The Sister Study
Health, Medical History and Lifestyle
ABBREVIATED - Version 2

Instructions:

- Please use **DARK BLUE OR BLACK BALLPOINT PEN**.
- Mark only one answer for each question unless otherwise indicated.
- Follow the arrow from your response to find the next question.
- Only write comments in the spaces provided.
- Please keep this questionnaire clean, flat, and dry.
- Do not fold or tear any of the pages.

Fill in the bubbles COMPLETELY for each of the questions in this form.

Like this: ● Not like this: ⊗ ✓

Please write responses in all capital letters and numbers without touching the sides of the boxes.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z

1	2	3	4	5	6	7	8	9	0

Your continued participation in the Sister Study is completely voluntary and greatly appreciated. If you are not comfortable answering a question, just skip it and go to the next one. All information you share will be kept confidential.

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?

☐

PERSONAL MEDICAL HISTORY

We are interested in changes to your health in the past few years. Please think about your medical history **since January 1, 2014.**

Has a doctor or other health professional **ever** told you that you had...	**NEVER OR BEFORE 1/1/2014**	**DIAGNOSED 1/1/2014 OR LATER**	a. If diagnosed January 1, 2014 or later, what month and year were you diagnosed?
1. breast cancer? Please do not include in situ cancer.	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
2. ductal (breast) carcinoma in situ (DCIS)?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
3. lobular (breast) carcinoma in situ (LCIS)?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
4. lung cancer?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
5. ovarian cancer?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
6. cancer of the uterus or endometrium? Please do not include non-cancerous conditions such as fibroids, endometriosis, or pre-cancer.	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
7. cancer of the colon or rectum?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
8. Hodgkin's disease or Hodgkin's lymphoma?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
9. non-Hodgkin's lymphoma?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
10. leukemia?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR

Has a doctor or other health professional **ever** told you that you had...	**NEVER OR BEFORE 1/1/2014**	**DIAGNOSED 1/1/2014 OR LATER**	a. If diagnosed January 1, 2014 or later, what month and year were you diagnosed?
11. thyroid cancer?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
12. melanoma?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
13. skin cancer (**not** melanoma)?	○ Never diagnosed ○ Diagnosed before January 1, 2014 If diagnosed before January 1, 2014, was it... *(Please mark all that apply.)* ○ basal cell? ○ squamous cell? ○ other?	○ Diagnosed January 1, 2014 or later	MONTH / YEAR Was it... *(Please mark all that apply.)* ○ basal cell? ○ squamous cell? ○ other?
14. any other type of cancer not already listed?	○ Never diagnosed ○ Diagnosed before January 1, 2014 If diagnosed before January 1, 2014, please specify what type(s) of cancer: 1). ____ 2). ____	○ Diagnosed January 1, 2014 or later If you were diagnosed with any other type(s) of cancer January 1, 2014 or later, please specify what type(s) of cancer: 1). ____ 2). ____	MONTH / 2 0 YEAR MONTH / 2 0 YEAR

15. Has a doctor or other health professional **ever** told you that you had high cholesterol or borderline high cholesterol?

○ No → **GO TO QUESTION 17**

○ Yes

Has a doctor or other health professional **ever** told you that you had...	NO	YES	a. What month and year were you diagnosed?	b. Have you **ever** used any prescription medications for this condition?	c. ***If yes***, are you currently taking prescription medications?
16. high cholesterol (not borderline)?	○ No	○ Yes	MONTH / YEAR	○ No ○ Yes	○ No ○ Yes

Has a doctor or other health professional **ever** told you that you had...	NO	YES	b. Have you **ever** used any prescription medications for this condition?	c. ***If yes***, are you currently taking prescription medications?
17. hypertension or high blood pressure?	○ No	○ Yes, first diagnosed before January 1, 2014 ○ Yes, first diagnosed January 1, 2014 or later ↓ a. What month and year were you diagnosed? MONTH / 2 0 YEAR	○ No ○ Yes	○ No ○ Yes
18. congestive heart failure?	○ No	○ Yes, first diagnosed before January 1, 2014 ○ Yes, first diagnosed January 1, 2014 or later ↓ a. What month and year were you diagnosed? MONTH / 2 0 YEAR	○ No ○ Yes	○ No ○ Yes

Has a doctor or other health professional **ever** told you that you had...	NO	YES	b. Have you had this condition in the **past 12 months?**	c. Have you **ever** used any prescription medications for this condition?	d. ***If yes***, are you currently taking prescription medications?
19. cardiac arrhythmia (irregular heartbeat)?	○ No	○ Yes, first diagnosed before January 1, 2014 ○ Yes, first diagnosed January 1, 2014 or later ↓ a. What month and year were you diagnosed? ☐☐ / 2 0 ☐☐ MONTH YEAR	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes
20. angina?	○ No	○ Yes, first diagnosed before January 1, 2014 ○ Yes, first diagnosed January 1, 2014 or later ↓ a. What month and year were you diagnosed? ☐☐ / 2 0 ☐☐ MONTH YEAR	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes

Has a doctor or other health professional **ever** told you that you had...	NO	YES	a. If you had this January 1, 2014 or later, what was the month and year?
21. a heart attack or myocardial infarction?	○ No	○ Yes, my first heart attack was before January 1, 2014 ○ Yes, my first heart attack was January 1, 2014 or later →	MONTH / 2 0 YEAR
22. a stroke (this does not include TIA or "mini-stroke")?	○ No	○ Yes, my first stroke was before January 1, 2014 ○ Yes, my first stroke was January 1, 2014 or later →	MONTH / 2 0 YEAR
23. a mini-stroke or TIA (transient ischemic attack)?	○ No	○ Yes, my first mini-stroke was before January 1, 2014 ○ Yes, my first mini-stroke was January 1, 2014 or later →	MONTH / 2 0 YEAR

Have you **ever** had...	NEVER OR BEFORE 1/1/2014	HAD PROCEDURE 1/1/2014 OR LATER	a. If you had this procedure January 1, 2014 or later, what was the month and year?
24. a balloon angioplasty, stent placement, or other procedure to open or widen a heart artery? These procedures are different from the test used to diagnose a blockage.	○ Never had procedure ○ Had procedure before January 1, 2014	○ Had procedure January 1, 2014 or later	MONTH / 2 0 YEAR
25. a coronary artery bypass graft surgery?	○ Never had procedure ○ Had procedure before January 1, 2014	○ Had procedure January 1, 2014 or later	MONTH / 2 0 YEAR

Has a doctor or other health professional **ever** told you that you had...	**NO**	**YES**	b. Do you still have this condition?
26. diabetes? *If no,* were you ever told that you had pre-diabetes, borderline diabetes, or an elevated A1C test? ○ No ○ Yes	○ No	○ Yes, first diagnosed before January 1, 2014 ○ Yes, first diagnosed January 1, 2014 or later ↓ a. What month and year were you diagnosed? MONTH / 2 0 YEAR	○ No ○ Yes

27. Did you **ever** take insulin for diabetes? Only answer this question if you have ever been diagnosed with diabetes.

○ No → **GO TO QUESTION 28 ON NEXT PAGE**

○ Yes

27a. When did you first use insulin? MONTH / YEAR

27b. Do you ***currently*** take insulin?
○ No
○ Yes

28. Have you **ever** used any other prescription medications for diabetes? Only answer this question if you have ever been diagnosed with diabetes.

○ No → **GO TO QUESTION 29 ON NEXT PAGE**

○ Yes

Have you **ever** taken the following prescription medications for diabetes?	**NO**	**YES**	a. If yes, are you ***currently*** taking this medication?
a. **Metformin monotherapy:** Metformin (Glucophage), Metformin liquid (Riomet), or Metformin extended release (Glucophage XR, Fortamet, Glumetza)	○ No	○ Yes	○ No ○ Yes
b. **Metformin combination therapy:** Pioglitazone & metformin (Actoplus Met), Glyburide & metformin (Glucovance), Glipizide & metformin (Metaglip), Sitagliptin & metformin (Janumet), Saxagliptin & metformin (Kombiglyze), or Repaglinide & metformin (Prandimet)	○ No	○ Yes	○ No ○ Yes
c. **Sulfonylureas:** Glimepiride (Amaryl), Glyburide (Micronase, DiaBeta), Glipizide (Glucotrol), or Micronized glyburide (Glynase)	○ No	○ Yes	○ No ○ Yes
d. **DPP-4 inhibitors:** Sitagliptin (Januvia), Saxagliptin (Onglyza), or Linagliptin (Tradjenta)	○ No	○ Yes	○ No ○ Yes
e. **Thiazolidinediones:** Pioglitazone (Actos)	○ No	○ Yes	○ No ○ Yes
f. **GLP-1 analogs:** Exenatide (Byetta, Bydureon), Liraglutide (Victoza, Saxenda)	○ No	○ Yes	○ No ○ Yes
g. **Other, please specify:**	○ No	○ Yes	○ No ○ Yes

Has a doctor or other health professional **ever** told you that you had...	**NEVER OR BEFORE 1/1/2014**	**DIAGNOSED 1/1/2014 OR LATER**
29. Parkinson's disease?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later ↓ a. If diagnosed January 1, 2014 or later, what month and year were you diagnosed? MONTH / 2 0 YEAR

30. Have you **ever** used any prescription medications for Parkinson's disease? Only answer this question if you have ever been diagnosed with Parkinson's disease.

○ No → **GO TO QUESTION 31 ON NEXT PAGE**

○ Yes

Have you **ever** taken the following prescription medications for Parkinson's disease? *Please only report medication as YES if taken for Parkinson's disease.*		**NO**	**YES**	a. If yes, are you ***currently*** taking this medication?
a.	Carbidopa or levodopa such as Sinemet, Stalevo, or Parcopa	○ No	○ Yes	○ No ○ Yes
b.	Pramipexole or Mirapex	○ No	○ Yes	○ No ○ Yes
c.	Ropinirole or Requip	○ No	○ Yes	○ No ○ Yes
d.	Pergolide or Permax	○ No	○ Yes	○ No ○ Yes
e.	Selegiline such as Eldepryl or Zelapar	○ No	○ Yes	○ No ○ Yes
f.	Rasagiline or Azilect	○ No	○ Yes	○ No ○ Yes
g.	Trihexyphenidyl such as Artane, Amantadine, or Symmetrel	○ No	○ Yes	○ No ○ Yes

Have you **ever** had...	**NEVER OR BEFORE 1/1/2014**	**1/1/2014 OR LATER**	a. What was the month and year that this **first** happened since January 1, 2014?	b. How many times has this happened since January 1, 2014?
31. a hip fracture?	○ Never ○ Before January 1, 2014	○ January 1, 2014 or later	☐☐ / 2 0 ☐☐ MONTH YEAR	☐ # TIMES
32. a wrist fracture?	○ Never ○ Before January 1, 2014	○ January 1, 2014 or later	☐☐ / 2 0 ☐☐ MONTH YEAR	☐ # TIMES
33. a spine (vertebral) fracture?	○ Never ○ Before January 1, 2014	○ January 1, 2014 or later	☐☐ / 2 0 ☐☐ MONTH YEAR	☐ # TIMES
34. a rib fracture?	○ Never ○ Before January 1, 2014	○ January 1, 2014 or later	☐☐ / 2 0 ☐☐ MONTH YEAR	☐ # TIMES

35. Have you **ever** been diagnosed with a thyroid condition, such as Graves' disease, Hashimoto's thyroiditis, thyroid nodules, or another thyroid problem? Do not include thyroid cancer.

○ No → **GO TO QUESTION 39 ON PAGE 14**

○ Yes

Has a doctor or other health professional **ever** told you that you had...	**NEVER OR BEFORE 1/1/2014**	**DIAGNOSED 1/1/2014 OR LATER**	a. If diagnosed January 1, 2014 or later, what month and year were you diagnosed?
a. Graves' disease?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
b. other hyperthyroidism (overactive thyroid)?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
c. Hashimoto's thyroiditis?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
d. other hypothyroidism (underactive thyroid)?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
e. an enlarged thyroid or goiter?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
f. thyroid nodules? *If diagnosed*, was it called "toxic"? ○ No ○ Yes	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	MONTH / 2 0 YEAR
g. another thyroid problem? Please do **not** include thyroid cancer.	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	a. MONTH/YEAR DIAGNOSED MONTH / 2 0 YEAR b. Please specify the problem:

36. Have you **ever** used any prescription medications to treat a thyroid condition? Only answer this question if you have ever been diagnosed with a thyroid condition.

○ No → **GO TO QUESTION 37**

○ Yes

Have you **ever** taken the following prescription medications for a thyroid condition?		NO	YES	a. If yes, are you ***currently*** taking this medication?
a.	Levothyroxine, such as Levothroid, Levo-T, Levoxyl, Synthroid, Tirosint, or Unithroid	○ No	○ Yes	○ No ○ Yes
b.	Propylthiouracil/PTU such as Propycil	○ No	○ Yes	○ No ○ Yes
c.	Methimazole/MMI such as Tapazole	○ No	○ Yes	○ No ○ Yes
d.	Other, please specify:	○ No	○ Yes	○ No ○ Yes

37. Only answer this question if you have ever been diagnosed with a thyroid condition.
Have you **ever** received...

		NO	YES	**If yes,** what year?
a.	radioactive iodine (I131) therapy for a thyroid condition?	○ No	○ Yes	YEAR
b.	thyroid surgery (partial or resection) for a thyroid condition?	○ No	○ Yes	YEAR

38. Have you **ever** taken medication(s) that caused your thyroid problems such as Lithium/Lithobid, or Amiodarone/Cordarone? Only answer this question if you have ever been diagnosed with a thyroid condition.

○ No → **GO TO QUESTION 39 ON NEXT PAGE**

○ Yes

38a. Did your thyroid problem go away after stopping medications such as Lithium/Lithobid, or Amiodarone/Cordarone?
○ No
○ Yes
○ Have not stopped medication

Has a doctor or other health professional **ever** told you that you had...	**NEVER OR BEFORE 1/1/2014**	**DIAGNOSED 1/1/2014 OR LATER**
39. rheumatoid arthritis? Do not include osteoarthritis.	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later ↓ a. If diagnosed January 1, 2014 or later, what month and year were you diagnosed? MONTH ___ / YEAR 2 0 ___ ___

40. Have you **ever** used any prescription medications to treat rheumatoid arthritis? Only answer this question if you have ever been diagnosed with rheumatoid arthritis.

○ No → **GO TO QUESTION 41 ON NEXT PAGE**

○ Yes

Have you **ever** taken the following prescription medications for rheumatoid arthritis? *Please only report medications as YES if taken for rheumatoid arthritis.*	**NO**	**YES**	a. If yes, are you ***currently*** taking this medication?
a. Hydroxychloroquine or chloroquine, also called Plaquenil	○ No	○ Yes	○ No ○ Yes
b. Methotrexate, also called Rheumatrex or Trexall	○ No	○ Yes	○ No ○ Yes
c. Biologics, given by infusion or injection, such as Remicade, Humira, Enbrel, or other **If other, please specify:**	○ No	○ Yes	○ No ○ Yes
d. Corticosteroids, such as prednisone or solumedrol, either oral or intravenous (but not by injection, for example in a joint)	○ No	○ Yes	○ No ○ Yes

Has a doctor or other health professional **ever** told you that you had...	**NEVER OR BEFORE 1/1/2014**	**DIAGNOSED 1/1/2014 OR LATER**	a. If diagnosed January 1, 2014 or later, what month and year were you diagnosed?	b. Have you **ever** used any prescription medications to treat this condition?	c. ***If yes***, are you currently taking this?
41. multiple sclerosis?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	☐☐ / MONTH 2 0 ☐☐ YEAR	○ No ○ Yes	○ No ○ Yes
42. scleroderma or systemic sclerosis?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later	☐☐ / MONTH 2 0 ☐☐ YEAR	○ No ○ Yes	○ No ○ Yes

Has a doctor or other health professional **ever** told you that you had...	**NEVER OR BEFORE 1/1/2014**	**DIAGNOSED 1/1/2014 OR LATER**
43. systemic lupus erythematosus (SLE)? Do not include discoid lupus.	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later ↓ a. If diagnosed January 1, 2014 or later, what month and year were you diagnosed? __ __ / 2 0 __ __ MONTH YEAR

44. Have you **ever** used any prescription medications to treat systemic lupus erythematosus (SLE)? Only answer this question if you have ever been diagnosed with systemic lupus erythematosus (SLE).

○ No → **GO TO QUESTION 45 ON NEXT PAGE**

○ Yes

Have you **ever** taken the following prescription medications for systemic lupus erythematosus (SLE)? *Please only report medications as YES if taken for systemic lupus erythematosus (SLE).*	**NO**	**YES**	a. If yes, are you ***currently*** taking this medication?
a. Hydroxychloroquine or chloroquine, also called Plaquenil	○ No	○ Yes	○ No ○ Yes
b. Methotrexate, also called Rheumatrex or Trexall	○ No	○ Yes	○ No ○ Yes
c. Biologics, given by infusion or injection, such as Benlysta or other **If other, please specify:**	○ No	○ Yes	○ No ○ Yes
d. Azathioprine, also called Imuran, Cellcept, Cytoxan, or Cyclosporine	○ No	○ Yes	○ No ○ Yes
e. Corticosteroids, such as prednisone or solumedrol, either oral or intravenous (but not by injection, for example in a joint)	○ No	○ Yes	○ No ○ Yes

Has a doctor or other health professional **ever** told you that you had...	**NEVER OR BEFORE 1/1/2014**	**DIAGNOSED 1/1/2014 OR LATER**
45. Sjögren's syndrome?	○ Never diagnosed ○ Diagnosed before January 1, 2014	○ Diagnosed January 1, 2014 or later ↓ a. If diagnosed January 1, 2014 or later, what month and year were you diagnosed? MONTH / 2 0 YEAR

46. Have you **ever** used any prescription medications to treat Sjögren's syndrome? Only answer this question if you have ever been diagnosed with Sjögren's syndrome.

○ No → **GO TO QUESTION 47 ON NEXT PAGE**

○ Yes

Have you **ever** taken the following prescription medications for Sjögren's syndrome? *Please only report medications as YES if taken for Sjögren's syndrome.*	**NO**	**YES**	a. If yes, are you ***currently*** taking this medication?
a. Hydroxychloroquine or chloroquine, also called Plaquenil	○ No	○ Yes	○ No ○ Yes
b. Methotrexate, also called Rheumatrex or Trexall	○ No	○ Yes	○ No ○ Yes
c. Biologics, given by infusion or injection, such as Rituximab, also called Rituxan, or other **If other, please specify:**	○ No	○ Yes	○ No ○ Yes
d. Pilocarpine, also called Salagen; or Cevimeline, also called Evoxac; or Cyclosporine Ophthalmic, also called Restasis	○ No	○ Yes	○ No ○ Yes
e. Corticosteroids, such as prednisone or solumedrol, either oral or intravenous (but not by injection, for example in a joint)	○ No	○ Yes	○ No ○ Yes

Has a doctor or other health professional **ever** told you that you had...	**NEVER OR BEFORE 1/1/2014**	**DIAGNOSED 1/1/2014 OR LATER**	a. If diagnosed January 1, 2014 or later, what month and year were you diagnosed?
47. any other major health condition? Please ***do not*** report any cancer or health condition you already reported in this questionnaire.	○ Never diagnosed ○ Diagnosed before January 1, 2014 If diagnosed before January 1, 2014, please specify what type of major health condition(s): 1). ☐ 2). ☐	○ Diagnosed January 1, 2014 or later If you were diagnosed with any other major health condition(s) January 1, 2014 or later, please specify what type of major health condition(s): 1). ☐ 2). ☐	☐☐ / 2 0 ☐☐ MONTH YEAR ☐☐ / 2 0 ☐☐ MONTH YEAR

48a. Have you had a menstrual period in the past 10 years?

○ No → **GO TO QUESTION 49 ON PAGE 21**

○ Yes

48b. Have you had a menstrual period in the past 12 months?

○ No → **ANSWER BOX A, BELOW**

○ Yes → **ANSWER BOX B ON THE NEXT PAGE**

BOX A

THIS BOX IS FOR WOMEN WHO HAVE NOT HAD A MENSTRUAL PERIOD IN THE PAST 12 MONTHS AND ARE NOT PREGNANT OR BREASTFEEDING. ALL OTHERS GO TO QUESTION 48e.

48c. Why did your periods stop? Please choose one response that best describes your situation.

○ My periods stopped on their own (naturally).

○ My periods stopped on their own but I began taking hormone replacement therapy before my periods fully stopped.

○ My periods stopped after my uterus or ovaries were removed **(be sure to answer questions 49 and 50).**

○ My periods stopped due to radiation or chemotherapy.

○ My periods stopped after having a uterine or endometrial ablation.

○ My periods stopped after having a uterine embolization, also known as a uterine artery embolization or uterine fibroid embolization.

○ My periods stopped due to medicine that causes the ovaries to make less hormones or medicine that has this as a side effect.

○ My periods stopped because I am taking the kind of birth control pills that make me not have periods.

○ My periods stopped for some other reason, please describe:

48d. 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	

GO TO QUESTION 49 ON PAGE 21

BOX B

THIS BOX IS FOR WOMEN WHO HAVE HAD A MENSTRUAL PERIOD IN THE PAST 12 MONTHS.

48e. When was your last menstrual period?

		/	2	0		
MONTH			YEAR			

48f. What statement best describes you?

- ○ My periods have not stopped and I am not taking hormones.
- ○ My periods have not stopped but I am taking hormones.
- ○ My periods stopped temporarily but restarted when I stopped taking birth control pills.
- ○ My periods stopped temporarily, but I have had episodes of bleeding since the time when I started taking hormones.
- ○ My periods stopped temporarily but restarted when I began taking hormone replacement therapy.

GO TO QUESTION 49 ON NEXT PAGE

OR

- ○ My periods stopped sometime in the last 12 months. → **GO TO QUESTION 48g**

48g. Why did your periods stop? Please choose one response that best describes your situation.

- ○ My periods stopped on their own (naturally).
- ○ My periods stopped on their own but I began taking hormone replacement therapy before my periods fully stopped.
- ○ My periods stopped after my uterus or ovaries were removed **(be sure to answer questions 49 and 50).**
- ○ My periods stopped due to radiation or chemotherapy.
- ○ My periods stopped after having a uterine or endometrial ablation.
- ○ My periods stopped after having a uterine embolization, also known as a uterine artery embolization or uterine fibroid embolization.
- ○ My periods stopped due to medicine that causes the ovaries to make less hormones or medicine that has this as a side effect.
- ○ My periods stopped because I am taking the kind of birth control pills that make me not have periods.
- ○ My periods stopped for some other reason, please describe:

Have you **ever** had...		**NEVER OR BEFORE 1/1/2014**	**HAD PROCEDURE 1/1/2014 OR LATER**	If you had this procedure January 1, 2014 or later, what was the month and year?
49.	a hysterectomy (surgical removal of the uterus)?	○ Never had procedure ○ Had procedure before January 1, 2014	○ Had procedure January 1, 2014 or later	a. MONTH/YEAR HAD PROCEDURE [ ][ ] / [2][0][ ][ ] MONTH YEAR b. Did you have all or part of either of your ovaries removed at the same time you had the hysterectomy? ○ No → **GO TO QUESTION 50** ○ Yes c. Did you have... ○ both ovaries completely removed? ○ one ovary and part of the other ovary removed? ○ one ovary removed? ○ part of one or part of both ovaries removed? d. Did you have all or part of either ovary left after this surgery? ○ No ○ Yes
50.	a separate surgery to remove part or all of one or both ovaries (but not your uterus)?	○ Never had procedure ○ Had procedure before January 1, 2014	○ Had procedure January 1, 2014 or later	a. MONTH/YEAR HAD PROCEDURE [ ][ ] / [2][0][ ][ ] MONTH YEAR b. Did you have... ○ both ovaries completely removed? ○ one ovary and part of the other ovary removed? ○ one ovary removed? ○ part of one or part of both ovaries removed? c. Did you have all or part of either ovary left after this surgery? ○ No ○ Yes

51. Have you **ever** smoked at least 10 cigarettes or more?

○ No → **GO TO QUESTION 52 ON NEXT PAGE**

○ Yes

51a.	What is your current smoking status?	○ Former smoker ○ Current smoker
51b.	When did you **first** start smoking?	○ Before 2014 ○ 2014 ○ 2015 ○ 2016 ○ 2017 ○ 2018 ○ 2019
51c.	Did you smoke at least 10 cigarettes since January 1, 2014?	○ No ○ Yes
51d.	When did you **last** smoke?	○ I am a current smoker ○ I last smoked in 2019 ○ I last smoked in 2018 ○ I last smoked in 2017 ○ I last smoked in 2016 ○ I last smoked in 2015 ○ I last smoked in 2014 ○ I last smoked before 2014
51e.	During the years you smoked, how many days per week do/did you smoke?	○ Less than one day per week ○ 1-3 days per week ○ 4-6 days per week ○ Every day
51f.	During the years you smoked, how many cigarettes do/did you usually smoke per day on the days you smoked?	☐☐☐ # CIGARETTES

Since January 1, 2014...	NO	YES	a. IF YES, in which years since January 1, 2014 did you drink alcohol? *(Please mark all that apply.)*	b. About how often did you drink alcohol?	c. On average, how many drinks did you have on the days that you drank alcohol?
52. have you drunk **alcoholic beverages?**	○ No	○ Yes	○ 2014 ○ 2015 ○ 2016 ○ 2017 ○ 2018 ○ 2019	○ Every day ○ 5-6 times per week ○ 3-4 times per week ○ 2 times per week ○ Once per week ○ 2-3 times per month ○ Once per month ○ A few times per year	○ 7 or more ○ 6 ○ 5 ○ 4 ○ 3 ○ 2 ○ 1

53. Have you moved since January 1, 2014?

○ No → **GO TO QUESTION 54 ON NEXT PAGE**

○ Yes

53a. What month and year did you move into your current residence?

MONTH / 2 0 YEAR

53b. Please write down your current address.

STREET #

STREET NAME

APT #

CITY OR TOWN STATE ZIP CODE

COUNTY

53c. Please write down the name of the nearest cross street (the street that intersects with the street where you live):

NAME OF NEAREST CROSS STREET

54. Since January 1, 2014 have you had a full-time or part-time job other than homemaking that you held for at least 12 months (at least 9 months if it was a teaching job)?

○ No

○ Yes

54a. Which of the following **best** describes your current situation?

○ Homemaker
○ Student
○ Unemployed
○ Retired
○ On medical leave
○ Disabled

Please check to see that all questions are answered.

Thank you for completing this questionnaire and for your continued participation in the Sister Study.

Please mail this form to us at the address below.
A postage-paid envelope is provided.

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