1. VITAL will study VITAMIN D and FISH OIL in the prevention of cardiovascular (heart/blood vessel) disease and cancer. As a participant, you will be asked to take 2 pills each day (either active or placebo).

Would you be willing to participate in the VITAL study?
- No
- Yes
- Not sure, but willing to receive additional information

2. What is your age?
- Younger than 50
- 50-54
- 55-59
- 60-64
- 65 and older

3. What is your sex?
- Male
- Female

4. How would you describe your race (check all that apply)?
- American Indian / Alaska Native
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- White
- Unknown

5. How would you describe your ethnic group?
- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

6. What is the highest level of education that you have achieved?
- Did not complete high school
- High school diploma or G.E.D.
- Attended or graduated from college
- Post-college

7. Have you ever been diagnosed with skin cancer?  
- No
- Yes

If YES, What type?
- Melanoma
- 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)?  
- No
- Yes

9. Have you ever had a heart attack or a stroke?  
- No
- Yes

10. Have you ever had coronary bypass surgery (CABG) OR a coronary angioplasty (PTCA, when a balloon is used to open a blockage in an artery) OR a stent?  
- No
- Yes

11. Not including your diet, how much TOTAL vitamin D do you take each day from supplements such as single tablets of vitamin D, multi-vitamins, calcium supplements (Calcium+D) or drugs that contain vitamin D (Example: Fosamax+D)? Referring to package labels, please add up ALL your non-diet sources of vitamin D.

- TOTAL of 800 IU or less/day
- TOTAL of 801-1000 IU/day
- TOTAL greater than 1000 IU/day
- 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?
- No
- Yes

13. Do you regularly take individual supplements of fish oil?  
- No
- Yes

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

Thank you for completing the form. Please return it in the enclosed pre-paid envelope.