К_____

Comments:			- Affix label here-
			Clinical Center/ID:
			First NameM.I
			Last Name
1. C	Contact Date:	(Complete	Question 5 before interview.)
2. S	Staff Person:	-	
_	Contact Type:		aking Standard WHI Dosage:
	Phone3 Visit		No Adherence rate
Ĺ	_ ₂ Mail □ ₈ Other		Yes \rightarrow Unable to do
4. V	/isit Type:	5.2. T	aking Altered Dosage:
	Semi-Annual # └──┴──┘	-	No Adherence rate
_	Annual # L	_	Yes Unable to do
		5.3.	Current CaD Formulation:
-	4		Chewable Swallowable
6.1 6.2 6.3	"Are you now taking, or has your doctor prescribed, any of these medications?" "Calcium containing medications, multivitamins, or supplements (such as Oscal or Tums?)" a. Dosage mg/day b. Name mg/day b. Name mg/day b. Name mg/day a. Dosage IU/Day "Calcitriol (such as Rocaltrol)?" Are fer any "Yes" responses in 6.2 - 6.3 to CP.	you List Pra 9. Res be	 there any worries, discomforts, or questions a would like to discuss?" there and discuss with participant. Refer to Clinic citioner if there are any concerns. sulting action from Questions 6-8. (<i>This item <u>must</u> completed. Mark all that apply.</i>) Participant reassured and advised to continue with current study medications. Participant advised to return to clinic for evaluation. Date and time of next appointment:
	"Since your last contact, have you been told you have any of the following medical conditions?"		Clinic Practitioner or Consulting Gynecologist
7.1	"Hypercalcemia (too much No Yes		³ notified.
7.0			Participant referred to primary physician:
	"Kidney Problems (such as □ ₀ No □ ₁ Yes stones in your kidney or bladder)?"		Physician: Medications changed or stopped (<i>complete</i> <i>Form 54 - Change of Medications</i>)
	"Are you undergoing		 Form 54 - Change of Medications) Other (Specify):
Refer	any "Yes" responses in 7.1 - 7.3 to CP.		8

WHI

Form 17 - CaD Management and Safety Interview

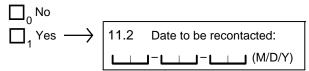
- 10. "I'd like to talk with you about your CaD study pills." 10.1. "Since your last contact, how often did you take the study pills? Would you say ... " (Mark response most often true.) (Read responses to participant.) □₀ "Not at all" "Less than once per week" 📃 ୁ "1 - 2 days per week" 🔲 ຼ "3 - 4 days per week" ☐ "5 - 6 days per week" \Box_{5} "Every day of the week" 10.2. "How do you take your pills on the days you take them?" (Read responses to participant.) "One pill twice a day" , "Two pills once a day" , "One pill once a day" □₈ Other_ 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?" 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.) Took all pills every day Experienced symptoms 3 Forgot pill(s) Forgot bottle Needed/Took a break 6 Afraid of health problems Family/Friend recommendation \square_8 MD recommendation Didn't have any pills | |a 88 Other
 - 10.6 Determine the participant's preference for CaD formulation.

_ Chewable ____ Swallowable

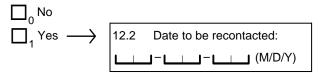
- 10.7. Strategies to improve adherence (Refer to forms instructions for specific examples.)
 - Ask participant to describe the reason(s) given.
 - Provide reassurance, using validation, review of facts.
 - ____ Recommend palliative measures using specific examples.
 - Recommend steps to improve adherence, such as ways to deal with problem at home, self-motivation, mobilizing social support.
 - ____ Put concerns into perspective-emphasize safety of study, importance of WHI in answering health problems.

Refer to CP if adherence strategies seem complicated.

11.1 Should participant be put on Intensive Adherence Program? (See instructions for entry criteria.)



12.1 Should participant be recontacted in one month by phone for clinical follow-up?



13. Comments: