The 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 January 2014****.*

Today's Date: ☐☐ / ☐☐ / 2 0 ☐☐
MONTH DAY YEAR

We ask that the Sister Study participant fill out the form. Sometimes this is not possible...

- ○ Mark here if you are the participant filling this out for yourself. → **GO TO QUESTION 1 ON NEXT PAGE**
- ○ Mark here if someone is helping you fill out this questionnaire by either reading the questions to you and/or filling the bubbles for you.
- ○ Mark here if the participant cannot answer the questions for herself and you are completing the questionnaire on her behalf.

IF EITHER OF THESE ARE MARKED, PLEASE *ALSO* COMPLETE PAGE 7 OF THE INCLUDED "CONTACT INFORMATION UPDATE FORM"

What is your relationship to the participant?

- ○ Spouse/partner
- ○ Sister
- ○ Brother
- ○ Daughter
- ○ Son
- ○ Friend
- ○ Other, specify: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

If participant cannot answer the questions for herself and you are completing the questionnaire on her behalf, what are the condition(s) that prevent her from answering the questions for herself?

☐

1. Since January 2014, has a doctor or other health professional told you that you had any of the following conditions?

Please mark a response for each question.	NEVER OR BEFORE JAN. 2014	DIAGNOSED JAN. 2014 OR LATER	If Jan. 2014 or later, give month and year of diagnosis. MONTH/YEAR
a. Breast cancer	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
b. Ductal carcinoma in situ of the breast or DCIS	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
c. Lobular carcinoma in situ of the breast or LCIS	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
d. Lung cancer	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
e. Ovarian cancer	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
f. Cancer of the uterus or endometrium. Please do *not* include non-cancerous conditions such as fibroids, endometriosis, or pre-cancer.	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
g. Cancer of the colon or rectum	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
h. Thyroid cancer	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
i. Melanoma Please do not include non-melanoma skin cancers, such as basal cell carcinoma and squamous cell carcinoma.	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
j. Any other type of cancer Please do not include non-melanoma skin cancers, such as basal cell carcinoma and squamous cell carcinoma.	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
If before Jan. 2014, specify type(s): ☐		If Jan. 2014 or later, specify type(s): ☐	
k. Heart attack or myocardial infarction (MI)	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later Were you a patient in a hospital overnight? ○ NO ○ YES	☐☐ / 2 0 ☐☐
l. Other heart disease, e.g., angina, congestive heart failure, arrhythmias	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
If before Jan. 2014, specify type(s): ☐		If Jan. 2014 or later, specify type(s): ☐	

33736

Please mark a response for each question.	NEVER OR BEFORE JAN. 2014	DIAGNOSED JAN. 2014 OR LATER	If Jan. 2014 or later, give month and year of diagnosis. MONTH/YEAR
m. Stroke (this does not include TIA or "mini-stroke")	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
n. Mini-stroke or TIA (transient ischemic attack)	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
o. Thyroid disease, e.g., Graves' disease, overactive thyroid/hyperthyroidism, thyroiditis, underactive thyroid/ hypothyroidism, or other	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
If before Jan. 2014, specify type(s):		If Jan. 2014 or later, specify type(s):	
p. Autoimmune disease, e.g. rheumatoid arthritis, lupus, scleroderma, multiple sclerosis, or other	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
If before Jan. 2014, specify type(s):		If Jan. 2014 or later, specify type(s):	
q. Parkinson's disease	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
r. Hypertension or high blood pressure	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
s. Diabetes	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
t. Hip, wrist or other fracture	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
If before Jan. 2014, specify type(s):		If Jan. 2014 or later, specify type(s):	
u. Any other major illness	○ Never ○ Before Jan. 2014	○ Jan. 2014 or later	☐☐ / 2 0 ☐☐
If before Jan. 2014, specify type(s):		If Jan. 2014 or later, specify type(s):	

33736

2. **Have you gone through menopause?**

○ Yes
○ No
○ Don't know

3. **Have you had a menstrual period in the past 10 years?**

○ Yes
○ No → **GO TO QUESTION 5**

4. **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	

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

○ Yes
○ No → **GO TO QUESTION 8**

6. **What best describes your smoking status?**

○ Stopped smoking cigarettes
○ Currently smoking cigarettes

7. **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

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

○ Yes
○ No

After completing this form, please mail it to the address below.
A postage-paid envelope is provided. Thank you!

The Sister Study, 4505 Emperor Blvd, Suite 400, Durham, NC 27703
phone: 877-4SISTER (877-474-7837); email: update@sisterstudy.org

33736