OMB # 0925-0414 Exp: 06/00

- 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:
   - ☐1 Phone
   - ☐3 Visit
   - ☐2 Mail
   - ☐8 Other
4. Visit Type:
   - ☐1 Screening # [ ]
   - ☐4 Non-Routine

Clinic Practitioner Assessment of Form 2/3

If the indicated question on *Form 2/3 - Eligibility Assessment* (noted in parenthesis for Ver. 2 and Ver. 3) does not need CP evaluation (corresponding office use box on *Form 2/3* is not marked), mark "No CP evaluation required" and record your staff code. If the indicated question on *Form 2/3* needs CP evaluation, use clinical judgment to determine if the woman is ineligible or eligible based on that condition, mark "Ineligible" or "Eligible" as appropriate, and record CP staff code.

	No CP Evaluation Required	Ineligible	Eligible	Staff Code
5. Expected good health ≤ 3 years due to heart failure (HRT, DM, and OS) (Ver. 3, Qx. 29.2.)	☐8	☐0	☐1	__ __ __
6. Liver Disease (Ver. 3, Qx. 29.3.)				
6.1. Expected good health ≤ 3 years due to liver disease (HRT, DM, and OS)	☐8	☐0	☐1	__ __ __
6.2. Chronic active hepatitis (HRT and DM)	☐8	☐0	☐1	__ __ __
7. Bleeding problem requiring transfusion (HRT) (Ver. 3, Qx. 29.4.)	☐8	☐0	☐1	__ __ __
8. Long-term illness (HRT, DM, and OS) (Ver. 3, Qx. 32)	☐8	☐0	☐1	__ __ __

Clinic Practitioner Assessment

Use your judgment to determine if the woman is ineligible or eligible based on the following items. You must mark "Ineligible" or "Eligible" for each item and record your staff code.

	Ineligible	Eligible	Staff Code
9. Depression (HRT, DM, and OS)	☐0	☐1	__ __ __
10. Drug use (HRT, DM, and OS)	☐0	☐1	__ __ __
Clinical Practitioner or Nutritionist Assessment			
11. ETOH use (HRT, DM, and OS)	☐0	☐1	__ __ __

K __________ V __________

Staff Assessment

Answer for all three components listed.

Mark "Ineligible," if based on your judgment, the woman is not a good candidate for the specific study for reasons not captured in other eligibility data items. Make this determination regardless of the participant's eligibility or interest. If you mark "Ineligible," record the reason you judged the woman ineligible in the space provided. Otherwise, mark "Not Applicable." Record your staff code.

12. Staff impression for:

	Ineligible	Not Applicable	Staff Code	Reason
12.1. DM	☐0	☐1	__ __ __	________________
12.2. HRT	☐0	☐1	__ __ __	________________
12.3. OS	☐0	☐1	__ __ __	________________

If special conditions justify overriding ineligibility due to the following mark "Override" for the specified condition, and record your staff code.

Clinic Practitioner Evaluation for HRT

	Override	Staff ID
13. BMI > 40 (*Form 80 - Physical Measurements*)	☐1	|__|__|__|
14. BMI < 18 (*Form 80 - Physical Measurements*)	☐1	|__|__|__|

Nutritionist Evaluation for DM

	Override	Staff ID
15. BMI > 40 (*Form 80 - Physical Measurements*)	☐1	|__|__|__|
16. BMI < 18 (*Form 80 - Physical Measurements*)	☐1	|__|__|__|
17. Meals away from home > 10 (Ver. 3, Qx. 20)	☐1	|__|__|__|

	Reviewed	Staff ID
18. Reviewed *Form 2/3* with participant on day of randomization (HRT, DM) or before enrollment (OS).	☐1	|__|__|__|

19. Review eligibility at a later date?
 - ☐0 No
 - ☐1 Yes →
   - 19.1. Review Date: |__|__|-|__|__| (M/Y)
   - 19.2. Reason: ____________________________________

20. HRT pill counts:

Date Received	Bottle #	# Pills	Staff ID
__ __–__ __–__ __ (M/D/Y)	___ ___ ___ ___ ___ ___ ___–___ ___	___ ___ ___	__ __ __
__ __–__ __–__ __ (M/D/Y)	___ ___ ___ ___ ___ ___ ___–___ ___	___ ___ ___	__ __ __