



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 2018.

Today's Date:

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 /

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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 2018, 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 DIAGNOSED	DIAGNOSED BEFORE JAN. 2018	DIAGNOSED JAN. 2018 OR LATER	If Jan. 2018 or later, give month and year of diagnosis. MONTH/YEAR							
a. Breast cancer	<input type="radio"/> Never	<input type="radio"/> Before Jan. 2018	<input type="radio"/> Jan. 2018 or later	<table border="1"> <tr> <td> </td><td> </td> <td>/</td> <td>2</td><td>0</td> <td> </td><td> </td> </tr> </table>			/	2	0		
		/	2	0							
b. Ductal carcinoma in situ of the breast or DCIS	<input type="radio"/> Never	<input type="radio"/> Before Jan. 2018	<input type="radio"/> Jan. 2018 or later	<table border="1"> <tr> <td> </td><td> </td> <td>/</td> <td>2</td><td>0</td> <td> </td><td> </td> </tr> </table>			/	2	0		
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c. Lobular carcinoma in situ of the breast or LCIS	<input type="radio"/> Never	<input type="radio"/> Before Jan. 2018	<input type="radio"/> Jan. 2018 or later	<table border="1"> <tr> <td> </td><td> </td> <td>/</td> <td>2</td><td>0</td> <td> </td><td> </td> </tr> </table>			/	2	0		
		/	2	0							
d. Lung cancer	<input type="radio"/> Never	<input type="radio"/> Before Jan. 2018	<input type="radio"/> Jan. 2018 or later	<table border="1"> <tr> <td> </td><td> </td> <td>/</td> <td>2</td><td>0</td> <td> </td><td> </td> </tr> </table>			/	2	0		
		/	2	0							
e. Ovarian cancer	<input type="radio"/> Never	<input type="radio"/> Before Jan. 2018	<input type="radio"/> Jan. 2018 or later	<table border="1"> <tr> <td> </td><td> </td> <td>/</td> <td>2</td><td>0</td> <td> </td><td> </td> </tr> </table>			/	2	0		
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f. Cancer of the uterus or endometrium. Please do not include non-cancerous conditions such as fibroids, endometriosis, or pre-cancer.	<input type="radio"/> Never	<input type="radio"/> Before Jan. 2018	<input type="radio"/> Jan. 2018 or later	<table border="1"> <tr> <td> </td><td> </td> <td>/</td> <td>2</td><td>0</td> <td> </td><td> </td> </tr> </table>			/	2	0		
		/	2	0							
g. Cancer of the colon or rectum	<input type="radio"/> Never	<input type="radio"/> Before Jan. 2018	<input type="radio"/> Jan. 2018 or later	<table border="1"> <tr> <td> </td><td> </td> <td>/</td> <td>2</td><td>0</td> <td> </td><td> </td> </tr> </table>			/	2	0		
		/	2	0							
h. Thyroid cancer	<input type="radio"/> Never	<input type="radio"/> Before Jan. 2018	<input type="radio"/> Jan. 2018 or later	<table border="1"> <tr> <td> </td><td> </td> <td>/</td> <td>2</td><td>0</td> <td> </td><td> </td> </tr> </table>			/	2	0		
		/	2	0							
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. 2018	<input type="radio"/> Jan. 2018 or later	<table border="1"> <tr> <td> </td><td> </td> <td>/</td> <td>2</td><td>0</td> <td> </td><td> </td> </tr> </table>			/	2	0		
		/	2	0							



Please mark a response for each question.	NEVER DIAGNOSED	DIAGNOSED BEFORE JAN. 2018	DIAGNOSED JAN. 2018 OR LATER	If Jan. 2018 or later, give month and year of diagnosis. MONTH/YEAR
<p>j. Any other type of cancer Please do not include non-melanoma skin cancers, such as basal cell carcinoma and squamous cell carcinoma.</p> <p>If before Jan. 2018, specify type(s)</p> <input data-bbox="175 600 930 659" type="text"/>	<input type="radio"/> Never	<input type="radio"/> Before Jan. 2018	<input type="radio"/> Jan. 2018 or later	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> / <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 2 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div> <p>If Jan. 2018 or later, specify type(s):</p> <input data-bbox="1019 600 1515 659" type="text"/>
<p>k. Heart attack or myocardial infarction (MI)</p>	<input type="radio"/> Never	<input type="radio"/> Before Jan. 2018	<input type="radio"/> Jan. 2018 or later	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> / <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 2 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div> <p>Were you a patient in a hospital overnight?</p> <input type="radio"/> NO <input type="radio"/> YES
<p>l. Other heart disease, e.g., angina, congestive heart failure, arrhythmias</p> <p>If before Jan. 2018, specify type(s):</p> <input data-bbox="175 1184 930 1243" type="text"/>	<input type="radio"/> Never	<input type="radio"/> Before Jan. 2018	<input type="radio"/> Jan. 2018 or later	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> / <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 2 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div> <p>If Jan. 2018 or later, specify type(s):</p> <input data-bbox="1019 1184 1515 1243" type="text"/>
<p>m. Stroke (this does not include TIA or "mini-stroke")</p>	<input type="radio"/> Never	<input type="radio"/> Before Jan. 2018	<input type="radio"/> Jan. 2018 or later	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> / <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 2 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>
<p>n. Mini-stroke or TIA (transient ischemic attack)</p>	<input type="radio"/> Never	<input type="radio"/> Before Jan. 2018	<input type="radio"/> Jan. 2018 or later	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> / <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 2 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>
<p>o. Thyroid disease, e.g., Graves' disease, overactive thyroid/hyperthyroidism, thyroiditis, underactive thyroid/hypothyroidism, or other</p> <p>If before Jan. 2018, specify type(s):</p> <input data-bbox="152 1848 930 1906" type="text"/>	<input type="radio"/> Never	<input type="radio"/> Before Jan. 2018	<input type="radio"/> Jan. 2018 or later	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> / <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 2 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div> <p>If Jan. 2018 or later, specify type(s):</p> <input data-bbox="1036 1848 1531 1906" type="text"/>



Please mark a response for each question.	NEVER DIAGNOSED	DIAGNOSED BEFORE JAN. 2018	DIAGNOSED JAN. 2018 OR LATER	If Jan. 2018 or later, give month and year of diagnosis. MONTH/YEAR
<p>p. Autoimmune disease, e.g. rheumatoid arthritis, lupus, scleroderma, multiple sclerosis, or other</p> <p>If before Jan. 2018, specify type(s):</p> <input data-bbox="155 537 930 596" type="text"/>	<input data-bbox="678 352 776 380" type="radio"/> Never	<input data-bbox="824 352 922 411" type="radio"/> Before Jan. 2018	<input data-bbox="1008 352 1154 411" type="radio"/> Jan. 2018 or later	<div data-bbox="1203 352 1539 415" style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> / <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 2 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 0 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div> <p>If Jan. 2018 or later, specify type(s):</p> <input data-bbox="1040 537 1528 596" type="text"/>
<p>q. Parkinson's disease</p>	<input data-bbox="678 688 776 716" type="radio"/> Never	<input data-bbox="824 688 922 747" type="radio"/> Before Jan. 2018	<input data-bbox="1008 688 1154 747" type="radio"/> Jan. 2018 or later	<div data-bbox="1203 688 1539 751" style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> / <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 2 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 0 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>
<p>r. Hypertension or high blood pressure</p>	<input data-bbox="678 856 776 884" type="radio"/> Never	<input data-bbox="824 856 922 915" type="radio"/> Before Jan. 2018	<input data-bbox="1008 856 1154 915" type="radio"/> Jan. 2018 or later	<div data-bbox="1203 856 1539 919" style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> / <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 2 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 0 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>
<p>s. Diabetes</p>	<input data-bbox="678 1024 776 1052" type="radio"/> Never	<input data-bbox="824 1024 922 1083" type="radio"/> Before Jan. 2018	<input data-bbox="1008 1024 1154 1083" type="radio"/> Jan. 2018 or later	<div data-bbox="1203 1024 1539 1087" style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> / <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 2 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 0 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>
<p>t. Hip, wrist or other fracture</p> <p>If before Jan. 2018, specify type(s):</p> <input data-bbox="155 1362 930 1421" type="text"/>	<input data-bbox="678 1192 776 1220" type="radio"/> Never	<input data-bbox="824 1192 922 1251" type="radio"/> Before Jan. 2018	<input data-bbox="1008 1192 1154 1251" type="radio"/> Jan. 2018 or later	<div data-bbox="1203 1192 1539 1255" style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> / <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 2 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 0 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div> <p>If Jan. 2018 or later, specify type(s):</p> <input data-bbox="1040 1362 1528 1421" type="text"/>
<p>u. Any other major illness</p> <p>If before Jan. 2018, specify type(s):</p> <input data-bbox="155 1696 930 1755" type="text"/>	<input data-bbox="678 1528 776 1556" type="radio"/> Never	<input data-bbox="824 1528 922 1587" type="radio"/> Before Jan. 2018	<input data-bbox="1008 1528 1154 1587" type="radio"/> Jan. 2018 or later	<div data-bbox="1203 1528 1539 1591" style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> / <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 2 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 0 <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div> <p>If Jan. 2018 or later, specify type(s):</p> <input data-bbox="1040 1696 1528 1755" 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?

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 OR

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MONTH YEAR OR 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



9. Have you ever been sick with suspected or confirmed COVID-19, whether or not you were tested for active COVID-19 infection at that time?

- I had a positive COVID-19 test but never felt sick
- No, I have not been sick with COVID-19
- Probably not: I was sick with some of the same symptoms but don't think it was COVID-19

GO TO QUESTION 10 ON NEXT PAGE

- Yes, I was sick with suspected/confirmed COVID-19



9a. What was the approximate date you started feeling sick? If you had this more than once, report for the time when you were the most sick.

		/	2	0		
MONTH			YEAR			

9b. How many days until you recovered? That is, how many days until you felt well enough to resume your normal activities?

# DAYS	

Not yet recovered →

9b1. Approximately how many days have you been sick so far?

# DAYS	

9c. Were you admitted to the hospital? Do NOT include visit(s) to the Emergency Department only.

No → GO TO QUESTION 10 ON NEXT PAGE

Yes →

9c1. How many days in hospital so far? Do NOT include days in long-term rehabilitation/rehab.

# DAYS	

9c2. Did you go to a long-term rehabilitation/rehab facility after hospital discharge?

- No
- Yes



10. Have you ever been tested for an **ACTIVE COVID-19** infection? This tests for virus causing infection **at that time**. (Do NOT include antibody tests, blood tests used to measure past infection with COVID-19.)

No → GO TO END

Yes (nasal or throat swab, or saliva sample)



10a. Have you ever had a **positive** test result for COVID-19 infection?

- No
- Still waiting for results

} GO TO END

Yes →

10b. What was the sample collection date of the **first** positive test?

		/	2	0		
MONTH			YEAR			

10c. Was it confirmed with a second test?

- 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

