39422	

VITAL 1 •

PLEASE FOLLOW THESE DIRECTIONS WHEN COMPLETING THE FORM:

Use a number two (#2) pencil or a ball-point pen and DARKLY shade bubbles like this \rightarrow \bullet NOT like this \rightarrow X	Q
In order to be eligible to participate in VITAL, it is important that you complete ALL of the 13 questions below.	

Use a number two (#2) pencil or a ball-point pen and DARKLY shade bubbles like this → ■ <u>NOT</u> like the ln order to be eligible to participate in VITAL, it is important that you complete ALL of the 13 questions	his $ ightarrow$ $lack$ s below.
1. VITAL will study VITAMIN D and FISH OIL in the prevention of cardiovascular (heart/blood ved disease and cancer. As a participant, you will be asked to take 2 pills each day (either active	•
Would you be willing to participate in the VITAL study?	
O No O Yes O Not sure, but willing to receive additional information	
2. What is your age? O Younger than 50 O 50-54 O 55-59 O 60-64 O 65 and older	
3. What is your sex? O Male O Female	
4. How would you describe your race (check all that apply)?	
O American Indian / Alaska Native O Black or African American O Asian	
O Native Hawaiian or other Pacific Islander O White O Unknown	OFFICE USE ONLY:
5. How would you describe your ethnic group?	01
O Hispanic or Latino O Not Hispanic or Latino O Unknown	02
6. What is the highest level of education that you have achieved?	03
O Did not complete high school O High school diploma or G.E.D.	04
O Attended or graduated from college O Post-college	
7. Have you ever been diagnosed with skin cancer? O No O Yes	
If YES, What type? O Melanoma O Other skin cancer (e.g., basal cell, squamous cell)	Not sure
8. Other than skin cancer, have you ever been diagnosed with another type of cancer (for example breast, lung, prostate, colon, or other type of cancer)? \bigcirc No \bigcirc Yes	nple:
9. Have you ever had a heart attack or a stroke? O No O Yes	
10. Have you ever had coronary bypass surgery (CABG) OR a coronary angioplasty (PTCA, who balloon is used to open a blockage in an artery) OR a stent? ONO OYes	n a
11. Not including your diet, how much <u>TOTAL vitamin D do you take each day from supplements</u> single tablets of vitamin D, multi-vitamins, calcium supplements (Calcium+D) or drugs that vitamin D (Example: Fosamax+D)? Referring to package labels, please add up ALL your non sources of vitamin D.	contain n-diet
O TOTAL of 800 IU or less/day O TOTAL of 801-1000 IU/day O TOTAL greater than 1000 IU/da	ay O None
12. As a participant in VITAL, you will be asked to limit your TOTAL intake of vitamin D (not from diet) to 800 IU or less per day. Would you be willing to do this? ONO OYES	n
13 Do you regularly take individual supplements of fish oil? O No O Ves	

If YES, are you willing to stop taking this fish oil while you participate in VITAL? O No O Yes

