

**Vitamin D Supplementation Trial
3 Month Telephone call**

Date of telephone call
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1. Is the participant's urine ca:cr ratio from visit 3 within the acceptable range?* Yes No

2. Is the participant's serum calcium from visit 3 within the acceptable range?* Yes No

Researcher's signature and ID

Date

3. Have there been any changes in the participant's health in the last 4 weeks? Yes No

3a. 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)
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Researcher's signature and ID

Date

4. Any comments / actions taken?

Researcher's signature and ID

Date

Additional notes

* Ensure the safety measurements collected at the previous visit are within the acceptable ranges before proceeding with this call (serum calcium <2.65mmol/l; urine ca:cr <1). If the measurements are found not to be acceptable the participant cannot proceed in the trial.