



Exam 6

MESA INVITE Phone Screening Form

Participant ID #:

Acrostic:

Technician ID:

Date: / /
Month Day Year

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

Yes No

↳ Please specify:

The following questions will be used to determine eligibility for the MESA INVITE Ancillary Study. Please ask the participant:

1. Do you take a vitamin D supplement?

Yes No

1a. If yes, what is the dose and how many pills to you take per week?

IU pills per week

2. Do you take a multi vitamin supplement?

Yes No

2a. If yes, what is the dose of vitamin D and how many pills to you take per week?

IU pills per week

3. Is the average **daily** dose of vitamin D from questions 1 and 2 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. Do you take any of the following medications: Paricalcitol, Zemplar, Hectorol, Doxercalciferol, Rocaltrol, Calcijex, or Calcitriol NovaPlus?

Yes* No

5. Have you had kidney stones since your last MESA visit?

Yes* No

6. Are you on kidney dialysis or have you had a kidney transplant?

Yes* No

7. Are you interested in participating in the Vitamin D Study?

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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8. 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

9. Have you been diagnosed with sarcoidosis?

- Yes* No

10. Have you ever been told by a health care provider that you have elevated serum calcium levels?

- Yes* No

11. Do you have an allergy or adverse reaction to sunflower oil or vitamin D?

- Yes* No

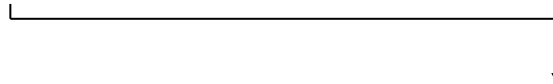
12. Are you currently participating in another interventional research study or clinical trial?

- Yes* No

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

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

- No 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 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.

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- No Yes



End questionnaire.



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

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



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Comments: _____

