



Vitamin **D** and
type **2** diabetes

I have read the information about the D2d study on the website and/or brochure. By checking the box, I agree to be contacted about the study if I am potentially eligible to participate based on this questionnaire.

Contact Information

Salutation:	Dr.	Mr.	Mrs.	Ms.	None
First Name:			Last Name:		
Street Address:					
City:			State:	Zip:	
Email:					
Home phone:				Preferred	
Work phone:				Preferred	
Cell phone:				Preferred	

How did you hear about this study? (Please mark only the way that made you decide to contact us)

- | | |
|-------------------------|----------------------------------|
| Response to a letter: | Saw advertisement |
| Online: | In person |
| Search engine (Google) | Referral from friend or relative |
| Social media (Facebook) | Other: |
| Other: | |
| Referral from physician | |

The questions on the next page will determine if you may be eligible for the D2d study.

