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NIDDKUO1DK 065713-01 **Functional Dyspepsia Treatment Trial**	**ID** |__|__|__| |__|__|__| Center Code. Subject No. **Subject's initials** |__|__| |__| 1. 2. Fam. **Date** |__|__|__|__|__|__|__|__| Month Day Year	**Medication Stop ~ Restart**

Medication Stop Date: |__\|__\|__\|__\|__\|__\|__\|__\|
Month Day Year

Reason:_____
_____
_____

Medication Restart Date: |__\|__\|__\|__\|__\|__\|__\|__\|
Month Day Year

Was subject able to tolerate medication restart: _____ 0 No
_____ 1 Yes

If Yes, continue with visits as outlined in protocol.

If No, did subject enter into 6 month follow up phase? _____ 0 No
_____ 1 Yes