

**Vitamin D Supplementation Trial**  
**4<sup>th</sup> Month / 4<sup>th</sup> Visit CRF (final visit)**

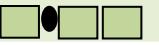
Date of 4 <sup>th</sup> visit

**TO BE COMPLETED BY RESEARCHER**

**Body measurements**

<b>1. Height</b>   cm	<b>2. Weight</b>   kg	<b>3. BMI</b>  
<b>4. Body fat, Tanita</b>   %	<b>5. Waist circumference (If the first two differ by &gt;3cms complete a 3<sup>rd</sup> measure)</b>  1.  cm   2.  cm   3.  cm	
<b>6. BP (take 3 times)</b>		
1 <sup>st</sup>  Systolic  mmHg Diastolic  mmHg Pulse Rate 	2 <sup>nd</sup>  Systolic  mmHg Diastolic  mmHg Pulse Rate 	3 <sup>rd</sup>  Systolic  mmHg Diastolic  mmHg Pulse Rate 
<b>Researcher's signature and ID</b>		<b>Date</b>

**7. iSTAT results**

POC ionised calcium (mmol/l)*	1 <sup>st</sup>  	2 <sup>nd</sup> – if required  	3 <sup>rd</sup> – if required  
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<b>Researcher's signature and ID</b>	<b>Date</b>	
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<b>8. Other study bloods</b>  Site of procedure (e.g. left arm)	Collected? Yes  No 	
<b>9. Urine sample (for ca:cr ratio)</b>		Collected? Yes  No 
<b>Researcher's signature and ID</b>		

<b>10. Is the participant's ionised calcium from this visit within the acceptable range?*</b>	Yes  No 	
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<b>Researcher's signature and ID</b>	<b>Date</b>	
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11. Have there been any changes in the participant's health in the last 4 weeks? Yes  No 
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11a. If yes, please complete the table below and an AE or SAE form if applicable.

Change in health	Date	Time	Description	Adverse Event / Serious Adverse Event form completed? (Y/N)
<b>Researcher's signature and ID</b>				<b>Date</b>

12. Any comments / actions taken?

**Researcher's signature and ID** **Date**

**Additional notes**

\*Ensure the iSTAT measurement is within the acceptable range (ionised calcium <1.3mmol/l). If the measurement is found not to be acceptable repeat the measurement. If the second measurement is within the acceptable range, take a third measure. If two of three measurements are normal proceed with this visit. If two of three measurements fall outside of the acceptable ranges inform the clinician providing clinical cover and complete an AE or SAE form as appropriate. If the second test is unacceptable, as well as the first, do not carry out a third test. If the participant's iSTAT measurement is outside of the acceptable range for the two repeats, collect a blood sample to enable laboratory analysis of serum calcium for reporting to the participant's GP as appropriate. The participant **can** continue with this visit irrespective of their iSTAT measurements.