

Lifestyle questions:

Diet:

How often do you eat oily fish (examples of oily fish are: tuna, sardines, mackerel, eel, salmon, trout)?

Less than Once a week

Once a week

2-3 times a week

4+ Times a week

1. SUPPLEMENTS CONTAINING VITAMIN D:

Do you take any supplements containing Vitamin D? Yes No

Please list any supplements containing vitamin D below, stating the dose of vitamin D taken and the year the patient started taking the supplement. Please include all supplements that include any vitamin D (eg cod liver oil, multi-vitamins), but only give the dose of vitamin D taken.

NB. If the supplement contains vitamin D, check patient does not exceed 400 IU / 10 micrograms daily or 2800IU / 70 micrograms weekly (see eligibility criteria)

Please circle one option for both Units and Frequency for each supplement.

1) Name of supplement _____ Daily dose _____ Units: IU/ mcg/ g/ mg /mls /Other

Frequency: Per Week/Per Day Year Started Taking _____

2) Name of supplement _____ Daily dose _____ Units: IU/ mcg/ g/ mg /mls /Other

Frequency: Per Week/Per Day Year Started Taking _____

3) Name of supplement _____ Daily dose _____ Units: IU/ mcg/ g/ mg /mls /Other

Frequency: Per Week/Per Day Year Started Taking _____

4) Name of supplement _____ Daily dose _____ Units: IU/ mcg/ g/ mg /mls /Other

Frequency: Per Week/Per Day Year Started Taking _____

5) Name of supplement _____ Daily dose _____ Units: IU/ mcg/ g/ mg /mls /Other

Frequency: Per Week/Per Day Year Started Taking _____

IMPORTANT NOTE: Patients must NOT take in excess of 400 IU / 10 micrograms of vitamin D daily (or 2800IU / 70 micrograms of vitamin D weekly) from all sources. Please confirm that this limit is not exceeded when vitamin D from both dietary supplements and medications are combined (i.e Yes, limit exceeded or No, limit not exceeded):

Yes No

NB TICKING "YES" INDICATES THAT THE PARTICIANT VITAMIN D INTAKE EXCEEDS THE ALLOWED DOSE. IF THIS IS CORRECT THEN THE PARTICIPANT CANNOT TAKE PART IN THE TRIAL

How many times have you used a sun bed in the last year?

Please tick one box:

Never 1-9 times Over 10 Times

In sunny weather, both in the UK and in other countries do you...

Please tick one box on each line

	Often	Sometimes	Rarely	Never
a) Protect your skin from the sun, for example with clothing or sun cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Get blistering after being burned in the sun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Actively seek a suntan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which one of the 6 categories below best describes your skin type and your skin's response to the midday sun in summer months? (Please circle one)

Category	Response
1	I have extremely fair skin. I always burn and never tan.
2	I have fair skin. I always burn and sometimes tan.
3	I have pale coloured skin. I sometimes burn and always tan.
4	I rarely burn and always tan.
5	I have a moderately pigmented brown skin which never burns and always tans.
6	I have markedly pigmented black skin which never burns and always tans.

Please turn to next page for Quality of Life CRF

Quality of Life Questionnaire

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

Usual Activities

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

On a scale of 1 to 100 where 1 is worst imaginable health state and 100 is best imaginable health state, how good or bad is your health state today

(1.0 – 100.0)

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Please ensure that the information recorded in all paper CRFs is entered onto the online VIDAL application as soon as possible, if not the same day.