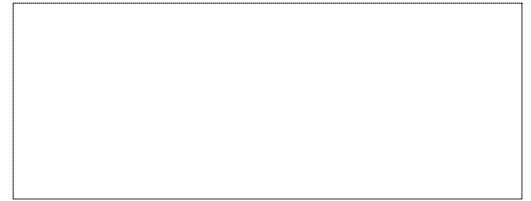




The Sister Study Health, Medical History and Lifestyle DFU6 - ABBREVIATED Version 2



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
---	---	---	---	---	---	---	---	---	---

Version 2

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.



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. In the **past 24 months**, would you say your health has generally been...

- excellent,
- very good,
- good,
- fair, or
- poor?

2. In the **past 24 months**, have you...

	NO	YES
a. had a routine physical exam?	<input type="radio"/>	<input type="radio"/>
b. had a bone density scan or osteoporosis screening?	<input type="radio"/>	<input type="radio"/>
c. had a screening colonoscopy or sigmoidoscopy exam?	<input type="radio"/>	<input type="radio"/>
d. had a vaccination for shingles (herpes zoster)?	<input type="radio"/>	<input type="radio"/>
e. had a flu vaccine?	<input type="radio"/>	<input type="radio"/>
f. had a routine dental exam or dental cleaning?	<input type="radio"/>	<input type="radio"/>

3. What is your **current** weight (in pounds)?

--	--	--

POUNDS



We are interested in changes to your health in the past few years. Please think about your medical history since January 1, 2020.

Has a doctor or other health professional ever told you that you had...	NEVER DIAGNOSED	DIAGNOSED BEFORE 1/1/2020	DIAGNOSED 1/1/2020 OR LATER	a. If diagnosed January 1, 2020 or later, what month and year were you diagnosed?														
4. breast cancer? <i>Do not include in situ cancer.</i>	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<table border="1"> <tr> <td> </td><td> </td><td>/</td><td>2</td><td>0</td><td> </td><td> </td> </tr> <tr> <td colspan="3">MONTH</td> <td colspan="4">YEAR</td> </tr> </table>			/	2	0			MONTH			YEAR			
		/	2	0														
MONTH			YEAR															
5. ductal (breast) carcinoma in situ (DCIS)?	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<table border="1"> <tr> <td> </td><td> </td><td>/</td><td>2</td><td>0</td><td> </td><td> </td> </tr> <tr> <td colspan="3">MONTH</td> <td colspan="4">YEAR</td> </tr> </table>			/	2	0			MONTH			YEAR			
		/	2	0														
MONTH			YEAR															
6. lobular (breast) carcinoma in situ (LCIS)?	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<table border="1"> <tr> <td> </td><td> </td><td>/</td><td>2</td><td>0</td><td> </td><td> </td> </tr> <tr> <td colspan="3">MONTH</td> <td colspan="4">YEAR</td> </tr> </table>			/	2	0			MONTH			YEAR			
		/	2	0														
MONTH			YEAR															

**IF NEVER DIAGNOSED WITH BREAST CANCER, DCIS, OR LCIS
→ GO TO QUESTION 10 ON PAGE 8**

7. Since the time of your initial breast cancer diagnosis and treatment were you diagnosed with any of the following?

A new primary breast cancer → GO TO QUESTION 8 ON NEXT PAGE

A breast cancer recurrence
(Note: breast cancer can recur after a period of being apparently breast cancer free and can show up close to the initial cancer or in another part of the body)

GO TO QUESTION 9 ON PAGE 7

Breast cancer again, but I'm not sure if it is a new primary cancer or a recurrence

None of these → GO TO QUESTION 10 ON PAGE 8



8. If you were diagnosed with a new primary breast cancer:

8a. What was the date of the new breast cancer diagnosis?	<table border="1"><tr><td></td><td></td><td>/</td><td>2</td><td>0</td><td></td><td></td></tr><tr><td colspan="3">MONTH</td><td colspan="4">YEAR</td></tr></table>			/	2	0			MONTH			YEAR			
		/	2	0											
MONTH			YEAR												
8b. Was this tumor in the same breast, the other breast or both breasts?	<p><input type="radio"/> Same breast</p> <p><input type="radio"/> Other breast</p> <p><input type="radio"/> Both breasts</p>														
8c. What was the type of the second breast cancer?	<p><input type="radio"/> Invasive breast cancer</p> <p><input type="radio"/> DCIS</p> <p><input type="radio"/> LCIS</p> <p><input type="radio"/> Other</p> <p>Please specify:</p> <input type="text"/>														
8d. What treatments have you had for this breast cancer? <i>(Please mark all that apply.)</i>	<p><input type="radio"/> No treatments</p> <p><input type="radio"/> Lumpectomy</p> <p><input type="radio"/> Mastectomy</p> <p><input type="radio"/> Hormone therapy</p> <p><input type="radio"/> Radiation</p> <p><input type="radio"/> Chemotherapy</p> <p><input type="radio"/> Biologic targeted therapy/immunotherapy</p> <p><input type="radio"/> Other</p> <p>Please specify:</p> <input type="text"/>														



9. If you have had a **breast cancer recurrence** (or you don't know if it was a new primary breast cancer or a recurrence):

9a. What was the date a breast cancer recurrence was first detected?

		/	2	0		
MONTH			YEAR			

9b. Was this recurrence local (that is, did it return to the same area (or close to) where it first appeared) or was it metastatic breast cancer (that is, did it show up in another part of your body)?

- Local → **GO TO QUESTION 9d**
- Metastatic
- Both

9c. If the recurrence was not in your breast, where was the breast cancer tissue found? *(Please mark all that apply.)*

- Lymph nodes
- Bones
- Liver
- Lungs
- Brain
- Other

Please specify:

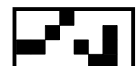
9d. What treatments have you had for your breast cancer recurrence? *(Please mark all that apply.)*

- No treatments
- Lumpectomy
- Mastectomy
- Hormone therapy
- Radiation
- Chemotherapy
- Biologic targeted therapy/immunotherapy
- Other

Please specify:



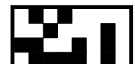
Has a doctor or other health professional ever told you that you had...	NEVER DIAGNOSED	DIAGNOSED BEFORE 1/1/2020	DIAGNOSED 1/1/2020 OR LATER	a. If diagnosed January 1, 2020 or later, what month and year were you diagnosed?
10. lung cancer?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> / <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> MONTH YEAR </div>
11. ovarian cancer?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> / <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> MONTH YEAR </div>
12. cancer of the uterus or endometrium? <i>Please DO NOT include:</i> <ul style="list-style-type: none"> • Adenomyosis • Endometrial hyperplasia • Endometriosis • Pelvic inflammatory disease • Pre-cancerous cells • Uterine fibroids • Uterine polyps • Uterine prolapse • Uterine tuberculosis 	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> / <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> MONTH YEAR </div>
13. cancer of the colon or rectum?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> / <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> MONTH YEAR </div>
14. Hodgkin's disease or Hodgkin's lymphoma?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> / <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> MONTH YEAR </div>
15. non-Hodgkin's lymphoma?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> / <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> MONTH YEAR </div>
16. leukemia?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> / <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> MONTH YEAR </div>
17. thyroid cancer?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> / <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> </div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> MONTH YEAR </div>



Has a doctor or other health professional ever told you that you had...	NEVER DIAGNOSED	DIAGNOSED BEFORE 1/1/2020	DIAGNOSED 1/1/2020 OR LATER	a. If diagnosed January 1, 2020 or later, what month and year were you diagnosed?
18. melanoma? <i>Do not include non-melanoma skin cancers, such as basal cell carcinoma and squamous cell carcinoma.</i>	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="text-align: center;"> <input type="text"/> / <input type="text"/> MONTH <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/> YEAR </div>
19. skin cancer (not melanoma)?	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020 If diagnosed before January 1, 2020, was it... (Please mark all that apply.) <input type="radio"/> basal cell? <input type="radio"/> squamous cell? <input type="radio"/> other?	<input type="radio"/> January 1, 2020 or later Was it... (Please mark all that apply.) <input type="radio"/> basal cell? <input type="radio"/> squamous cell? <input type="radio"/> other?	<div style="text-align: center;"> <input type="text"/> / <input type="text"/> MONTH <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/> YEAR </div>
20. any other type of cancer not already listed?	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020 If diagnosed before January 1, 2020, please specify what type(s) of cancer: 1) <input type="text"/> 2) <input type="text"/>	<input type="radio"/> January 1, 2020 or later If you were diagnosed with any other type(s) of cancer January 1, 2020 or later, please specify what type(s) of cancer: 1) <input type="text"/> 2) <input type="text"/>	<div style="text-align: center;"> <input type="text"/> / <input type="text"/> MONTH <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/> YEAR <input type="text"/> / <input type="text"/> MONTH <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/> YEAR </div>

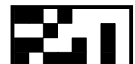


Has a doctor or other health professional ever told you that you had...	NO	YES	b. Are you currently taking prescription medications for this condition?
21. high cholesterol (not borderline)?	<input type="radio"/> No	<input type="radio"/> Yes, <u>first</u> diagnosed <u>before</u> January 1, 2020 <input type="radio"/> Yes, <u>first</u> diagnosed January 1, 2020 or later ↓ a. What month and year were you diagnosed? <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> MONTH YEAR </div>	<input type="radio"/> No <input type="radio"/> Yes
22. congestive heart failure?	<input type="radio"/> No	<input type="radio"/> Yes, <u>first</u> diagnosed <u>before</u> January 1, 2020 <input type="radio"/> Yes, <u>first</u> diagnosed January 1, 2020 or later ↓ a. What month and year were you diagnosed? <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> MONTH YEAR </div>	<input type="radio"/> No <input type="radio"/> Yes
23. hypertension or high blood pressure?	<input type="radio"/> No	<input type="radio"/> Yes, <u>first</u> diagnosed <u>before</u> January 1, 2020 <input type="radio"/> Yes, <u>first</u> diagnosed January 1, 2020 or later ↓ a. What month and year were you diagnosed? <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> MONTH YEAR </div>	<input type="radio"/> No <input type="radio"/> Yes



Has a doctor or other health professional ever told you that you had...	NEVER DIAGNOSED	DIAGNOSED BEFORE 1/1/2020	DIAGNOSED 1/1/2020 OR LATER	a. If diagnosed January 1, 2020 or later, what month and year were you diagnosed?
24. cardiac arrhythmia (irregular heartbeat)?	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> MONTH YEAR </div>
25. angina?	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> MONTH YEAR </div>
26. a heart attack or myocardial infarction?	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> MONTH YEAR </div>
27. a stroke (this does not include TIA or "mini-stroke")?	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> MONTH YEAR </div>
28. a mini-stroke or TIA (transient ischemic attack)?	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> MONTH YEAR </div>

Have you ever had...	NEVER OR BEFORE 1/1/2020	HAD PROCEDURE 1/1/2020 OR LATER	a. If you had this procedure January 1, 2020 or later, what was the month and year?
29. a balloon angioplasty, stent placement, or other procedure to open or widen a heart artery? <i>These procedures are different from the test used to diagnose a blockage.</i>	<input type="radio"/> Never had procedure <input type="radio"/> Had procedure <u>before</u> January 1, 2020	<input type="radio"/> Had procedure January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> MONTH YEAR </div>
30. a coronary artery bypass graft surgery?	<input type="radio"/> Never had procedure <input type="radio"/> Had procedure <u>before</u> January 1, 2020	<input type="radio"/> Had procedure January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> MONTH YEAR </div>

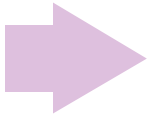


Has a doctor or other health professional ever told you that you had...	NEVER DIAGNOSED	DIAGNOSED BEFORE 1/1/2020	DIAGNOSED 1/1/2020 OR LATER	a. If diagnosed January 1, 2020 or later, what month and year were you diagnosed?
31. pre-diabetes, borderline diabetes, or an elevated A1C test without diabetes?	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">0</div> <div style="margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MONTH YEAR </div>
32. diabetes? <i>Do NOT include pre-diabetes or borderline diabetes.</i>	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">0</div> <div style="margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MONTH YEAR </div>

33. Have you used insulin for diabetes since January 1, 2020?

No → GO TO QUESTION 34 ON NEXT PAGE

Yes



33a. Do you currently take insulin?

- No
- Yes, by injection
- Yes, by indwelling pump
- Yes, by other method

Please specify:



34. Have you used any other prescription medications, **not including insulin**, for diabetes (not prediabetes) since January 1, 2020?

No → **GO TO QUESTION 35 ON NEXT PAGE**

Yes



Have you ever used the following prescription medications for diabetes?	NO	YES	a. If yes, are you currently taking this medication?
a. Metformin alone (not in combination with other medications) <i>Examples include Metformin (GlucoPhase), Metformin liquid (Riomet), or Metformin extended release (GlucoPhase XR, Fortamet, Glumetza)</i>	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
b. Metformin in combination with other medications <i>Examples include Pioglitazone & metformin (Actoplus Met), Glyburide & metformin (GlucoVance), Glipizide & metformin (Metaglip), Sitagliptin & metformin (Janumet), Saxagliptin & metformin (Kombiglyze), Repaglinide & metformin (Prandimet), Linagliptin and metformin (Jentadueto), Empagliflozin and metformin (Synjardy), Dapagliflozin and metformin (Xigduo XR)</i>	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
c. Sulfonylureas <i>Examples include Glimepiride (Amaryl), Glyburide (Micronase, DiaBeta), Glipizide (Glucotrol), or Micronized glyburide (Glynase)</i>	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
d. GLP-1 and dual GLP-1/GIP receptor agonists <i>Examples include Dulaglutide (Trulicity), Exenatide (Byetta), Exenatide extended-release (Bydureon), Liraglutide (Victoza), Lixisenatide (Adlyxin), Injectable semaglutide (Ozempic)</i>	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
e. Any other, please specify: <input type="text"/>	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes



Has a doctor or other health professional ever told you that you had...	NEVER OR BEFORE 1/1/2020	DIAGNOSED 1/1/2020 OR LATER														
35. Parkinson's disease?	<input type="radio"/> Never diagnosed <input type="radio"/> Diagnosed <u>before</u> January 1, 2020	<input type="radio"/> Diagnosed January 1, 2020 or later ↓ a. What month and year were you diagnosed? <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: 8px;">MONTH</td> <td></td> <td colspan="2" style="text-align: center; font-size: 8px;">YEAR</td> <td colspan="2"></td> </tr> </table> </div>			/	2	0			MONTH			YEAR			
		/	2	0												
MONTH			YEAR													

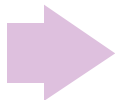
↓ IF DIAGNOSED with Parkinson's disease ↓

35b. Do you still have the diagnosis of Parkinson's disease?	<input type="radio"/> No <input type="radio"/> Yes
--	---

36. Have you **ever** used any prescription medications for Parkinson's disease? Examples include Levodopa, Sinemet, Stalevo, Parcopa, Rytary, Duodopa, Bendopa, Larodopa, Mirapex, Requip, Neupro patch, Apokyn, Permax, Parlodel, Eldepryl or Zelapar, Azilect, and Nourianz.

No → **GO TO QUESTION 37 ON NEXT PAGE**

Yes



36a. Did your symptoms ever improve after taking any of these medications?	<input type="radio"/> No <input type="radio"/> Yes
36b. Are you currently taking any of these medications?	<input type="radio"/> No <input type="radio"/> Yes



Have you ever had...	NEVER	BEFORE 1/1/2020	1/1/2020 OR LATER	a. What was the month and year that this first happened since January 1, 2020?
37. a hip fracture?	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MONTH YEAR </div>
38. a wrist fracture?	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MONTH YEAR </div>
39. a spine (vertebral) fracture?	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MONTH YEAR </div>
40. a rib fracture?	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MONTH YEAR </div>
41. any other fracture?	<input type="radio"/> Never	<input type="radio"/> Before January 1, 2020	<input type="radio"/> January 1, 2020 or later	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MONTH YEAR </div>
Please specify type of other fracture before January 1, 2020:			Please specify type of other fracture you had since January 1, 2020:	

42. How many bone fractures total have you had? Please enter "0" if none.

OF FRACTURES



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 ?														
43. depression?	<input type="radio"/> No	<input type="radio"/> Yes, <u>first</u> diagnosed <u>before</u> January 1, 2020 <input type="radio"/> Yes, <u>first</u> diagnosed January 1, 2020 or later ↓ a. What month and year were you diagnosed? <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">MONTH</td> <td></td> <td colspan="2" style="text-align: center;">YEAR</td> <td colspan="2"></td> </tr> </table>			/	2	0			MONTH			YEAR				<input type="radio"/> No <input type="radio"/> Yes c. Have you taken medication for depression in the past 12 months ? <input type="radio"/> No <input type="radio"/> Yes
		/	2	0													
MONTH			YEAR														

Has a doctor or other health professional ever told you that you had...	NEVER DIAGNOSED	DIAGNOSED BEFORE 1/1/2020	DIAGNOSED 1/1/2020 OR LATER	a. If diagnosed January 1, 2020 or later, what month and year were you diagnosed?														
44. rheumatoid arthritis? <i>Do not include osteoarthritis or psoriatic arthritis.</i>	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">MONTH</td> <td></td> <td colspan="2" style="text-align: center;">YEAR</td> <td colspan="2"></td> </tr> </table>			/	2	0			MONTH			YEAR			
		/	2	0														
MONTH			YEAR															
45. systemic lupus erythematosus (SLE)? <i>Do not include discoid lupus.</i>	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">MONTH</td> <td></td> <td colspan="2" style="text-align: center;">YEAR</td> <td colspan="2"></td> </tr> </table>			/	2	0			MONTH			YEAR			
		/	2	0														
MONTH			YEAR															
46. multiple sclerosis?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">MONTH</td> <td></td> <td colspan="2" style="text-align: center;">YEAR</td> <td colspan="2"></td> </tr> </table>			/	2	0			MONTH			YEAR			
		/	2	0														
MONTH			YEAR															



47. Have you ever used any of the following types of medications for multiple sclerosis?	NO	YES	a. If yes, are you currently taking this type of medication?
<p>a. Immune-modifying prescription medications</p> <p><i>Examples: Corticosteroids (e.g., prednisone, intravenous methylprednisolone) or plasmapheresis to treat MS attacks</i></p>	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes, regularly <input type="radio"/> Yes, as needed
<p>b. Injectable treatments</p> <p><i>to modify progression such as Interferon beta medications, glatiramer acetate (Copaxone, Glatopa), monoclonal antibodies</i></p>	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes, regularly <input type="radio"/> Yes, as needed
<p>c. Oral disease modifying treatments</p> <p><i>Examples: Teriflunomide (Aubagio), Dimethyl fumarate (Tecfidera), Diroximel fumarate (Vumerity), Monomethyl fumarate (Bafiertam), Fingolimod (Gilenya), Siponimod (Mayzent), Ozanimod (Zeposia), Ponesimod (Ponvory), Cladribine (Mavenclad)</i></p>	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes, regularly <input type="radio"/> Yes, as needed
<p>d. Infusion treatments</p> <p><i>Examples: Natalizumab (Tysabri), Ocrelizumab (Ocrevus), Alemtuzumab (Campath, Lemtrada)</i></p>	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes, regularly <input type="radio"/> Yes, as needed

Has a doctor or other health professional ever told you that you had...	NEVER DIAGNOSED	DIAGNOSED BEFORE 1/1/2020	DIAGNOSED 1/1/2020 OR LATER	a. If diagnosed January 1, 2020 or later, what month and year were you diagnosed?
48. Alzheimer's disease?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
49. Vascular dementia?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
49a. Other dementia?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020 Please specify: <input type="text"/>	<input type="radio"/> January 1, 2020 or later Please specify: <input type="text"/>	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
50. cognitive impairment?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
51. shingles?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
52. cataracts?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
53. glaucoma?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
54. macular degeneration?	<input type="radio"/> Never	<input type="radio"/> <u>Before</u> January 1, 2020	<input type="radio"/> January 1, 2020 or later	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR

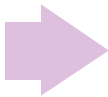
57. Since January 1, 2020, have you had a breast cyst or cysts drained (aspirated) or removed?

- No
- Yes

58. Since January 1, 2020, have you had a surgical, needle, or other biopsy to diagnose or rule out a breast condition?

- No → **GO TO QUESTION 59**

Yes

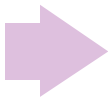


58a.	On how many occasions have you had this since January 1, 2020?	<input type="text"/> <input type="text"/>	# OCCASIONS
58b.	What was the month and year of your most recent procedure?	<input type="text"/> <input type="text"/> / 2 0 <input type="text"/> <input type="text"/>	MONTH YEAR
58c.	On which breast was the most recent biopsy performed?	<input type="radio"/> Left breast <input type="radio"/> Right breast <input type="radio"/> Both breasts	

59. Since January 1, 2020, have you had a breast lump or lumps removed (lumpectomy or excisional biopsy)?

- No → **GO TO QUESTION 60 ON NEXT PAGE**

Yes



59a.	On how many occasions have you had this since January 1, 2020?	<input type="text"/> <input type="text"/>	# OCCASIONS
59b.	What was the month and year of your most recent procedure?	<input type="text"/> <input type="text"/> / 2 0 <input type="text"/> <input type="text"/>	MONTH YEAR
59c.	On which breast was the most recent lumpectomy or excisional biopsy performed?	<input type="radio"/> Left breast <input type="radio"/> Right breast <input type="radio"/> Both breasts	



Since January 1, 2020, were you told you had any of the following benign breast conditions after a cyst aspiration, cyst removal, needle biopsy, surgical biopsy, lumpectomy, or mastectomy?

Have you ever had...	NEVER OR BEFORE 1/1/2020	1/1/2020 OR LATER	a. If you had this January 1, 2020 or later, what was the month and year?
60. fibrocystic or benign nonproliferative changes within normal range? For example, cysts, mild hyperplasia, benign calcifications, fibrosis, etc.	<input type="radio"/> Never <input type="radio"/> Yes, <u>before</u> January 1, 2020	<input type="radio"/> Yes, January 1, 2020 or later	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
61. fibroadenoma?	<input type="radio"/> Never <input type="radio"/> Yes, <u>before</u> January 1, 2020 b. What type? <input type="radio"/> Simple fibroadenoma <input type="radio"/> Complex fibroadenoma <input type="radio"/> Both <input type="radio"/> Don't know	<input type="radio"/> Yes, January 1, 2020 or later	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR b. What type? <input type="radio"/> Simple fibroadenoma <input type="radio"/> Complex fibroadenoma <input type="radio"/> Both <input type="radio"/> Don't know
62. benign breast disease?	<input type="radio"/> Never <input type="radio"/> Yes, <u>before</u> January 1, 2020	<input type="radio"/> Yes, January 1, 2020 or later	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
63. proliferation without atypia ? For example, sclerosing adenosis, intraductal papilloma, moderate hyperplasia, suspicious calcifications, etc.	<input type="radio"/> Never <input type="radio"/> Yes, <u>before</u> January 1, 2020	<input type="radio"/> Yes, January 1, 2020 or later	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
64. atypical hyperplasia?	<input type="radio"/> Never <input type="radio"/> Yes, <u>before</u> January 1, 2020 b. What type? <input type="radio"/> Atypical ductal hyperplasia <input type="radio"/> Atypical lobular hyperplasia <input type="radio"/> Both <input type="radio"/> Don't know	<input type="radio"/> Yes, January 1, 2020 or later	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR b. What type? <input type="radio"/> Atypical ductal hyperplasia <input type="radio"/> Atypical lobular hyperplasia <input type="radio"/> Both <input type="radio"/> Don't know

65. Regardless of the findings, did you keep a copy of the pathology report(s) from the cyst aspiration, cyst removal, needle biopsy, surgical biopsy, lumpectomy, or mastectomy that you are willing to share with us?

- No
- Yes → **PLEASE INCLUDE A COPY WITH YOUR COMPLETED QUESTIONNAIRE.**
- Not applicable



66. Have you had a menstrual period or pregnancy in the past 10 years?

No → **GO TO QUESTION 68 ON NEXT PAGE**

Yes

67. Have you had a menstrual period in the last 12 months?

No



67a. What month and year did you have your last menstrual period or how old were you when you had your last menstrual period?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	<input type="text"/>
MONTH			YEAR					AGE	

67b. 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 76 and 77 on page 25).**
- 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 in the box below:

Yes → **GO TO QUESTION 68 ON NEXT PAGE**



The next questions are about **female hormone products** often used for hormone replacement therapy (HRT).

Since January 1, 2020, have you used...	NO	YES	a. If yes, how many months in all have you used this since January 1, 2020?	b. Do you currently use this female hormone product(s)?
68. estrogen and progesterone at the same time , whether as a combination product (such as Prempro or Combipatch) or as separate medications (for example Premarin plus Provera or a progesterone shot)? <i>Do not include vaginal creams, rings, or suppositories.</i>	<input type="radio"/> No	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> # MONTHS	<input type="radio"/> No <input type="radio"/> Yes
69. estrogen alone , whether as a pill (such as Premarin), patch, or other form (such as a spray, gel, or implant), with no additional progesterone in any form? <i>Do not include vaginal creams, rings, or suppositories.</i>	<input type="radio"/> No	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> # MONTHS	<input type="radio"/> No <input type="radio"/> Yes
70. progesterone alone (not for birth control)?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> # MONTHS	<input type="radio"/> No <input type="radio"/> Yes

Since January 1, 2020, have you used...	NO	YES	a. Do you currently use this female hormone product(s)?
71. vaginal estrogen creams, rings, or suppositories?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

Since January 1, 2020, have you used...			YES	a. If yes, how many months in all have you used this since January 1, 2020?	b. Do you currently use this?	c. Why did you use this? (Please mark all that apply.)
72.	tamoxifen or Nolvadex?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> # MONTHS	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Treat breast cancer <input type="radio"/> Prevent breast cancer <input type="radio"/> Another reason
73.	raloxifene or Evista?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> # MONTHS	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Treat breast cancer <input type="radio"/> Prevent breast cancer <input type="radio"/> Another reason
74.	any aromatase inhibitors? <i>Examples include: anastrozole (Arimidex), exemestane (Aromasin), and letrozole (Femara)</i>	<input type="radio"/> No	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> # MONTHS	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Treat breast cancer <input type="radio"/> Prevent breast cancer <input type="radio"/> Another reason
75.	testosterone?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="text"/> <input type="text"/> # MONTHS	<input type="radio"/> No <input type="radio"/> Yes	



Have you ever had...	NEVER OR BEFORE 1/1/2020	HAD PROCEDURE 1/1/2020 OR LATER	If you had this procedure January 1, 2020 or later, what was the month and year?
<p>76. a hysterectomy (surgical removal of the uterus)?</p>	<p><input type="radio"/> Never had procedure</p> <p><input type="radio"/> Had procedure <u>before</u> January 1, 2020</p>	<p><input type="radio"/> Had procedure January 1, 2020 or later</p>	<p>a. MONTH/YEAR HAD PROCEDURE</p> <p><input type="text"/> <input type="text"/> / 2 0 <input type="text"/> <input type="text"/></p> <p>MONTH YEAR</p> <p>b. Did you have all or part of either of your ovaries removed at the same time you had the hysterectomy?</p> <p><input type="radio"/> No → GO TO QUESTION 77</p> <p><input type="radio"/> Yes</p> <p>c. Did you have...</p> <p><input type="radio"/> both ovaries completely removed?</p> <p><input type="radio"/> one ovary and part of the other ovary removed?</p> <p><input type="radio"/> one ovary removed?</p> <p><input type="radio"/> part of one or part of both ovaries removed?</p> <p>d. Did you have all or part of either ovary left after this surgery?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>
<p>77. a separate surgery to remove part or all of one or both ovaries (oophorectomy), but not your uterus?</p>	<p><input type="radio"/> Never had procedure</p> <p><input type="radio"/> Had procedure <u>before</u> January 1, 2020</p>	<p><input type="radio"/> Had procedure January 1, 2020 or later</p>	<p>a. MONTH/YEAR HAD PROCEDURE</p> <p><input type="text"/> <input type="text"/> / 2 0 <input type="text"/> <input type="text"/></p> <p>MONTH YEAR</p> <p>b. Did you have...</p> <p><input type="radio"/> both ovaries completely removed?</p> <p><input type="radio"/> one ovary and part of the other ovary removed?</p> <p><input type="radio"/> one ovary removed?</p> <p><input type="radio"/> part of one or part of both ovaries removed?</p> <p>c. Did you have all or part of either ovary left after this surgery?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>



78. Have you ever had both of your fallopian tubes removed (bilateral salpingectomy)?

No → GO TO QUESTION 79

Yes →

78a. What month and year did you have this procedure or how old were you when you had this procedure?

--	--

MONTH

/

--	--	--	--

YEAR

OR

--	--

AGE

79. Which of the following best describes your current marital status? Please choose the one response that best describes your current situation.

Never married

Widowed

Divorced

Separated

Married, civil union or living with someone as though married

GO TO QUESTION 80 ON NEXT PAGE

79a. How many years have you been married or living as though married with this spouse/partner?

--	--

YEARS

OR Less than 1 year



80. Thinking about last year, which of the following best describes your total family income from all household members before taxes? Please include income from all sources such as annuities, social security, stocks, alimony, and child support earned in the past year.

- Less than \$20,000
- \$20,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 to \$200,000
- More than \$200,000

81. Last year, how many people, including yourself, were supported by that income?

- 1
- 2
- 3-4
- 5-6
- 7-8
- More than 8



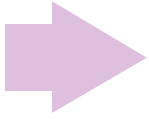
Since January 1, 2020...		NO	YES	<i>During the years you smoked,</i>		
				a. IF YES, in which years did you smoke? <i>(Please mark all that apply.)</i>	b. How many days per week do/did you smoke?	c. How many cigarettes do/did you usually smoke per day on the days you smoked?
82.	did you smoke 10 cigarettes or more?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 2020 <input type="radio"/> 2021 <input type="radio"/> 2022 <input type="radio"/> 2023 <input type="radio"/> 2024 <input type="radio"/> 2025	<input type="radio"/> Less than one day per week <input type="radio"/> 1-3 days per week <input type="radio"/> 4-6 days per week <input type="radio"/> Every day	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # CIGARETTES

Since January 1, 2020...		NO	YES	a. IF YES, in which years since January 1, 2020 did you drink alcohol? <i>(Please mark all that apply.)</i>	b. About how often did you drink alcohol?	c. On average, how many drinks did you have on the days that you drank alcohol?
83.	have you drunk alcoholic beverages?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 2020 <input type="radio"/> 2021 <input type="radio"/> 2022 <input type="radio"/> 2023 <input type="radio"/> 2024 <input type="radio"/> 2025	<input type="radio"/> Every day <input type="radio"/> 5-6 times per week <input type="radio"/> 3-4 times per week <input type="radio"/> 2 times per week <input type="radio"/> Once per week <input type="radio"/> 2-3 times per month <input type="radio"/> Once per month <input type="radio"/> A few times per year	<input type="radio"/> 7 or more <input type="radio"/> 6 <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1



84. Since January 1, 2020, 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



84a. Which of the following **best** describes your current situation?

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

GO TO QUESTION 85 ON NEXT PAGE

Yes



85. Below is a list of some of the ways you may have felt or behaved. During the **past week**, how often did you feel or act this way?

	Rarely or none of the time	A little of the time	A moderate amount of the time	Most or all of the time
a. I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I could not "get going."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



87. 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



87a. 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 →

87b. Approximately how many days have you been sick so far?

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DAYS

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.

The Sister Study, 4505 Emperor Blvd, Suite 400, Durham, NC 27703
phone: 1-877-4SISTER (1-877-474-7837); email: update@sisterstudy.org

If you have a pathology report from a cyst aspiration, cyst removal, needle biopsy, surgical biopsy, lumpectomy, or mastectomy that you are willing to share with us, please include a copy with your completed questionnaire.

Thank you!

