1. Date Received: ___-___-___ (M/D/Y) 2. Reviewed By: ___		**- Affix label here-** Clinical Center/ID: __ __ __ __ - ___ ___ ___ - __ First Name _____M.I._____ Last Name _____
3. Contact Type: ☐1 Phone ☐2 Mail ☐3 Visit ☐8 Other	4. Visit Type: ☐2 Semi-Annual #___ ☐3 Annual #___ ☐4 Non-Routine	5. DOSE STD___ ALT___
OFFICE USE ONLY		

Please use ink.

This questionnaire is very important to us so that we can monitor your health and see how you are doing on your calcium and vitamin D study pills. Please take the time to answer each question carefully. Mark the appropriate box with an "x" (☒) or write the information in the space provided.

Calcium and Vitamin D Program

K_____

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 of calcium: _____

_____

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

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

8. Do you have any worries, discomforts, or questions you would like to discuss with the clinic staff? If yes, please list them here and we will call you to discuss these issues.

_____

_____

_____

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9. RSLT	☐ 1 CONT	☐ 3 CONS	☐ 6 CHG
	☐ 2 RET: _____	☐ 4 REF: _____	☐ 8 OTH: _____

10. We would like to know how you are taking your CaD study pills.

10.1. Since your last contact, how often did you take the study pills? **(Choose the response most often true.)** Would you say...

- ☐ 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?

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

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? **(Give your best estimate.)**

|__|__| 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, specify _____

10.6 Do you prefer taking the swallowable or chewable CaD pills?

____ Chewable ____ Swallowable

Thank you! Please take a moment to review the form and answer any questions you may have missed.

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10.7 Strategies

___ DSCB
___ VAL
___ PAL
___ RECM
___ PERSP

11.1 IAP

☐0 No ☐1 Yes ⟶ 11.2 __-__-__ (M/D/Y)

12.1 RECNT

☐0 No ☐1 Yes ⟶ 12.2 __-__-__ (M/D/Y)