**Follow-up Questions**

Any changes to health or sought medical care since last contact (visit or phone)? ⬜ Yes ⬜ No

*(e.g. Did the participant have a visit for routine follow-up? For a specific complaint? Were they told they have diabetes or have they started on a diabetes medication?)*

If yes, collect information on reason and timing of visit, diagnostic tests, diagnosis, treatment, etc. and report adverse event or complete diabetes outcome if needed.

Does participant report taking the study pills as prescribed? ⬜ Yes ⬜ No

 If no, explain

Review concomitant medication list (Refer to MOP 8)

Any changes to concomitant medications or supplements (dosage changes or start or discontinuation of medications/supplements)? ⬜ Yes ⬜ No

 If yes, note the changes on the concomitant medication form.

**Study Pill Teaching and Participant Education**

Participant education completed ⬜ Yes ⬜ No

* Call with any changes to health
* Call if diagnosed with diabetes before starting any hypoglycemic medications
* Call before starting any other new medications
* Call if an appointment needs to be rescheduled
* Outside of study supplementation
	+ Maximum vitamin D – 1000 IU
	+ Maximum calcium – 600 mg
* Practice sensible sun exposure

Study Pill Teaching completed ⬜ Yes ⬜ No

* Take one study pill per day with breakfast
* If pill is forgotten at breakfast, it can be taken any time that same day
* If study pill forgotten completely, make note of that day
* Pills should be stored at room temperature – do not refrigerate or leave in hot environment
* Bring pill bottles to each visit

**Encounter Conclusion Note**

*Note regarding next appointments/ follow-ups, discussions with participant, upcoming SEP meeting, etc.*

Next visit: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ : \_\_ \_\_ am / pm

 M M D D Y Y Y Y H H M M