FORM: 69 VERS: 01 OMB No. 0925-0522

Sister Study Health Update

*** Please fill out 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 2013.***

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

ID # *«StudyID»-hlth*
«StudyID»

1. Since August 2013, has a doctor or other health professional told you that you had any of the following conditions?

	Please mark No or Yes for each question.	NO	YES	If YES, give the month and year of diagnosis. MONTH / YEAR
a	Breast cancer	☐	☐	☐☐ / 20☐☐
b	DCIS (ductal [breast] carcinoma in situ)	☐	☐	☐☐ / 20☐☐
c	LCIS (lobular [breast] carcinoma in situ)	☐	☐	☐☐ / 20☐☐
d	Lung cancer	☐	☐	☐☐ / 20☐☐
e	Ovarian cancer	☐	☐	☐☐ / 20☐☐
f	Cancer of the uterus or endometrium (please do not include non-cancerous conditions such as fibroids, endometriosis, or pre-cancer)	☐	☐	☐☐ / 20☐☐
g	Cancer of the colon or rectum	☐	☐	☐☐ / 20☐☐
h	Melanoma	☐	☐	☐☐ / 20☐☐
i	Any other type of cancer except non-melanoma skin cancer	☐	☐	☐☐ / 20☐☐ What kind? _____
j	Heart attack (myocardial infarction – MI)	☐	☐	☐☐ / 20☐☐ Were you a patient in a hospital overnight? **NO** ☐ **YES** ☐
k	Other heart disease (e.g. angina, congestive heart failure, arrhythmias)	☐	☐	☐☐ / 20☐☐ What kind? _____
l	Stroke, mini-stroke, TIA	☐	☐	☐☐ / 20☐☐
m	Thyroid disease (e.g. Graves' disease, overactive thyroid/hyperthyroidism, thyroiditis, underactive thyroid/hypothyroidism, or other)	☐	☐	☐☐ / 20☐☐ What kind? _____
n	Autoimmune disease (e.g., rheumatoid arthritis, lupus, scleroderma, multiple sclerosis, or other)	☐	☐	☐☐ / 20☐☐ What kind? _____
o	Parkinson's disease	☐	☐	☐☐ / 20☐☐
p	Hypertension (high blood pressure)	☐	☐	☐☐ / 20☐☐
q	Diabetes	☐	☐	☐☐ / 20☐☐
r	Hip, wrist or other fracture	☐	☐	☐☐ / 20☐☐ What kind? _____
s	Any other major illness	☐	☐	☐☐ / 20☐☐ What kind? _____

PLEASE CONTINUE ON THE BACK ⇨

2. Have you gone through menopause?

- ☐ Yes
- ☐ No
- ☐ Don't Know

3. What month and year did you have your last menstrual period or how old were you when you had your last menstrual period?

☐☐/ ☐☐☐☐ **OR** ☐☐

MONTH YEAR AGE

4. Have you ever smoked at least one cigarette per day for six months or longer?

- ☐ Yes
- ☐ No ➔ **GO TO QUESTION 7**

5. What best describes your smoking status?

- ☐ Stopped smoking cigarettes
- ☐ Currently smoking cigarettes

6. During the years you smoked, how many cigarettes do/did you usually smoke per day?

- ☐ Less than one pack per day
- ☐ One pack per day
- ☐ More than one pack per day

7. Are you currently using hormones for hormone replacement (HRT)? Please include pills and patches. Common brand and generic names are Prempro, Premarin, Estrace, estradiol, Provera, medroxyprogesterone, etc.

- ☐ Yes
- ☐ No

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