



Exam 6

Vitamin D

Screening Form

Participant ID #:

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Acrostic:

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Technician ID:

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Date:

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Month

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Day

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Year

The following questions will be used to determine eligibility for the Vitamin D Ancillary Study.

Questions for exclusion criteria 1 through 4 will be prefilled from previously answered Exam 6 Questionnaires.

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

☐ Yes* ☐ No

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

☐ Yes* ☐ No

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

☐ Yes* ☐ No

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

☐ Yes* ☐ No

Please ask the participant:

5. 您是否曾經患有原發性甲狀腺機能亢進，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

6. 您是否曾經診斷患有結節病？

☐ Yes* ☐ No

7. 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

8. 您是否對葵花籽油或維生素D有過敏或不良反應？

☐ Yes* ☐ No

9. 您是否目前正在參加另一項介入性研究或臨床試驗？

☐ Yes* ☐ No

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