Sister Study Health Update

Please return this form even if there are no changes to report.

It is important to the Sister Study that we stay updated on your health. Please take a few minutes to fill out this form and let us know if you have been diagnosed with any of the following conditions ***since September 2004****.*

1. Since September 2004, has a doctor or other health professional told you that you had any of the following conditions?

	NO	YES	Month and year of diagnosis:
a. Breast cancer	☐	☐ →	__ / 2 0 0 __
b. Lung cancer	☐	☐ →	__ / 2 0 0 __
c. Ovarian cancer	☐	☐ →	__ / 2 0 0 __
d. Cancer of the colon or rectum	☐	☐ →	__ / 2 0 0 __
e. Malignant melanoma	☐	☐ →	__ / 2 0 0 __
f. Skin cancer (not malignant melanoma)	☐	☐ →	__ / 2 0 0 __
g. Any other type of cancer	☐	☐ →	__ / 2 0 0 __ What kind: _____
h. Heart attack (myocardial infarction)	☐	☐ →	__ / 2 0 0 __ Were you a patient in a hospital overnight? NO ☐ YES ☐
i. Stroke	☐	☐ →	__ / 2 0 0 __
j. Asthma	☐	☐ →	__ / 2 0 0 __
k. Hypertension	☐	☐ →	__ / 2 0 0 __
l. Diabetes	☐	☐ →	__ / 2 0 0 __
m. Hip fracture	☐	☐ →	__ / 2 0 0 __
n. Wrist fracture	☐	☐ →	__ / 2 0 0 __
o. Any other major illness	☐	☐ →	__ / 2 0 0 __ What kind: _____

2. Have you had surgery since Sept. 2004? ☐ ☐ → __ / 2 0 0 __ What kind: _____ __ / 2 0 0 __ What kind: _____

3. Today's date: __ / __ / 2 0 0 __ *(month) (day) (year)*

Thank you for your continued participation in the Sister Study. Please mail this form to us at the address below. A postage-paid envelope is provided.

The Sister Study, 1009 Slater Road, Suite 120, Durham, NC 27703
phone: 1-877-4SISTER (1-877-474-7837); email: update@sisterstudy.org

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