

Date Received: <input type="text"/> - <input type="text"/> - <input type="text"/> (M/D/Y) Reviewed By: <input type="text"/>	<b>- Affix label here-</b> Clinical Center/ID: _____ First Name _____ M.I. _____ Last Name _____	
Contact Type: <input type="checkbox"/> <sub>1</sub> Phone <input type="checkbox"/> <sub>2</sub> Mail <input type="checkbox"/> <sub>3</sub> Visit <input type="checkbox"/> <sub>8</sub> Other	Visit Type: <input type="checkbox"/> <sub>2</sub> Semi-Annual    # <input type="text"/> <input type="checkbox"/> <sub>3</sub> Annual                   # <input type="text"/> <input type="checkbox"/> <sub>4</sub> Non-Routine	Form Administration: <input type="checkbox"/> <sub>1</sub> Self <input type="checkbox"/> <sub>2</sub> Group <input type="checkbox"/> <sub>3</sub> Interview <input type="checkbox"/> <sub>4</sub> Assistance
<b>OFFICE USE ONLY</b>		

**The questions on this form ask about your calcium and vitamin D (CaD) study pills.**

1. Have you stopped taking your CaD study pills?

<sub>0</sub> No →

We ask that you stop taking your study pills now and return your remaining bottles and pills to your WHI clinic.  
**Please go to Question 2 on the next page.**

<sub>1</sub> Yes →

1.1 Did you stop taking your CaD study pills before or during your transition (close-out) visit?  
<sub>1</sub> Before →  
<sub>2</sub> During

1.2 On what date did you stop your study pills?  
--  
 month      day      year



**Go to Question 2 on the next page**

2. Have you filled out the health information form (*Form 33 – Medical History Update*)?

<sub>0</sub> No —→ **Please fill out the health information form today.**

<sub>1</sub> Yes

**When you joined the WHI CaD Program, you were assigned to receive either active CaD pills or inactive placebo pills. The following questions will help us understand more about the research process and CaD research, in particular.**



3. Before you stopped your study pills, what treatment group did you think you were assigned to?

- <sub>1</sub> Active CaD
- <sub>2</sub> Inactive placebo pills

<sub>9</sub> Don't know (**Please stop here.**)

Why did you think you were in that group? (*Please print up to three reasons below.*)

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3. Office Use Only

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