



*NOTE: This form is to be completed annually by the clinic coordinator at or near the time of the CAPT follow-up visit. Information may be obtained during CAPT study visits or over the telephone. Please ask the patient to have their supplement bottles with them during the visit or telephone call so the doses can be accurately recorded. Please note that we are **only** interested in supplements specifically listed on this form. Record visit codes based on annual codes of 24, 36, 48 or 60.*

1. "Do you currently take a daily supplement of OcuVite PreserVision or other vitamins, lutein or zinc?"

- ( )<sub>0</sub> No
- ( )<sub>1</sub> Yes →
- ( )<sub>2</sub> Information not available during visit window.

1a. Check as many as apply. If patient takes OcuVite PreserVision, indicate number of tablets per day. Indicate dose of other listed supplements taken ***in addition to or instead of*** PreserVision.

| <u>Supplement</u>            | <u>Yes</u>       | <u>Dose/day</u>   |
|------------------------------|------------------|-------------------|
| 1. OcuVite PreserVision      | ( ) <sub>1</sub> | _____ tablets/day |
| 2. Zinc (or zinc oxide)      | ( ) <sub>1</sub> | _____ mg/day      |
| 3. Copper (or cupric oxide)  | ( ) <sub>1</sub> | _____ mg/day      |
| 4. Lutein                    | ( ) <sub>1</sub> | _____ mg/day      |
| 5. Vitamin C                 | ( ) <sub>1</sub> | _____ mg/day      |
| 6. Vitamin E                 | ( ) <sub>1</sub> | _____ iu/day      |
| 7. Vitamin A (beta carotene) | ( ) <sub>1</sub> | _____ iu/day      |

1b. Did coordinator see bottle?  
 ( )<sub>0</sub> No  
 ( )<sub>1</sub> Yes

2. Print name and certification number of clinic coordinator completing form:

\_\_\_\_\_ / \_\_\_\_\_  
 Name Certification #

3. Date information was obtained:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Month Day Year

**Coord Ctr Use Only:** Initials \_\_\_\_\_  
 Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

|                         |  |
|-------------------------|--|
| Visit: _____<br>Form DS | ID. No.: ____ - ____ - C<br>Name Code: _____ |
|-------------------------|--|