Form: 76 Vers: 08 ID#: SIS

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 2022**.*

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. → **PLEASE CONTINUE TO THE 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 the participant cannot answer the questions for herself and you are completing the questionnaire on her behalf, what condition(s) prevented her from answering for herself?

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We are excited to add a new option for keeping you, our valued participants, updated about the Sister Study! For your convenience, we plan to take advantage of text messaging services to keep those who are interested well-informed about the study. The Sister Study may text you about study news or upcoming study activities, send you links to study newsletters or press releases, or share study findings made possible by your participation over the course of the study. Please note that your cell phone service provider may charge for text messages as part of your individual service plan. View our terms and privacy policy on our website: sisterstudy.niehs.nih.gov/English/index1.htm

If you prefer not to receive text messages from the Sister Study, we will continue to use e-mail, U.S mail, or telephone to communicate with you just as we have in the past.

Please indicate below if you would like to receive text messages on your mobile phone from the Sister Study.

- ○ **I AGREE** to receive text messages from the Sister Study. I understand that my service provider may charge for text messages as part of my individual service plan.

  Please provide the telephone number (cell phone) where you would like to receive text messages:

  (☐☐☐) ☐☐☐ - ☐☐☐☐

- ○ **I DO NOT** wish to receive periodic text messages from the Sister Study.

1. **Since January 2022**, has a doctor or other health professional told you that you had any of the following conditions listed below?

   ○ **No,** there have been no changes in my health **since January 2022**. (I have had no diagnoses or recurrences of any type of cancer, heart attack or myocardial infarction, heart failure, stroke, thyroid disease, autoimmune disease, Parkinson's disease, hypertension or high blood pressure, diabetes, no fractures and no other major illnesses.)

→ **GO TO QUESTION 2a ON PAGE 7**

(Mark only those that apply and for those provide requested diagnosis details.) ***Yes***, a doctor or other health professional told me I have: ↓	**DIAGNOSED BEFORE JAN. 2022**	**DIAGNOSED JAN. 2022 OR LATER**	If Jan. 2022 or later, give month and year of diagnosis. **MONTH/YEAR**
○ Breast cancer *Do not include in situ cancer.*	○	○	☐☐ / 2 0 ☐☐
○ Ductal (breast) carcinoma in situ (DCIS)	○	○	☐☐ / 2 0 ☐☐
○ Lobular (breast) carcinoma in situ (LCIS)	○	○	☐☐ / 2 0 ☐☐
○ Lung cancer	○	○	☐☐ / 2 0 ☐☐
○ Ovarian cancer	○	○	☐☐ / 2 0 ☐☐
○ Cancer of the uterus or endometrium *Please **DO NOT** include:* • *Adenomyosis* • *Endometrial hyperplasia* • *Endometriosis* • *Pelvic inflammatory disease* • *Pre-cancerous cells* • *Uterine fibroids* • *Uterine polyps* • *Uterine prolapse* • *Uterine tuberculosis*	○	○	☐☐ / 2 0 ☐☐

(Mark only those that apply and for those provide requested diagnosis details.) ***Yes***, a doctor or other health professional told me I have: ↓	**DIAGNOSED BEFORE JAN. 2022**	**DIAGNOSED JAN. 2022 OR LATER**	If Jan. 2022 or later, give month and year of diagnosis. **MONTH/YEAR**
○ Cancer of the colon or rectum	○	○	☐☐ / 2 0 ☐☐
○ Thyroid cancer	○	○	☐☐ / 2 0 ☐☐
○ Melanoma *Please do not include non-melanoma skin cancers, such as basal cell carcinoma and squamous cell carcinoma.*	○	○	☐☐ / 2 0 ☐☐
○ 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. 2022, specify type(s):**	○	○ **If Jan. 2022 or later, specify type(s):**	☐☐ / 2 0 ☐☐
○ Heart attack or myocardial infarction (MI)	○	○ **Were you a patient in a hospital overnight?** ○ NO ○ YES	☐☐ / 2 0 ☐☐
○ Other heart disease, e.g., angina, congestive heart failure, arrhythmias **If before Jan. 2022, specify type(s):**	○	○ **If Jan. 2022 or later, specify type(s):**	☐☐ / 2 0 ☐☐

(Mark only those that apply and for those provide requested diagnosis details.) ***Yes***, a doctor or other health professional told me I have: ↓	**DIAGNOSED BEFORE JAN. 2022**	**DIAGNOSED JAN. 2022 OR LATER**	If Jan. 2022 or later, give month and year of diagnosis. **MONTH/YEAR**
○ Stroke (this does not include TIA or "mini-stroke")	○	○	☐☐ / 2 0 ☐☐
○ Mini-stroke or TIA (transient ischemic attack)	○	○	☐☐ / 2 0 ☐
○ Thyroid disease, e.g., Graves' disease, overactive thyroid/hyperthyroidism, thyroiditis, underactive thyroid/hypothyroidism, or other **If before Jan. 2022, specify type(s):**	○	○ **If Jan. 2022 or later, specify type(s):**	☐☐ / 2 0 ☐☐
○ Autoimmune disease, e.g., rheumatoid arthritis, lupus, scleroderma, multiple sclerosis, or other **If before Jan. 2022, specify type(s):**	○	○ **If Jan. 2022 or later, specify type(s):**	☐☐ / 2 0 ☐☐
○ Parkinson's disease	○	○	☐☐ / 2 0 ☐☐
○ Hypertension or high blood pressure	○	○	☐☐ / 2 0 ☐☐
○ Diabetes	○	○	☐☐ / 2 0 ☐☐

(Mark only those that apply and for those provide requested diagnosis details.) ***Yes***, a doctor or other health professional told me I have: ↓	**DIAGNOSED BEFORE JAN. 2022**	**DIAGNOSED JAN. 2022 OR LATER**	If Jan. 2022 or later, give month and year of diagnosis. **MONTH/YEAR**
○ Hip, wrist or other fracture	○	○	☐☐ / 2 0 ☐☐
If before Jan. 2022, specify type(s):		**If Jan. 2022 or later, specify type(s):**	
○ Any other major illness	○	○	☐☐ / 2 0 ☐☐
If before Jan. 2022, specify type(s):		**If Jan. 2022 or later, specify type(s):**	

COVID-19 ILLNESS

2a. How many times have you been sick with suspected or confirmed COVID-19, whether or not you were tested for active COVID-19 infection at that time?

OF TIMES

→ **IF NONE, PLEASE ENTER 0 AND SKIP TO QUESTION 3**

2b. When you were most sick with COVID-19, how would you describe your illness?

- ○ No symptoms
- ○ Mild
- ○ Moderate
- ○ Severe

2c. Have you ever had or been told you had long-term COVID-19 (often defined as symptoms lasting, arising, or recurring more than 4 weeks after initial infection)?

- ○ No
- ○ Yes →

2d. How long was your long-term COVID-19?

- ○ 1 month
- ○ 2 to 3 months
- ○ 4 to 6 months
- ○ More than 6 months
- ○ I am still sick

2e. Approximately how many days have you been sick so far?

OF DAYS

COVID-19 VACCINE

3. Have you had a vaccine for COVID-19 in the past year?

- ○ No
- ○ Yes

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