

COMMENTS

- Affix label here-  
Clinical Center/ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Last Name \_\_\_\_\_

1. Date of Contact: [ ][ ]-[ ][ ]-[ ][ ] (M/D/Y)

2. Completed By: [ ][ ][ ][ ]

3. Contact Type:

- <sub>1</sub> Phone
- <sub>2</sub> Mail
- <sub>3</sub> Visit
- <sub>8</sub> Other

4. Visit Type:

- <sub>1</sub> Screening # [ ][ ]
- <sub>4</sub> Non-Routine

5. Date Washout Started: [ ][ ]-[ ][ ]-[ ][ ] (M/D/Y)

6. Date Washout Reviewed: [ ][ ]-[ ][ ]-[ ][ ] (M/D/Y)

7. Did washout start at least 3 calendar months ago?

No, participant willing to continue. → Stop form and recontact participant when washout is <sup>3</sup> 3 calendar months from washout start date.

<sub>0</sub> No, participant not willing to continue. **HRT ineligible**

<sub>1</sub> Yes

8. "After you went off hormones did you have post-menopausal symptoms such as hot flashes and night sweats?"

<sub>0</sub> No → Schedule SV1

<sub>1</sub> Yes ↓

8.1. "Are you still having symptoms?"

<sub>0</sub> No → Schedule SV1

<sub>1</sub> Yes ↓

8.2. "How severe are the symptoms?"

<sub>1</sub> Mild

<sub>2</sub> Moderate

8.3. "You may be randomized to a placebo and the symptoms could continue for the rest of the study. Are you interested in participating in the study?"

<sub>0</sub> No **HRT ineligible**

<sub>1</sub> Yes → Schedule SV1

<sub>3</sub> Severe → **HRT ineligible**