date: _____

1. How was this interview completed? 1☐ In person 2☐ By phone 3☐ Self-administered

2. Who is the source of the information collected?
   1☐ Participant
   2☐ Proxy →
   3☐ Other →

2a. Has the participant expired since the last visit?
   1☐ Yes* →
   2☐ No

2b. Date of Death ☐☐/☐☐/☐☐

For reference, what was the date of the participant's last visit? ☐☐/☐☐/☐☐

Section 1: Health Update

3. Compared to 6 months ago, would you say your health is better, about the same, or worse than then?
   1☐ Better than 6 months ago →
   2☐ About the same
   3☐ Worse now than 6 months ago →
   4☐ N/A *(only to be used for proxy report)*

3a. Why?

4. Since the last visit, have you [the participant] been hospitalized overnight for any reason?
   1☐ Yes*
   2☐ No
   3☐ Don't Know

4a. How many <u>times</u> were you hospitalized since the last visit? ☐☐

4b. Please indicate the reasons and dates for the hospitalizations.

5. Since the last visit, have you [the participant] been to the ER or urgent care and not hospitalized overnight?
   1☐ Yes* →
   2☐ No
   3☐ Don't Know

5a. How many <u>times</u> did you go to the ER/urgent care? ☐☐

5b. Please indicate the reasons and dates for the ER or urgent care visits.

6. Since the last visit, have you [the participant] had any new symptoms or other changes in your health?
   1☐ Yes →
   2☐ No
   3☐ Don't Know

6a. Please indicate the changes and when they first occurred.*

**Complete an AE form for each reported Adverse Event*

Participant ID	☐☐☐☐☐☐☐☐	ACROSTIC	☐☐☐☐☐☐

Section 2: Symptoms *(Do Not Ask Participant)*		
7. Did the participant report any NEW dizziness, lightheadedness, or syncope?*	1☐ Yes	2☐ No
8. Did the participant report any NEW atrial fibrillation (afib)?*	1☐ Yes	2☐ No

Section 3: Recent Medication History			
9. Have you taken any medications since your last visit?			
1☐ Yes* →	9a. Have you begun taking any ARBs/ACEIs outside of the study medication?	1☐ Yes	2☐ No
2☐ No	9b. Have you begun taking fish oil/omega-3 outside of the study medication?	1☐ Yes	2☐ No

**Complete an AE form for each reported Adverse Event*