



Exam 6A

Vitamin D Study Completion

Participant ID #:

Acrostic:

Technician ID:

Record at Exam 6 or Baseline Vitamin D Visit:

1. Study Drug Dispensed: ☐ Yes ☐ No **(END)**



1a. Date drug was dispensed:

/ /
Month Day Year

1b. Bottle Number: _____

1c. Was it dispensed: ☐ In clinic ☐ Mailed by FC staff

Technician ID:

Record at 2 Week Phone Call:

2. Study drug start date:

/ /
Month Day Year

☐ Participant never started study drug

3. Check in call 2 weeks after study drug dispensed: ☐ Done ☐ Not done



3a. Call Date:

/ /
Month Day Year

4. Has the participant been taking study drug according to protocol? ☐ Yes ☐ No



4a. Describe deviations:



Exam 6A

Vitamin D Study Completion

5. Has the participant experienced any adverse events? ☐ Yes ☐ No

↓
Document in
Adverse Events form

6. Exam 6a scheduled for: / /
Month Day Year Time: :
Record in military time (e.g. 5PM = 17:00)

☐ Exam 6a Refused



Reason:

Record at 6a Clinic Visit:

7. Exam 6a pill return count: Number of pills returned:
Number of pills lost:

8. Has the participant been taking study drug according to protocol? ☐ Yes ☐ No



8a. Describe deviations:

9. Has the participant experienced any adverse events?: ☐ Yes ☐ No

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Document in
Adverse Events form