

	<p><b>- Affix label here-</b></p> <p>Clinical Center/ID: _____ - _____ - _____</p> <p>First Name _____ M.I. _____</p> <p>Last Name _____</p>
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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>2</sub> Semi-Annual #

<sub>3</sub> Annual #

<sub>4</sub> Non-routine

5. Consent form signed or refused at this contact:

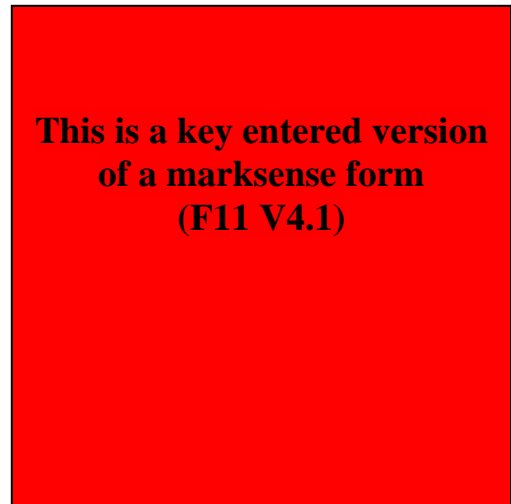
<sub>11</sub> Initial

<sub>12</sub> HRT

<sub>13</sub> DM

<sub>14</sub> OS

<sub>15</sub> CaD



6. **Signature** (Mark all that apply):

	11- Initial	12- HRT	13- DM	14- OS	15- CaD
Signed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
Refused	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>0</sub>
Declined Further Screening		<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	
Resume Screening		<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	

6.1. **Refused to give consent for genetic studies** <sub>1</sub>

6.2. Reasons consent not signed or declined further screening (Mark all that apply.)

Personal

6.2.1. Family problems, demands, or issues

6.2.3. Priorities other than family (work, etc.)

CC

6.2.3. Too far to Clinical Center

6.2.4. Transportation problems other than too far

6.2.5. Parking

6.2.6. CC neighborhood, traffic

Study Parameters

6.2.7. Doesn't like clinical or lab procedures

6.2.8. Doesn't want dietary intervention

6.2.9. Doesn't like taking medications everyday

6.2.10. Doesn't want to take hormones or CaD

6.2.11. Wants to take active hormones or CaD

6.2.12. Doesn't want to give up hormones or supplements

6.2.13. Doesn't like randomization or blinding

6.2.14. Doesn't like forms

6.2.15. Too much time involved (non-form related)

6.2.16. Worried about risks from intervention

6.2.17. Advised not to participate by personal physician

6.2.18. Other reason (specify): \_\_\_\_\_  
\_\_\_\_\_

6.2.19. Refused to give a reason

	11- Initial	12- HRT	13- DM	14- OS	15- CaD
6.2.1. Family problems, demands, or issues	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
6.2.3. Priorities other than family (work, etc.)	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
<u>CC</u>					
6.2.3. Too far to Clinical Center	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
6.2.4. Transportation problems other than too far	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>
6.2.5. Parking	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>
6.2.6. CC neighborhood, traffic	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>
<u>Study Parameters</u>					
6.2.7. Doesn't like clinical or lab procedures	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>7</sub>
6.2.8. Doesn't want dietary intervention	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>8</sub>
6.2.9. Doesn't like taking medications everyday	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>9</sub>
6.2.10. Doesn't want to take hormones or CaD	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>10</sub>
6.2.11. Wants to take active hormones or CaD	<input type="checkbox"/> <sub>11</sub>	<input type="checkbox"/> <sub>11</sub>	<input type="checkbox"/> <sub>11</sub>	<input type="checkbox"/> <sub>11</sub>	<input type="checkbox"/> <sub>11</sub>
6.2.12. Doesn't want to give up hormones or supplements	<input type="checkbox"/> <sub>12</sub>	<input type="checkbox"/> <sub>12</sub>	<input type="checkbox"/> <sub>12</sub>	<input type="checkbox"/> <sub>12</sub>	<input type="checkbox"/> <sub>12</sub>
6.2.13. Doesn't like randomization or blinding	<input type="checkbox"/> <sub>13</sub>	<input type="checkbox"/> <sub>13</sub>	<input type="checkbox"/> <sub>13</sub>	<input type="checkbox"/> <sub>13</sub>	<input type="checkbox"/> <sub>13</sub>
6.2.14. Doesn't like forms	<input type="checkbox"/> <sub>14</sub>	<input type="checkbox"/> <sub>14</sub>	<input type="checkbox"/> <sub>14</sub>	<input type="checkbox"/> <sub>14</sub>	<input type="checkbox"/> <sub>14</sub>
6.2.15. Too much time involved (non-form related)	<input type="checkbox"/> <sub>15</sub>	<input type="checkbox"/> <sub>15</sub>	<input type="checkbox"/> <sub>15</sub>	<input type="checkbox"/> <sub>15</sub>	<input type="checkbox"/> <sub>15</sub>
6.2.16. Worried about risks from intervention	<input type="checkbox"/> <sub>16</sub>	<input type="checkbox"/> <sub>16</sub>	<input type="checkbox"/> <sub>16</sub>	<input type="checkbox"/> <sub>16</sub>	<input type="checkbox"/> <sub>16</sub>
6.2.17. Advised not to participate by personal physician	<input type="checkbox"/> <sub>17</sub>	<input type="checkbox"/> <sub>17</sub>	<input type="checkbox"/> <sub>17</sub>	<input type="checkbox"/> <sub>17</sub>	<input type="checkbox"/> <sub>17</sub>
6.2.18. Other reason (specify): _____ _____	<input type="checkbox"/> <sub>18</sub>	<input type="checkbox"/> <sub>18</sub>	<input type="checkbox"/> <sub>18</sub>	<input type="checkbox"/> <sub>18</sub>	<input type="checkbox"/> <sub>18</sub>
6.2.19. Refused to give a reason	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>99</sub>	<input type="checkbox"/> <sub>99</sub>

6.3. If participant refused to sign consent form or declined further screening, review interest at a later date?

<sub>0</sub> No

<sub>1</sub> Yes →

6.4. Review date:	<input type="text"/> - <input type="text"/>
	Month      Year
6.5. Reason:	<input type="text"/>