

Affix Patient I.D. Here

COMPLETE AT PILL COUNTS OR WHEN DRUGS ARE LOST, IN PARTICULAR AT ALL FOLLOWUP DISPENSING. DO NOT COMPLETE DURING OPEN LABEL TITRATION OR DURING BLINDED RETITRATION

1 Date of pill count: DATE 15
mo dy yr

STUDY DRUG

2 DRUG 15
1 CAST-ENC 2 CAST-FLEC 3 CAST-MOR
1 Dose 1 2 Dose 2 3 Other: mg/day
DOSE 15

PILL COUNT

3 Was CAST medication discontinued permanently or temporarily for any length of time prior to the time of the pill count (e.g., CABG)?

TXSTOP 15
1 yes permanently, date DT STOP 15
mo dy yr
2 yes temporarily, number of days discontinued DAYOFF 15 (A)
3 no

4 Are all pills available for count? AVAIL 15
1 yes 2 no
If NO, provide estimated number lost: LOST 15
or check if an estimate is not possible 1

ESTIMATION OF PATIENT COMPLIANCE

Complete the following for the interval since the last time this form was completed:

5 Number (re)dispensed at or since last followup visit DISPEN 15 (B)
6 Number pills returned + estimated lost - RETURN 15 (C)
7 Number of pills used (subtract B - C) USED 15 (D)
8 Date pills (re)dispensed DTDISP 15
mo dy yr
9 Days since pills (re)dispensed SINCE 15 (E)
10 Days off drug by protocol DAYOFF 15 (A)
11 Days ON CAST drug (subtract E - A) DAYSON 15 (F)
12 Number of pills per day PPDAY 15 (G)
13 Number of pills expected to be used: EXPECT 15 (H)
(F) x (G):
14 Compliance: (D) divided by (H) times 100: COMPLI 15 %

