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 2009.***

Today's date ☐☐ / ☐☐ / ☐☐☐☐
month day year

ID # *«StudyID»-hlth*
«StudyID»

Since August 2009, has a doctor or other health professional told you that you had any of the following conditions?

		NO	YES	If YES, give the month and year of diagnosis. MONTH / YEAR
a	Breast cancer	N	Y	☐☐ / 2 0 ☐☐
b	DCIS (ductal [breast] carcinoma in situ)	N	Y	☐☐ / 2 0 ☐☐
c	LCIS (lobular [breast] carcinoma in situ)	N	Y	☐☐ / 2 0 ☐☐
d	Lung cancer	N	Y	☐☐ / 2 0 ☐☐
e	Ovarian cancer	N	Y	☐☐ / 2 0 ☐☐
f	Cancer of the uterus or endometrium	N	Y	☐☐ / 2 0 ☐☐
g	Cancer of the colon or rectum	N	Y	☐☐ / 2 0 ☐☐
h	Malignant melanoma	N	Y	☐☐ / 2 0 ☐☐
i	Any other type of cancer except non-melanoma skin cancer	N	Y	☐☐ / 2 0 ☐☐ What kind? _____
j	Heart attack (myocardial infarction – MI)	N	Y	☐☐ / 2 0 ☐☐ Were you a patient in a hospital overnight? N Y
k	Other heart disease (e.g. angina, congestive heart failure, arrhythmias)	N	Y	☐☐ / 2 0 ☐☐ What kind? _____
l	Stroke, mini-stroke, TIA	N	Y	☐☐ / 2 0 ☐☐
m	Thyroid disease	N	Y	☐☐ / 2 0 ☐☐
n	Autoimmune disease (e.g., rheumatoid arthritis, lupus, scleroderma, multiple sclerosis, or other)	N	Y	☐☐ / 2 0 ☐☐ What kind? _____
o	Asthma	N	Y	☐☐ / 2 0 ☐☐
p	Hypertension (high blood pressure)	N	Y	☐☐ / 2 0 ☐☐
q	Diabetes	N	Y	☐☐ / 2 0 ☐☐
r	Hip, wrist or other fracture	N	Y	☐☐ / 2 0 ☐☐ What kind? _____
s	Any other major illness	N	Y	☐☐ / 2 0 ☐☐ What kind? _____

Thank you for your continued participation in the Sister Study. Please mail this form to:
The Sister Study, 1009 Slater Road, Suite 120, Durham, NC 27703. *A postage-paid envelope is provided.*
Phone: 1-877-4SISTER (1-877-474-7837); email: update@sisterstudy.org