



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 2016.

Today's Date:

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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. →
- 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.

**GO TO QUESTION 1
ON NEXT PAGE**

**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:

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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 2016, 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. 2016	DIAGNOSED JAN. 2016 OR LATER	If Jan. 2016 or later, give month and year of diagnosis. MONTH/YEAR
a. Breast cancer	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
b. Ductal carcinoma in situ of the breast or DCIS	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
c. Lobular carcinoma in situ of the breast or LCIS	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
d. Lung cancer	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
e. Ovarian cancer	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
f. Cancer of the uterus or endometrium. Please do <i>not</i> include non-cancerous conditions such as fibroids, endometriosis, or pre-cancer.	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
g. Cancer of the colon or rectum	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
h. Thyroid cancer	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
i. Melanoma Please do not include non-melanoma skin cancers, such as basal cell carcinoma and squamous cell carcinoma.	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
j. Any other type of cancer Please do not include non-melanoma skin cancers, such as basal cell carcinoma and squamous cell carcinoma. If before Jan. 2016, specify type(s): <input type="text"/>	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later If Jan. 2016 or later, specify type(s): <input type="text"/>	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
k. Heart attack or myocardial infarction (MI)	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later Were you a patient in a hospital overnight? <input type="radio"/> NO <input type="radio"/> YES	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
l. Other heart disease, e.g., angina, congestive heart failure, arrhythmias If before Jan. 2016, specify type(s): <input type="text"/>	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later If Jan. 2016 or later, specify type(s): <input type="text"/>	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>



Please mark a response for each question.	NEVER OR BEFORE JAN. 2016	DIAGNOSED JAN. 2016 OR LATER	If Jan. 2016 or later, give month and year of diagnosis. MONTH/YEAR
m. Stroke (this does not include TIA or "mini-stroke")	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
n. Mini-stroke or TIA (transient ischemic attack)	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
o. Thyroid disease, e.g., Graves' disease, overactive thyroid/hyperthyroidism, thyroiditis, underactive thyroid/hypothyroidism, or other If before Jan. 2016, specify type(s): <input type="text"/>	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later If Jan. 2016 or later, specify type(s): <input type="text"/>	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/>
p. Autoimmune disease, e.g. rheumatoid arthritis, lupus, scleroderma, multiple sclerosis, or other If before Jan. 2016, specify type(s): <input type="text"/>	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later If Jan. 2016 or later, specify type(s): <input type="text"/>	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/>
q. Parkinson's disease	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
r. Hypertension or high blood pressure	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
s. Diabetes	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
t. Hip, wrist or other fracture If before Jan. 2016, specify type(s): <input type="text"/>	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later If Jan. 2016 or later, specify type(s): <input type="text"/>	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/>
u. Any other major illness If before Jan. 2016, specify type(s): <input type="text"/>	<input type="radio"/> Never <input type="radio"/> Before Jan. 2016	<input type="radio"/> Jan. 2016 or later If Jan. 2016 or later, specify type(s): <input type="text"/>	<input type="text"/> / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/>



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

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