Exam 6
Vitamin D Screening Form

Participant ID #: ☐☐☐☐☐☐☐ Acrostic: ☐☐☐☐☐☐☐

Technician ID: ☐☐☐☐ 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: ☐

3. Is the total daily dose of vitamin D reported in the Medications form more than 1000 IU?
   ○ Yes ○ No
   → *Ask the participant:*
   3a. Would you be willing to **temporarily reduce** your vitamin D supplements in order to take part in the vitamin D study?
   ○ 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. Have you ever had a condition called primary hyperparathyroidism, in which blood levels of calcium and parathyroid hormone are too high? Please note that hyperparathyroidism is different from hyperthyroidism and hypothyroidism, which are common problems of a different gland.
   ○ Yes* ○ No

8. Have you been diagnosed with sarcoidosis?
   ○ Yes* ○ No

9. Have you ever been told by a heath care provider that you have elevated serum calcium levels?
   ○ Yes* ○ No

(continued)

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

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Please ask the participant:

10. Do you have an allergy or adverse reaction to sunflower oil or vitamin D?
    ○ Yes* ○ No

11. Are you currently participating in another interventional research study or clinical trial?
    ○ Yes* ○ No

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

12. Were your vitamin D supplements prescribed or recommended by your health care provider?

○ No

If you would like to take part in MESA INVITE, you will need to ask your health care provider if it is safe to temporarily reduce your vitamin D supplements to 1000 IU or less for 28 weeks (12 weeks prior to study, and for the 16 weeks of the study). Please call us back at XXX-XXX-XXXX after you talk with your health care provider to let us know if you will participate.

○ No ○ Yes

End questionnaire.

○ Yes

If you would like to take part in MESA INVITE, you will need to ask your health care provider if it is safe to temporarily reduce your vitamin D supplements for 28 weeks (12 weeks prior to study, and for the 16 weeks of the study). Please call us back at XXX-XXX-XXXX after you talk with your health care provider to let us know if you will participate.

☐ Participant has approved temporary reduction with provider and will participate.

On what day will you reduce your vitamin D supplements?

Enter date of start of 12-week reduction period: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Great! Your MESA INVITE Exam can be scheduled any time after *[End of 12-week reduction period]*.

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

Enter date of end of 12-week reduction period: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Comments: _____

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