

# Patient Medication Diary

**Instructions:** Your study medication should be taken one capsule 3 times per day by mouth with food. Record the time you take your medication on the calendar space below. Circle AM or PM and write the time you took your pills on the blank line. Avoid taking any additional CoQ10 or Vitamin E supplements while taking part in this study.

You are required to fill out and return this medication diary to continue participating in this study. If this diary is not filled out and returned, you may be asked to stop taking part in this study. Please contact your study coordinator if you have questions.

## March 2009

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 AM//PM ____ AM/PM ____ AM/PM ____	2 AM//PM ____ AM/PM ____ AM/PM ____	3 AM//PM ____ AM/PM ____ AM/PM ____	4 AM//PM ____ AM/PM ____ AM/PM ____	5 AM//PM ____ AM/PM ____ AM/PM ____	6 AM//PM ____ AM/PM ____ AM/PM ____	7 AM//PM ____ AM/PM ____ AM/PM ____
8 AM//PM ____ AM/PM ____ AM/PM ____	9 AM//PM ____ AM/PM ____ AM/PM ____	10 AM//PM ____ AM/PM ____ AM/PM ____	11 AM//PM ____ AM/PM ____ AM/PM ____	12 AM//PM ____ AM/PM ____ AM/PM ____	13 AM//PM ____ AM/PM ____ AM/PM ____	14 AM//PM ____ AM/PM ____ AM/PM ____
15 AM//PM ____ AM/PM ____ AM/PM ____	16 AM//PM ____ AM/PM ____ AM/PM ____	17 AM//PM ____ AM/PM ____ AM/PM ____	18 AM//PM ____ AM/PM ____ AM/PM ____	19 AM//PM ____ AM/PM ____ AM/PM ____	20 AM//PM ____ AM/PM ____ AM/PM ____	21 AM//PM ____ AM/PM ____ AM/PM ____
22 AM//PM ____ AM/PM ____ AM/PM ____	23 AM//PM ____ AM/PM ____ AM/PM ____	24 AM//PM ____ AM/PM ____ AM/PM ____	25 AM//PM ____ AM/PM ____ AM/PM ____	26 AM//PM ____ AM/PM ____ AM/PM ____	27 AM//PM ____ AM/PM ____ AM/PM ____	28 AM//PM ____ AM/PM ____ AM/PM ____
29 AM//PM ____ AM/PM ____ AM/PM ____	30 AM//PM ____ AM/PM ____ AM/PM ____	31 AM//PM ____ AM/PM ____ AM/PM ____				

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Date

COMMENTS: \_\_\_\_\_

**For Office Use Only:**

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient ID: \_\_\_\_\_ Visit: \_\_\_\_\_ CRA Name: \_\_\_\_\_ Site Name: \_\_\_\_\_