Exam 6
Vitamin D Study Completion

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:

   ________________________________
5. Has the participant experienced any adverse events?  ☐ Yes  ☐ No  
   ↓
   Document in Adverse Events form

6. Exam 6a scheduled for:  
   [ ] / [ ] / [ ]  
   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  
   ↓
   Document in Adverse Events form