



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 August 2007.***

1. Since August 2007, 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	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ <input type="text"/> / <input type="text"/> 2 0 0 <input type="text"/>
a1. Ductal (breast) carcinoma in situ (DCIS)	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ <input type="text"/> / <input type="text"/> 2 0 0 <input type="text"/>
a2. Lobular (breast) carcinoma in situ (LCIS)	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ <input type="text"/> / <input type="text"/> 2 0 0 <input type="text"/>
b. Lung cancer	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ <input type="text"/> / <input type="text"/> 2 0 0 <input type="text"/>
c. Ovarian cancer	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ <input type="text"/> 2 0 0 <input type="text"/>
d. Cancer of the colon or rectum	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ <input type="text"/> 2 0 0 <input type="text"/>
e. Malignant melanoma	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ <input type="text"/> 2 0 0 <input type="text"/>
f. Skin cancer (not malignant melanoma)	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ <input type="text"/> 2 0 0 <input type="text"/>
g. Any other type of cancer	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ { <input type="text"/> / <input type="text"/> 2 0 0 <input type="text"/> } What kind: _____
h. Heart attack (myocardial infarction)	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ { <input type="text"/> / <input type="text"/> 2 0 0 <input type="text"/> } Were you a patient in a hospital overnight? NO <input type="checkbox"/> N YES <input type="checkbox"/> Y
i. Stroke	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ <input type="text"/> 2 0 0 <input type="text"/>
j. Asthma	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ <input type="text"/> 2 0 0 <input type="text"/>
k. Hypertension	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ <input type="text"/> 2 0 0 <input type="text"/>
l. Diabetes	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ <input type="text"/> / <input type="text"/> 2 0 0 <input type="text"/>
m. Hip fracture	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ <input type="text"/> 2 0 0 <input type="text"/>
n. Wrist fracture	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ <input type="text"/> 2 0 0 <input type="text"/>
o. Any other major illness	<input type="checkbox"/> N	<input type="checkbox"/> Y	→ { <input type="text"/> / <input type="text"/> 2 0 0 <input type="text"/> } What kind: _____

2. Have you had surgery since Aug. 2007? N Y

→ { / 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

