1. Date of Action: __________-________-________ (M/D/Y)

2. Completed By: __________________________

3. Contact Type:
   - Phone [ ]
   - Mail [ ]
   - Visit [ ]
   - Other [ ]

4. Visit Type:
   - Screening [ ]
   - Semi-Annual [ ]
   - Annual [ ]
   - Non-Routine [ ]

5. What study medication schedule did the participant follow?
   - HRT: ___ pills/week
   - CEE 0.3 mg: ___ pills/week
   - CEE 0.625 mg: ___ pills/week
   - MPA 2.5 mg: ___ pills/week
   - MPA 5 mg: ___ pills/week
   - MPA 10 mg: ___ pills/week
   - CaD: ___ pills/week

6. What is the new study medication schedule? (Include all study medications the participant should take, including those that you are not changing.)

   6.1 Medication: 6.2 Dosage:
   1. ___ HRT: __________ pills/week
   2. ___ CEE 0.3 mg: __________ pills/week
   3. ___ CEE 0.625 mg: __________ pills/week
   4. ___ MPA 2.5 mg: __________ pills/week
   5. ___ MPA 5 mg: __________ pills/week
   6. ___ MPA 10 mg: __________ pills/week
   7. ___ CaD: __________ pills/week

6.3 Is this a cyclic regimen? [ ] No [ ] Yes
7. Is the new study medication scheduled permanent?

☐ 0 No ☐ 1 Yes

7.1. For how long should the participant follow this new study medication schedule? (Record shortest length of time if more than one medication.)

___ weeks

8. Why did you make the change in the medication schedule?

8.1. HRT *(Mark all that apply.)*

☐ 1 Bleeding

☐ 2 Biopsy abnormality

☐ 3 Abnormal transvaginal ultrasound

☐ 4 Symptom intolerance

(Specify): __________________________

8.2. CaD *(Mark all that apply.)*

☐ 1 Symptom intolerance

(Specify): __________________________

☐ 8 Other

(Specify): __________________________