



## Exam 6

### Vitamin D Screening Form

Participant ID #:

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Acrostic:

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Technician ID:

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Date:

--	--

Month

--	--

Day

--	--	--	--

Year

The following questions will be used to determine eligibility for the Vitamin D Ancillary Study. Questions 3-6 will be prefilled from previously answered Exam 6 questionnaires. Confirm with the participant that the pre-filled responses are correct.

1. Has the participant refused to participate in MESA INVITE?

☐ Yes\* ☐ No

2. Was the participant not screened or enrolled for a reason other than the screening questions?

☐ Yes ☐ No



Please specify:

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3. Is the total daily dose of vitamin D reported in the Medications form more than 1000 IU?

☐ Yes ☐ No



Ask the participant:

3a. 您是否願意停止服用您的維生素D 營養補充劑以便參加這項維生素D的研究?

☐ Yes ☐ No\*



End questionnaire.

4. Did the participant report taking Paricalcitol, Zemplar, Hectorol, Doxercalciferol, Rocaltrol, Calcijex, or Calcitriol NovaPlus in the Medications form?

☐ Yes\* ☐ No

5. Did the participant report having kidney stones since their last MESA visit?

☐ Yes\* ☐ No

6. Did the participant report kidney failure requiring dialysis or transplantation?

☐ Yes\* ☐ No

**Please ask the participant:**

7. 您是否曾經患有原發性甲狀旁腺機能亢進，造成血液中鈣和甲狀旁腺激素水平太高？請注意甲狀旁腺機能亢進與甲狀腺機能亢進和甲狀腺機能減退是不同的，這是不同的腺體的常見問題。

☐ Yes\* ☐ No

8. 您是否曾經診斷患有結節病？

☐ Yes\* ☐ No

9. 您是否曾經由健康保健人員告訴您血清中鈣的水平有升高？

☐ Yes\* ☐ No

(continued)

**\*Clinic Staff: Please note that any starred item excludes the participant from participating in the Vitamin D Ancillary Study**



## Exam 6

### Vitamin D Screening Form

**Please ask the participant:**

10. 您是否對葵花籽油或維生素D有過敏或不良反應？

☐ Yes\*   ☐ No

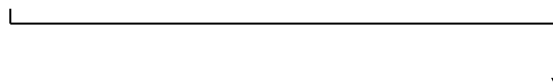
11. 您是否目前正在參加另一項介入性研究或臨床試驗？

☐ Yes\*   ☐ No

**If Yes to questions 3 and 3A:**

12. 您的維生素D補充劑是由您的保健醫生開的處方或推薦的嗎？

☐ No   ☐ Yes



如果您想參加MESA INVITE研究，在開始服用研究藥物之前，您需要停止服用您的維生素D營養補充劑12週，並且在這12週之後您要回到診所開始這個研究。您願意參加這項研究嗎？

☐ No   ☐ Yes



End  
questionnaire.



在哪一天您將停止服用您的維生素D營養補充劑？

Enter date of start of 12-week washout period:

		/			/				
Month			Day			Year			



太好了！您的MESA INVITE的檢查可以預約到[End of 12-week washout period] 之後的任何時間。

*At the end of the 12-week wash-out period, call the participant to confirm that the washout was completed, and re-administer the screening questionnaire.*

Enter date of end of 12-week washout period:

		/			/				
Month			Day			Year			

Comments: \_\_\_\_\_

\_\_\_\_\_

**\*Clinic Staff:** Please note that any starred item excludes the participant from participating in the Vitamin D Ancillary Study.