

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

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

1. Have you stopped taking your CaD study pills?

☐ ₀ 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.

☐ ₁  →

1.1 Did you stop taking your CaD study pills before or during your transition (close-out) visit?

☐ ₁ Before →

☐ ₂ 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*  late)?


☐₀ No —→ **Please fill out the health information form today.**

☐₁ 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?

☐₁ Active CaD
☐₂ Inactive placebo pills



☐₉ Don't know (**Please stop here.**)

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

3. Office Use Only
