Comments:

- Affix label here-

Clinical Center/ID: __ __ __ __ - ___ ___ ___ - __

First Name _____M.I._____

Last Name _____

1. Contact Date: ☐☐-☐☐-☐☐ (M/D/Y)
2. Staff Person: ☐☐☐
3. Contact Type:
   - ☐ 1 Phone
   - ☐ 2 Mail
   - ☐ 3 Visit
   - ☐ 8 Other
4. Visit Type:
   - ☐ 2 Semi-Annual # ☐☐
   - ☐ 3 Annual # ☐☐
   - ☐ 4 Non-Routine

(Complete Question 5 before interview.)

5. Dosage/Adherence

5.1. Taking Standard WHI Dosage:

___ No

___ Yes →

____	Adherence rate
____	Unable to do

5.2. Taking Altered Dosage:

___ No

___ Yes

____	Adherence rate
____	Unable to do

5.3. Current CaD Formulation:

____ Chewable ___ Swallowable

6. **"Are you now taking, or has your doctor prescribed, any of these medications?"**

6.1 **"Calcium** containing medications, multivitamins, or supplements (such as Oscal or Tums?)" ☐ 0 No ☐ 1 Yes

a. Dosage ☐☐☐☐☐ mg/day

b. Name _____

_____

6.2 **"Vitamin D Pills or multivitamins containing Vitamin D?"** ☐ 0 No ☐ 1 Yes

a. Dosage_____IU/Day

6.3 **"Calcitriol** (such as Rocaltrol)?" ☐ 0 No ☐ 1 Yes

Refer any "Yes" responses in 6.2 - 6.3 to CP. ↵

7. **"Since your last contact, have you been told you have any of the following medical conditions?"**

7.1 **"Hypercalcemia** (too much calcium in the blood)?" ☐ 0 No ☐ 1 Yes

7.2 **"Kidney Problems** (such as stones in your kidney or bladder)?" ☐ 0 No ☐ 1 Yes

7.3 **"Are you undergoing kidney dialysis?"** ☐ 0 No ☐ 1 Yes

Refer any "Yes" responses in 7.1 - 7.3 to CP. ↵

8. **"Are there any worries, discomforts, or questions you would like to discuss?"**

List here and discuss with participant. Refer to Clinic Practitioner if there are any concerns.

_____

_____

_____

_____

9. Resulting action from Questions 6-8. *(This item must be completed. Mark all that apply.)*

- ☐ 1 Participant reassured and advised to continue with current study medications.
- ☐ 2 Participant advised to return to clinic for evaluation.

  Date and time of next appointment:

  _____
- ☐ 3 Clinic Practitioner or Consulting Gynecologist notified.
- ☐ 4 Participant referred to primary physician:

  Physician: _____
- ☐ 6 Medications changed or stopped (*complete Form 54 - Change of Medications*)
- ☐ 8 Other *(Specify)*:_____

K _____

10. **"I'd like to talk with you about your CaD study pills."**

10.1. **"Since your last contact, how often did you take the study pills? Would you say..."** *(Mark response most often true.) (Read responses to participant.)*

- ☐ 0 **"Not at all"**
- ☐ 1 **"Less than once per week"**
- ☐ 2 **"1 - 2 days per week"**
- ☐ 3 **"3 - 4 days per week"**
- ☐ 4 **"5 - 6 days per week"**
- ☐ 5 **"Every day of the week"**

10.2. **"How do you take your pills on the days you take them?"** *(Read responses to participant.)*

- ☐ 1 **"One pill twice a day"**
- ☐ 4 **"Two pills once a day"**
- ☐ 3 **"One pill once a day"**
- ☐ 8 **Other**_____

10.3. **"It is common for people to miss taking pills. How many days have you missed taking any of your pills in the last month?"**

__ days in the last month

10.4. **"What helped you remember to take your pills?"**

_____

_____

_____

_____

10.5. **"People miss taking their study pills for many reasons. If there were days you did not take the pills, what were the reasons you didn't?"** *(Mark all that apply.)*

- ☐ 1 Took all pills every day
- ☐ 2 Experienced symptoms
- ☐ 3 Forgot pill(s)
- ☐ 4 Forgot bottle
- ☐ 5 Needed/Took a break
- ☐ 6 Afraid of health problems
- ☐ 7 Family/Friend recommendation
- ☐ 8 MD recommendation
- ☐ 9 Didn't have any pills
- ☐ 88 Other _____

10.6 Determine the participant's preference for CaD formulation.

___ Chewable ___ Swallowable

10.7. Strategies to improve adherence (Refer to forms instructions for specific examples.)

- ___ Ask participant to describe the reason(s) given.
- ___ Provide reassurance, using validation, review of facts.
- ___ Recommend palliative measures using specific examples.
- ___ Recommend steps to improve adherence, such as ways to deal with problem at home, self-motivation, mobilizing social support.
- ___ Put concerns into perspective-emphasize safety of study, importance of WHI in answering health problems.

Refer to CP if adherence strategies seem complicated.

11.1 Should participant be put on Intensive Adherence Program? (See instructions for entry criteria.)

- ☐ 0 No
- ☐ 1 Yes → 11.2 Date to be recontacted: __-__-__ (M/D/Y)

12.1 Should participant be recontacted in one month by phone for clinical follow-up?

- ☐ 0 No
- ☐ 1 Yes → 12.2 Date to be recontacted: __-__-__ (M/D/Y)

13. Comments:_____