

ENRGISE PILOT STUDY: MEDICATION ADHERENCE

Visit Date //
 Completed //

Staff ID

Rev: _____

DE: _____

Date: _____

Section A: Losartan/Placebo	Section B: Omega-3 Fish Oil/Placebo
<p><input type="checkbox"/> Not participating in this arm</p> <p><input type="checkbox"/> Discontinued on this med</p> <p><i>If one of the above is selected, END Section A.</i></p>	<p><input type="checkbox"/> Not participating in this arm</p> <p><input type="checkbox"/> Discontinued on this med</p> <p><i>If one of the above is selected, END Section B.</i></p>
<p>1. Please rate your ability to take your Losartan/Placebo in the past month.</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Very good <input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Good <input type="checkbox"/> Very Poor</p>	<p>1. Please rate your ability to take your Omega3/placebo in the past month.</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Very good <input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Good <input type="checkbox"/> Very Poor</p>
<p>2. In the last month, how many times (days) did you not take your Losartan/Placebo exactly as prescribed?</p> <p style="text-align: center;"><input type="text"/><input type="text"/> <i>If # is <5, END Form.</i> <i>If # is ≥5, Go to Q3.</i></p>	<p>2. In the last month, how many times (days) did you not take your Omega3/Placebo exactly as prescribed?</p> <p style="text-align: center;"><input type="text"/><input type="text"/> <i>If # is <5, END Form.</i> <i>If # is ≥5, Go to Q3.</i></p>
<p>3. Can you tell me why you were unable to take your Losartan/Placebo exactly as prescribed?</p> <p><input type="checkbox"/> Participant forgot</p> <p><input type="checkbox"/> Side effects</p> <p><input type="checkbox"/> Acute Illness</p> <p><input type="checkbox"/> Other: _____</p>	<p>3. Can you tell me why you were unable to take your Omega3/Placebo exactly as prescribed?</p> <p><input type="checkbox"/> Participant forgot</p> <p><input type="checkbox"/> Side effects</p> <p><input type="checkbox"/> Acute Illness</p> <p><input type="checkbox"/> Other: _____</p>
<p>4. Losartan/Placebo Compliance Pill Count</p> <p><input type="checkbox"/> Participant did not bring in bottles</p> <p>Indicate the number of bottles and count the pills still left in the bottles. How many total pills left?</p> <p style="text-align: center;">Total # of bottles Total # of pills</p> <p>25mg <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/> <input type="checkbox"/> N/A</p>	<p>4. Omega-3 Fish Oil/Placebo Compliance Pill Count</p> <p><input type="checkbox"/> Participant did not bring in bottles</p> <p>Indicate the number of bottles and count the pills still left in the bottles. How many total pills left?</p> <p style="text-align: center;">Total # of bottles Total # of pills</p> <p>0.7g <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/></p>
<p style="text-align: center;">Total # of bottles Total # of pills</p> <p>50mg <input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/> <input type="checkbox"/> N/A</p>	