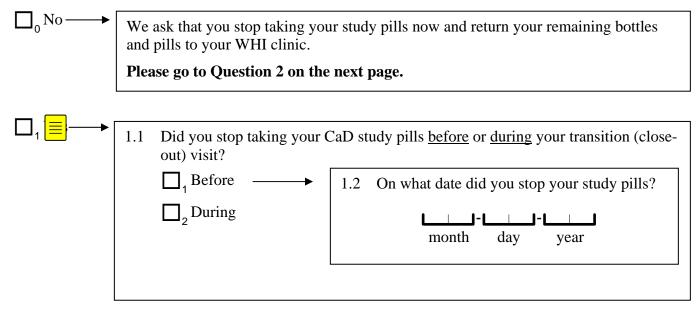
Date Received: Reviewed By:	∟ (M/D/Y) ∟			- Affix label here- Clinical Center/ID: First Name M.I Last Name	
Contact Type:	$\square_1 \text{ Phone}$ $\square_2 \text{ Mail}$ $\square_3 \text{ Visit}$ $\square_8 \text{ Other}$	Visit Type:	\Box_2 Semi-Annual \Box_3 Annual \Box_4 Non-Routine	# L J # L J	Form Administration: \Box_1 Self \Box_2 Group \Box_3 Interview \Box_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?



Go to Question 2 on the next page

2. Have you filled out the health information form (*Form 33 – Medical History* $\equiv late$)?

```
\square_0 \text{No} \longrightarrow \text{Please fill out the health information form today.}\square_1 \text{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?

