The Sister Study
Health and Medical History
Version 6

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.
- Do not write comments on the form.
- 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: ⊗ ✓

If you must change an answer, please mark a single horizontal line through it and bubble in the correct answer completely.

Like this: ●~~YES~~ Not like this: ●YES

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

When writing dates, please follow this example.

EXAMPLE: June 7, 2004 = 0 6 / 0 7 / 2 0 0 4

(month) (day) (year)

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)*

GENERAL HEALTH

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

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

2. In the past 24 months, have you…

	No	Yes
a. had a routine physical exam?	○	○
b. been to a dentist for a routine check-up or cleaning?	○	○
c. had a Pap smear?	○	○
d. had a breast exam by a doctor or other health professional?	○	○
e. had a screening mammogram?	○	○
f. had a screening ultrasound of the breast?	○	○
g. had a screening MRI of the breast?	○	○
h. had a bone density scan or osteoporosis screening?	○	○
i. had a screening colonoscopy or sigmoidoscopy exam?	○	○
j. had an ultrasound of the uterus?	○	○

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3. Do you have any form of general health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

○ No → **GO TO QUESTION 4**

○ Yes

3a. Does your health care insurance cover all or some of the cost of breast screening exams such as mammograms, digital mammography, breast ultrasound, or breast MRI?

○ No
○ Yes

4. Was there a time in the past 12 months when you needed to see a doctor but did not because of the cost?

○ No
○ Yes

5. What is your current weight (in pounds)? ☐☐☐ POUNDS

6. What is your current height? ☐ FEET ☐☐ INCHES

7. In the past 12 months, did you have a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

○ No → **GO TO THE NEXT PAGE, QUESTION 8**

○ Yes

7a. In what month and year did you have a flu shot? ☐☐ MONTH / 2 0 ☐☐ YEAR

8. In the past 12 months, did you have a flu vaccine sprayed in your nose by a doctor or other health professional? This vaccine is often called FluMist. A health professional may let you spray it yourself. This flu vaccine is usually given in the fall and protects against influenza for the flu season.

○ No → **GO TO QUESTION 9**

○ Yes

8a. In what month and year did you receive the flu vaccine by nasal spray?

MONTH / YEAR (2 0 _ _)

9. In the past 12 months, did you have the flu? The flu is a respiratory illness with fever. Other symptoms include weakness, fatigue, and muscle aches.

○ No → **GO TO QUESTION 10**

○ Yes

9a. Did a doctor confirm that this was the flu?

○ No
○ Yes

9b. In what month and year did you have the flu?

MONTH / YEAR (2 0 _ _)

FAMILY MEDICAL HISTORY

10. Since August 1, 2008, were *any* of your sisters diagnosed with breast cancer *for the first time*?

○ No → **GO TO THE NEXT PAGE, QUESTION 11**

○ Yes

10a. In all, how many sisters who share at least one biological parent with you have *ever* been diagnosed with breast cancer?

SISTERS

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11. Since August 1, 2008, have any *other* close blood relatives of yours been diagnosed with breast cancer?

○ No → **GO TO QUESTION 12**

○ Yes

11a. What is/are the relative(s)' relationship to you? *(Please mark all that apply.)*

- ○ Mother
- ○ Father
- ○ Brother
- ○ Daughter
- ○ Son
- ○ Grandmother
- ○ Grandfather
- ○ Other relative related to you by blood

12. Since August 1, 2008, have *any* close blood relatives of yours been diagnosed with ovarian cancer?

○ No → **GO TO QUESTION 13**

○ Yes

12a. What is/are the relative(s)' relationship to you? *(Please mark all that apply.)*

- ○ Sister
- ○ Mother
- ○ Daughter
- ○ Grandmother
- ○ Other relative related to you by blood

13. Have *any* close blood relatives of yours *ever* been diagnosed with asthma?

○ No → **GO TO THE NEXT PAGE, QUESTION 14**

○ Yes

13a. What is/are the relative(s)' relationship to you? *(Please mark all that apply.)*

- ○ Mother
- ○ Father
- ○ Sister
- ○ Brother
- ○ Daughter
- ○ Son
- ○ Other relative related to you by blood

PERSONAL MEDICAL HISTORY

We are interested in changes to your health in the few years since you joined the study. Please think about your medical history **since August 1, 2008.**

Has a doctor or other health professional told you that you had…	**NEVER OR BEFORE 8/1/2008**	**DIAGNOSED 8/1/2008 OR LATER**	a. If diagnosed August 1, 2008 or later, what month and year were you diagnosed?
14. breast cancer? Please do **not** include in situ cancer.	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	___ / 20___ MONTH YEAR
15. ductal (breast) carcinoma in situ (DCIS)?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	___ / 20___ MONTH YEAR
16. lobular (breast) carcinoma in situ (LCIS)?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	___ / 20___ MONTH YEAR
17. lung cancer?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	___ / 20___ MONTH YEAR
18. ovarian cancer?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	___ / 20___ MONTH YEAR
19. cancer of the uterus or endometrium?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	___ / 20___ MONTH YEAR
20. cancer of the colon or rectum?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	___ / 20___ MONTH YEAR
21. malignant melanoma?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	___ / 20___ MONTH YEAR
22. skin cancer (*not* malignant melanoma)?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	___ / 20___ MONTH YEAR
23. leukemia?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	___ / 20___ MONTH YEAR
24. Hodgkin's disease or Hodgkin's lymphoma?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	___ / 20___ MONTH YEAR
25. non-Hodgkin's lymphoma?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	___ / 20___ MONTH YEAR

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Has a doctor or other health professional told you that you had…	NEVER OR BEFORE 8/1/2008	DIAGNOSED 8/1/2008 OR LATER	a. If diagnosed August 1, 2008 or later, what month and year were you diagnosed?
26. any other type of cancer not already listed?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	a. MONTH/YEAR DIAGNOSED __ / 20__ MONTH YEAR b. Please specify what type of cancer: c. If you were diagnosed with a second **other** type of cancer August 1, 2008 or later, what month and year were you diagnosed? __ / 20__ MONTH YEAR d. Please specify what type of cancer:
27. a heart attack or myocardial infarction?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	__ / 20__ MONTH YEAR

Has a doctor or other health professional *ever* told you that you had…	NO	YES	b. Do you still have this condition?
28. hypertension or high blood pressure?	○ No	○ Yes, first diagnosed before August 1, 2008 ○ Yes, first diagnosed August 1, 2008 or later → a. What month and year were you diagnosed? ☐☐ / 2 0 ☐☐ MONTH YEAR	○ No ○ Yes
29. angina?	○ No	○ Yes, first diagnosed before August 1, 2008 ○ Yes, first diagnosed August 1, 2008 or later → a. What month and year were you diagnosed? ☐☐ / 2 0 ☐☐ MONTH YEAR	○ No ○ Yes
30. cardiac arrhythmia (irregular heartbeat)?	○ No	○ Yes, first diagnosed before August 1, 2008 ○ Yes, first diagnosed August 1, 2008 or later → a. What month and year were you diagnosed? ☐☐ / 2 0 ☐☐ MONTH YEAR	○ No ○ Yes
31. congestive heart failure?	○ No	○ Yes, first diagnosed before August 1, 2008 ○ Yes, first diagnosed August 1, 2008 or later → a. What month and year were you diagnosed? ☐☐ / 2 0 ☐☐ MONTH YEAR	○ No ○ Yes

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Has a doctor or other health professional told you that you had…	NEVER OR BEFORE 8/1/2008	DIAGNOSED 8/1/2008 OR LATER	a. If diagnosed August 1, 2008 or later, what month and year were you diagnosed?
32. a stroke (this does not include TIA or "mini-stroke")?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
33. a mini-stroke or TIA (transient ischemic attack)?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR

Have you had…	NEVER OR BEFORE 8/1/2008	8/1/2008 OR LATER	a. How many times has this happened since August 1, 2008?	b. What was the month and year that this *first* happened since August 1, 2008?
34. a hip fracture?	○ Never ○ Before August 1, 2008	○ Occurred August 1, 2008 or later	# TIMES	MONTH / 2 0 YEAR
35. a wrist fracture?	○ Never ○ Before August 1, 2008	○ Occurred August 1, 2008 or later	# TIMES	MONTH / 2 0 YEAR

	NO	YES	a. If yes, how many hip replacements have you *ever* had?	b. What was the month and year of your *first* hip replacement surgery?
36. Have you *ever* had hip replacement surgery?	○ No	○ Yes	○ one hip ○ both hips	MONTH / YEAR

	NO	YES
37. Has a doctor or other health professional *ever* told you that you had diabetes?	○ No	○ Yes, first diagnosed before August 1, 2008 ○ Yes, first diagnosed August 1, 2008 or later → a. What month and year were you diagnosed? MONTH / 2 0 YEAR b. Do you still have this condition? ○ No ○ Yes c. Do you currently take insulin for diabetes? ○ No → **GO TO QUESTION 38** ○ Yes d. If yes, when did you first use insulin? MONTH / YEAR

Has a doctor or other health professional *ever* told you that you had...	NO	YES	b. Have you experienced any symptoms in the *past 12 months*?
38. allergic rhinitis, hay fever, or seasonal allergies?	○ No	○ Yes, first diagnosed before August 1, 2008 ○ Yes, first diagnosed August 1, 2008 or later → a. What month and year were you diagnosed? MONTH / 2 0 YEAR	○ No ○ Yes
39. asthma?	○ No	○ Yes, first diagnosed before August 1, 2008 ○ Yes, first diagnosed August 1, 2008 or later → a. What month and year were you diagnosed? MONTH / 2 0 YEAR	○ No ○ Yes

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Has a doctor or other health professional told you that you had…	NEVER OR BEFORE 8/1/2008	DIAGNOSED 8/1/2008 OR LATER	a. If diagnosed August 1, 2008 or later, what month and year were you diagnosed?
40. chronic bronchitis?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
41. emphysema?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
42. chronic obstructive pulmonary disease (COPD)?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
43. Graves' disease?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
44. other hyperthyroidism (overactive thyroid)?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
45. Hashimoto's thyroiditis?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
46. other hypothyroidism (underactive thyroid)?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR

Has a doctor or other health professional told you that you had...	NEVER OR BEFORE 8/1/2008	DIAGNOSED 8/1/2008 OR LATER	a. If diagnosed August 1, 2008 or later, what month and year were you diagnosed?
47. an enlarged thyroid or goiter?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
48. thyroid nodules?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
49. another thyroid problem? Please do *not* include thyroid cancer.	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	a. MONTH/YEAR DIAGNOSED MONTH / 2 0 YEAR b. Please specify the problem:
50. osteoporosis?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
51. osteopenia, or low bone density?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
52. rheumatoid arthritis?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
53. other arthritis (for example, age or injury related)?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
54. multiple sclerosis?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
55. scleroderma or systemic sclerosis?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
56. systemic lupus erythematosus (SLE)?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
57. discoid lupus?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR
58. Crohn's disease?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 2 0 YEAR

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Has a doctor or other health professional told you that you had…	NEVER OR BEFORE 8/1/2008	DIAGNOSED 8/1/2008 OR LATER	a. If diagnosed August 1, 2008 or later, what month and year were you diagnosed?
59. ulcerative colitis?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	___ / 20___ MONTH YEAR
60. shingles?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	___ / 20___ MONTH YEAR

61. Has a doctor or other health professional *ever* told you that you had migraine headaches?

○ No → **GO TO THE NEXT PAGE, QUESTION 62**

○ Yes

61a. Were you diagnosed with migraine headaches *before* August 1, 2008?
○ No
○ Yes

61b. Were you [also] diagnosed with migraines August 1, 2008 or *later*?
○ No → **GO TO 61d**
○ Yes

61c. If you were diagnosed August 1, 2008 or later, what month and year were you diagnosed?
___ / 20___
MONTH YEAR

61d. Was the diagnosis of migraine made by a…
(Please mark all that apply.)
○ Headache specialist
○ Neurologist
○ Other physician
○ Other health professional

61e. Before a migraine attacks, do you usually have aura symptoms?
○ No
○ Yes

61f. *During the past 12 months*, how often have you had a migraine?
○ Never
○ 1-2 times
○ 3-5 times
○ 6-11 times
○ Once per month
○ 2-3 times per month
○ Once per week
○ 2-4 times per week
○ 5 or more times per week

Has a doctor or other health professional *ever* told you that you had…	NO	YES	b. Do you still have this condition?
62. depression?	○ No	○ Yes, first diagnosed before August 1, 2008 ○ Yes, first diagnosed August 1, 2008 or later → a. What month and year were you diagnosed? MONTH / 20 YEAR	○ No ○ Yes
63. periodontal or gum disease?	○ No	○ Yes, first diagnosed before August 1, 2008 ○ Yes, first diagnosed August 1, 2008 or later → a. What month and year were you diagnosed? MONTH / 20 YEAR	○ No ○ Yes

Has a doctor or other health professional told you that you had…	NEVER OR BEFORE 8/1/2008	DIAGNOSED 8/1/2008 OR LATER	a. If diagnosed August 1, 2008 or later, what month and year were you diagnosed?
64. polyps in the colon or rectum?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 20 YEAR
65. polycystic ovaries or PCOS?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 20 YEAR
66. endometriosis?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 20 YEAR
67. uterine fibroids or fibroid tumors?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 20 YEAR
68. gallstones or gallbladder disease?	○ Never diagnosed ○ Diagnosed before August 1, 2008	○ Diagnosed August 1, 2008 or later	MONTH / 20 YEAR

Please use a ballpoint pen for this form

The following are some conditions we have not asked about in the past. Please tell us if you have ever been diagnosed with any of these conditions and when you were first diagnosed.

Has a doctor or other health professional ever told you that you had...	NO	YES	a. If yes, what year were you *first* diagnosed?
69. Sjögren's syndrome?	○ No	○ Yes	YEAR
70. Parkinson's disease?	○ No	○ Yes	YEAR
71. Alzheimer's disease?	○ No	○ Yes	YEAR
72. kidney failure requiring dialysis or transplant?	○ No	○ Yes	YEAR
73. kidney stones?	○ No	○ Yes	YEAR
74. other kidney disease?	○ No	○ Yes	YEAR
75. cataracts?	○ No	○ Yes	YEAR
76. glaucoma?	○ No	○ Yes	YEAR
77. macular degeneration?	○ No	○ Yes	YEAR
78. doctor-diagnosed hearing loss?	○ No	○ Yes	YEAR
78x. gout?	○ No	○ Yes	YEAR

79. Since August 1, 2008, has a doctor or other health professional told you that you had <u>any other major illness</u>?

- ⬭ Never diagnosed
- ⬭ Diagnosed before August 1, 2008

GO TO QUESTION 80

- ⬭ Diagnosed August 1, 2008 or later

79a. If you were diagnosed August 1, 2008 or later, what month and year were you diagnosed? ___ / 2 0 ___ ___ (MONTH / YEAR)

79b. Please specify the problem: _____ (FIRST OTHER MAJOR ILLNESS)

79c. If you were diagnosed with a second *other* major illness August 1, 2008 or later, what month and year were you diagnosed? ___ / 2 0 ___ ___ (MONTH / YEAR)

79d. Please specify the problem: _____ (SECOND OTHER MAJOR ILLNESS)

80. Since August 1, 2008, have you had <u>any other major injury</u>?

- ⬭ Never had a major injury
- ⬭ Injured before August 1, 2008

GO TO THE NEXT PAGE, QUESTION 81

- ⬭ Injured August 1, 2008 or later

80a. If you were injured August 1, 2008 or later, what month and year were you injured? ___ / 2 0 ___ ___ (MONTH / YEAR)

80b. Please specify what type of injury: _____ (FIRST OTHER MAJOR INJURY)

80c. If you were injured with a second *other* major injury August 1, 2008 or later, what month and year were you injured? ___ / 2 0 ___ ___ (MONTH / YEAR)

80d. Please specify what type of injury: _____ (SECOND OTHER MAJOR INJURY)

Please use a ballpoint pen for this form

81. Since August 1, 2008, have you experienced any of the following *medical symptoms*? Please mark a response for each item below.

	No	Yes
a. swelling in your wrist, finger, elbow, or knee joints *lasting six or more weeks*?	○	○
b. joint stiffness in the mornings, lasting at least one hour, and for more than six weeks (do not include stiffness related or due to an injury or surgery)?	○	○
c. daily, persistent, troublesome dry eyes, or a recurrent feeling of sand or gravel in your eyes, or use of tear substitutes more than 3 times a day for at least 3 months?	○	○
d. a daily feeling of dry mouth, or frequent drinking of liquids to aid in swallowing dry foods, or recurrently or persistently swollen salivary glands for more than 3 months?	○	○
e. a tremor or trembling in either of your hands that is worse when you are not using the hand compared to when you are using it?	○	○
f. walking or other movements getting noticeably slower?	○	○
g. handwriting getting noticeably smaller?	○	○
h. difficulty getting started when walking or making other movements?	○	○
i. wheezing or whistling in your chest?	○	○
j. shortness of breath when hurrying on level ground, or when walking up a slight hill, or when climbing a flight of stairs at your usual pace?	○	○

82. Have you experienced the following *at least once a week in the past year*?

	No	Yes
a. heartburn (a burning discomfort behind the breast bone in your chest)?	○	○
b. acid regurgitation (a bitter or sour tasting fluid coming into your throat or mouth)?	○	○

	NO	YES	a. If yes, for how many years have you had this symptom?
83. Since August 1, 2008, have you experienced coughing on most days for three months or more out of a year?	○ No	○ Yes	○ 1 year ○ 2 or more years
84. Since August 1, 2008, have you brought up phlegm on most days for three months or more out of a year (do not count phlegm from the nose)?	○ No	○ Yes	○ 1 year ○ 2 or more years

For the next few questions, please think about your breast health over your lifetime.

85. Have you *ever* been told you had abnormal findings on your mammogram, breast ultrasound, or breast MRI?

○ No → **GO TO THE NEXT PAGE, QUESTION 86**

○ Yes

85a. On how many occasions did this happen?
□□ # OCCASIONS

85b. How old were you when you had your first abnormal mammogram, breast ultrasound, or breast MRI?
□□ AGE

85c. What was the month and year of your most recent test with abnormal findings?
□□ / □□□□ MONTH YEAR

85d. Which breast showed abnormal findings at the most recent test?
- ○ Left breast
- ○ Right breast
- ○ Both breasts

85e. After completing the work-up for this abnormal test, what was the doctors' recommendation? Did they tell you to...
- ○ Come back in 12 months or more for usual follow-up
- ○ Come back in 6-11 months
- ○ Come back in 3-5 months
- ○ Come back in less than 3 months
- ○ Have a breast biopsy, surgery, or other treatment
- ○ Don't know

85f. Were you told this test showed any of the following? *(Please mark all that apply.)*
- ○ Breast cysts
- ○ Fibrocystic breasts
- ○ Breast calcifications
- ○ Dense breasts
- ○ Uneven or one-sided densities
- ○ Fibroadenoma
- ○ Other
- ○ Don't know

Please use a ballpoint pen for this form

86. Have you *ever* had a breast cyst or cysts drained (aspirated) or removed?

○ No → **GO TO THE NEXT PAGE, QUESTION 87**

○ Yes

86a. On how many occasions have you had this?

☐☐ # OCCASIONS

86b. How old were you the first time you had this?

☐☐ AGE

86c. What was the month and year of your most recent procedure?

☐☐ / ☐☐☐☐ MONTH YEAR

86d. On which breast was the most recent cyst aspiration or removal performed?

- ○ Left breast
- ○ Right breast
- ○ Both breasts

86e. Following the most recent procedure, what was the doctors' recommendation? Did they tell you to...

- ○ Come back in 12 months or more for usual follow-up
- ○ Come back in 6-11 months
- ○ Come back in 3-5 months
- ○ Come back in less than 3 months
- ○ Have a breast biopsy, surgery, or other treatment
- ○ Don't know

87. Have you *ever* had a needle biopsy to diagnose or rule out a breast condition?

⬭ No → **GO TO THE NEXT PAGE, QUESTION 88**

⬭ Yes

87a. On how many occasions have you had this?

☐☐ # OCCASIONS

87b. How old were you the first time you had this?

☐☐ AGE

87c. What was the month and year of your most recent procedure?

☐☐ / ☐☐☐☐ MONTH YEAR

87d. On which breast was the most recent needle biopsy performed?

⬭ Left breast
⬭ Right breast
⬭ Both breasts

87e. Following the most recent procedure, what was the doctors' recommendation? Did they tell you to...

⬭ Come back in 12 months or more for usual follow-up
⬭ Come back in 6-11 months
⬭ Come back in 3-5 months
⬭ Come back in less than 3 months
⬭ Have a different type of breast biopsy, surgery, or other treatment
⬭ Don't know

Please use a ballpoint pen for this form

88. Have you *ever* had a surgical biopsy or a biopsy other than a needle biopsy to diagnose or rule out a breast condition?

○ No → **GO TO THE NEXT PAGE, QUESTION 89**

○ Yes

88a. On how many occasions have you had this?

☐☐ # OCCASIONS

88b. How old were you the first time you had this?

☐☐ AGE

88c. What was the month and year of your most recent procedure?

☐☐ / ☐☐☐☐ MONTH YEAR

88d. On which breast was the most recent biopsy performed?

- ○ Left breast
- ○ Right breast
- ○ Both breasts

88e. Following the most recent procedure, what was the doctors' recommendation? Did they tell you to...

- ○ Come back in 12 months or more for usual follow-up
- ○ Come back in 6-11 months
- ○ Come back in 3-5 months
- ○ Come back in less than 3 months
- ○ Have a different type of breast biopsy, surgery, or other treatment
- ○ Don't know

89. Have you *ever* had a breast lump or lumps removed (lumpectomy)?

⬭ No → **GO TO THE NEXT PAGE, QUESTION 90**

⬭ Yes

89a. On how many occasions have you had this?

☐☐ # OCCASIONS

89b. How old were you the first time you had this?

☐☐ AGE

89c. What was the month and year of your most recent procedure?

☐☐ / ☐☐☐☐ MONTH YEAR

89d. On which breast was the most recent lumpectomy performed?

⬭ Left breast
⬭ Right breast
⬭ Both breasts

89e. Following the most recent procedure, what was the doctors' recommendation? Did they tell you to...

⬭ Come back in 12 months or more for usual follow-up
⬭ Come back in 6-11 months
⬭ Come back in 3-5 months
⬭ Come back in less than 3 months
⬭ Have a different type of biopsy, surgery, or other treatment
⬭ Don't know

Please use a ballpoint pen for this form

90. Have you *ever* had a mastectomy of your *left* breast?

○ No → **GO TO QUESTION 91**

○ Yes

90a. Why was this done?
- ○ To treat breast cancer
- ○ To prevent breast cancer
- ○ Both

90b. When was this done?
- ○ Before August 1, 2008 → **GO TO 91**
- ○ August 1, 2008 or later

90c. If you had this procedure August 1, 2008 or later, what was the month and year?

[ ][ ] / 2 0 [ ][ ]
MONTH YEAR

91. Have you *ever* had a mastectomy of your *right* breast?

○ No → **GO TO THE NEXT PAGE, QUESTION 92**

○ Yes

91a. Why was this done?
- ○ To treat breast cancer
- ○ To prevent breast cancer
- ○ Both

91b. When was this done?
- ○ Before August 1, 2008 → **GO TO 92**
- ○ August 1, 2008 or later

91c. If you had this procedure August 1, 2008 or later, what was the month and year?

[ ][ ] / 2 0 [ ][ ]
MONTH YEAR

Were you *ever* told you had any of the following after a cyst aspiration, cyst removal, biopsy, lumpectomy, or mastectomy?

		NO	YES	a. IF YES, how old were you when you were *first* told you had this?
92.	fibrocystic or benign changes (within normal range)	⬭ No	⬭ Yes	AGE
93.	fibroadenoma	⬭ No	⬭ Yes	AGE
94.	proliferative changes	⬭ No	⬭ Yes	AGE
95.	ductal hyperplasia	⬭ No	⬭ Yes	AGE
96.	lobular hyperplasia	⬭ No	⬭ Yes	AGE
97.	ductal carcinoma in situ (DCIS)	⬭ No	⬭ Yes	AGE
98.	lobular carcinoma in situ (LCIS)	⬭ No	⬭ Yes	AGE
99.	breast cancer	⬭ No	⬭ Yes	AGE
100.	other changes	⬭ No	⬭ Yes	AGE

Please use a ballpoint pen for this form

101. Did you keep a copy of the pathology report(s) from the cyst aspiration, cyst removal, biopsy, lumpectomy, or mastectomy that you are willing to share with us?

⬭ No

⬭ Yes → **PLEASE INCLUDE A COPY WITH YOUR COMPLETED QUESTIONNAIRE.**

⬭ Not applicable

Have you *ever* had…	NEVER OR BEFORE 8/1/2008	8/1/2008 OR LATER	a. If you had this procedure August 1, 2008 or later, what was the month and year?
102. breast reduction surgery of your *left* breast?	○ Never ○ Yes, before August 1, 2008	○ Yes, August 1, 2008 or later	MONTH / 2 0 YEAR
103. breast reduction surgery of your *right* breast?	○ Never ○ Yes, before August 1, 2008	○ Yes, August 1, 2008 or later	MONTH / 2 0 YEAR

Have you *ever* had…	NEVER OR BEFORE 8/1/2008	8/1/2008 OR LATER	a. If you had this procedure August 1, 2008 or later, what was the month and year?	b. Did you have a silicone gel implant?
104. breast reconstruction surgery of your *left* breast?	○ Never ○ Yes, before August 1, 2008	○ Yes, August 1, 2008 or later	MONTH / 2 0 YEAR	○ No ○ Yes
105. breast reconstruction surgery of your *right* breast?	○ Never ○ Yes, before August 1, 2008	○ Yes, August 1, 2008 or later	MONTH / 2 0 YEAR	○ No ○ Yes
106. breast enlargement surgery of your *left* breast?	○ Never ○ Yes, before August 1, 2008	○ Yes, August 1, 2008 or later	MONTH / 2 0 YEAR	○ No ○ Yes
107. breast enlargement surgery of your *right* breast?	○ Never ○ Yes, before August 1, 2008	○ Yes, August 1, 2008 or later	MONTH / 2 0 YEAR	○ No ○ Yes

Have you *ever* had…	NEVER OR BEFORE 8/1/2008	8/1/2008 OR LATER	a. If you had this procedure August 1, 2008 or later, what was the month and year?	b. Was this a silicone gel implant?
108. a breast implant surgically removed from your *left* breast?	○ Never ○ Yes, before August 1, 2008	○ Yes, August 1, 2008 or later	☐☐ / 2 0 ☐☐ MONTH YEAR	○ No ○ Yes
109. a breast implant surgically removed from your *right* breast?	○ Never ○ Yes, before August 1, 2008	○ Yes, August 1, 2008 or later	☐☐ / 2 0 ☐☐ MONTH YEAR	○ No ○ Yes

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110. Are you currently pregnant or breastfeeding?

⬭ No → **GO TO NEXT QUESTION, 110a**

⬭ Yes → **GO TO PAGE 30, QUESTION 111**

110a. 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

FOR WOMEN WHO HAVE NOT HAD A MENSTRUAL PERIOD IN THE PAST 12 MONTHS. ALL OTHERS GO TO QUESTION 110d.

110b. Why did your periods stop?

⬭ 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 151 and 152).**

⬭ My periods stopped due to radiation or chemotherapy.

⬭ My periods stopped due to medicine that suppresses ovarian function.

⬭ My periods stopped because I am taking the kind of birth control pills that eliminate periods.

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

110c. 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 PAGE 30, QUESTION 111

BOX B

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

110d. When was your last menstrual period?

		/			/	2	0		
MONTH			DAY			YEAR			

110e. 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 began hormone replacement therapy.

GO TO PAGE 30, QUESTION 111

OR

- ○ My periods stopped sometime in the last 12 months. → **GO TO QUESTION 110f**

110f. Why did your periods stop?

- ○ 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 151 and 152).**
- ○ My periods stopped due to radiation or chemotherapy.
- ○ My periods stopped due to medicine that suppresses ovarian function.
- ○ My periods stopped because I am taking the kind of birth control pills that eliminate periods.
- ○ My periods stopped for some other reason, please describe:

Please use a ballpoint pen for this form

REPRODUCTIVE HISTORY AND HORMONES

111. Have you been pregnant since August 1, 2008?

○ No → **GO TO PAGE 32, QUESTION 118**

○ Yes

111a. Are you currently pregnant?
○ No
○ Yes

111b. How many times have you been pregnant since August 1, 2008 (including your current pregnancy, if applicable)?
☐ # TIMES

THIS SECTION IS FOR WOMEN WHO HAVE BEEN PREGNANT SINCE AUGUST 1, 2008. ALL OTHERS GO TO THE NEXT PAGE, QUESTION 118.

		FIRST PREGNANCY (since August 1, 2008)	SECOND PREGNANCY (since August 1, 2008)
112.	How did this pregnancy end?	○ Still pregnant now ○ Single live birth ○ Twins, live births ○ Other multiple live births → [ ] # BABIES ○ Stillbirth(s) ○ Miscarriage ○ Induced abortion ○ Molar or ectopic pregnancy	○ Still pregnant now ○ Single live birth ○ Twins, live births ○ Other multiple live births → [ ] # BABIES ○ Stillbirth(s) ○ Miscarriage ○ Induced abortion ○ Molar or ectopic pregnancy
113.	How many weeks did this pregnancy last (or has it lasted, if now pregnant)?	○ less than 8 weeks ○ 8 to 12 weeks ○ 13 to 16 weeks ○ 17 to 24 weeks ○ 25 to 36 weeks ○ 37 to 41 weeks ○ 42 weeks or more	○ less than 8 weeks ○ 8 to 12 weeks ○ 13 to 16 weeks ○ 17 to 24 weeks ○ 25 to 36 weeks ○ 37 to 41 weeks ○ 42 weeks or more
114.	What month and year did this pregnancy end?	[ ][ ] / [2][0][ ][ ] MONTH YEAR **OR** ○ Still pregnant now	[ ][ ] / [2][0][ ][ ] MONTH YEAR **OR** ○ Still pregnant now
115.	What was the sex of the baby or babies?	○ Single male ○ Single female ○ Multiple → [ ] # MALES [ ] # FEMALES ○ Don't know	○ Single male ○ Single female ○ Multiple → [ ] # MALES [ ] # FEMALES ○ Don't know
116.	How long did you breastfeed (or have you been breastfeeding)?	○ less than one month ○ 1-3 months ○ 4-6 months ○ 7-12 months ○ 13-24 months ○ more than 24 months → **GO TO 117** ○ did not breastfeed/ not applicable → **GO TO NEXT PREGNANCY OR QUESTION 118**	○ less than one month ○ 1-3 months ○ 4-6 months ○ 7-12 months ○ 13-24 months ○ more than 24 months → **GO TO 117** ○ did not breastfeed/ not applicable → **GO TO NEXT PREGNANCY OR QUESTION 118**
117.	Are you still breastfeeding?	○ no ○ yes	○ no ○ yes

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IF YOU HAVE HAD MORE THAN 2 PREGNANCIES SINCE AUGUST 1, 2008, PLEASE ANSWER THE SAME QUESTIONS FOR EACH PREGNANCY AND RECORD YOUR ANSWERS ON A SEPARATE SHEET OF PAPER.

Since August 1, 2008, have you used…		NO	YES	a. If yes, how many months in all have you used this since August 1, 2008?	b. Are you currently using this?
118.	birth control pills?	○ No	○ Yes	# MONTHS	○ No ○ Yes
119.	birth control patches?	○ No	○ Yes	# MONTHS	○ No ○ Yes
120.	a hormonal IUD (intrauterine device)?	○ No	○ Yes	# MONTHS	○ No ○ Yes
121.	a Norplant implant?	○ No	○ Yes	# MONTHS	○ No ○ Yes
122.	a Nuva Ring?	○ No	○ Yes	# MONTHS	○ No ○ Yes
123.	Depo Provera?	○ No	○ Yes	# MONTHS	○ No ○ Yes
124.	any other hormonal birth control?	○ No	○ Yes	# MONTHS	○ No ○ Yes

125. Since August 1, 2008, have you taken <u>any fertility medications</u>?

○ No → **GO TO THE NEXT PAGE, QUESTION 135**

○ Yes

Since August 1, 2008, have you taken...		NO	YES	a. If yes, how many months or cycles in all have you used this since August 1, 2008?
126.	Clomiphene, Clomid, Serophene?	○ No	○ Yes	# MONTHS/CYCLES
127.	Follicle-stimulating hormones (FSH) - Follistim, Puregon, Gonal-F?	○ No	○ Yes	# MONTHS/CYCLES
128.	Urofollitropin, Metrodin, Fertinex, Bravelle?	○ No	○ Yes	# MONTHS/CYCLES
129.	Human menopausal gonadotropin (hMG) - menotropin, Pergonal, Humegon, Repronex?	○ No	○ Yes	# MONTHS/CYCLES
130.	Human chorionic gonadotropin (hCG) - Pregnyl, Novarel, Profasi, A.P.L.?	○ No	○ Yes	# MONTHS/CYCLES
131.	Gonadotropin-releasing hormone (GnRH) - gonadorelin, Factrel, Lutrepulse, Synarel, nafarelin acetate; and related drugs such as Lupron, leuprolide?	○ No	○ Yes	# MONTHS/CYCLES
132.	Gonadotropin inhibitors - Danocrine, Danazol, Antagon, ganirelix acetate?	○ No	○ Yes	# MONTHS/CYCLES
133.	Prolactin reducers - Bromocriptine, Parlodel?	○ No	○ Yes	# MONTHS/CYCLES
134.	Other:	○ No	○ Yes	# MONTHS/CYCLES

Please use a ballpoint pen for this form

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

Since August 1, 2008, have you used…		NO	YES	a. If yes, how many months in all have you used this since August 1, 2008?	b. Do you currently use this female hormone product(s)?
135.	a combined pill containing both estrogen and progesterone (such as Prempro)?	○ No	○ Yes	# MONTHS	○ No ○ Yes
136.	an estrogen-only pill (such as Premarin) with no additional progesterone in any form?	○ No	○ Yes	# MONTHS	○ No ○ Yes
137.	an estrogen pill (such as Premarin) **and** a separate progesterone pill (such as Provera) or progesterone shot?	○ No	○ Yes	# MONTHS	○ No ○ Yes
138.	an estrogen-only patch with no additional progesterone in any form?	○ No	○ Yes	# MONTHS	○ No ○ Yes
139.	a patch containing both estrogen and progesterone (such as Combipatch)?	○ No	○ Yes	# MONTHS	○ No ○ Yes
140.	an estrogen-only patch **and** a separate progesterone pill or progesterone shot?	○ No	○ Yes	# MONTHS	○ No ○ Yes

Since August 1, 2008, have you used...	NO	YES	a. If yes, how many months in all have you used this since August 1, 2008?
141. vaginal estrogen creams, rings, or suppositories?	○ No	○ Yes	a. ☐☐ # MONTHS b. Do you currently use this female hormone product(s)? ○ No ○ Yes c. Does this product also contain progesterone? ○ No ○ Yes ○ Don't know d. Did you also take progesterone in another form (e.g., patch, pill) during the time you were using vaginal estrogen creams, rings, or suppositories? ○ No ○ Yes
142. any other estrogen products, including "natural" estrogens?	○ No	○ Yes	a. ☐☐ # MONTHS b. Do you currently use this female hormone product(s)? ○ No ○ Yes c. Which of the following products have you used since August 1, 2008? *(Please mark all that apply.)* ○ Capsules ○ Gel or cream applied to the skin ○ Injection ○ Liquid ○ Troche or lozenge (dissolved under the tongue) ○ Other

Please use a ballpoint pen for this form

Since August 1, 2008, have you used…	NO	YES	a. If yes, how many months in all have you used this since August 1, 2008?	b. Do you currently use this?
143. tamoxifen or Nolvadex?	○ No	○ Yes	# MONTHS	○ No ○ Yes
144. raloxifene or Evista?	○ No	○ Yes	# MONTHS	○ No ○ Yes
145. Herceptin?	○ No	○ Yes	# MONTHS	○ No ○ Yes
146. aromatase inhibitors such as Arimidex, Aromasin, or Femara?	○ No	○ Yes	# MONTHS	○ No ○ Yes
147. testosterone supplements?	○ No	○ Yes	# MONTHS	○ No ○ Yes

SURGERIES

Have you *ever* had…	NEVER OR BEFORE 8/1/2008	HAD PROCEDURE 8/1/2008 OR LATER	a. If you had this procedure August 1, 2008 or later, what was the month and year?
148. gallbladder surgery?	○ Never had procedure ○ Had procedure before August 1, 2008	○ Had procedure August 1, 2008 or later	MONTH / 2 0 YEAR
149. angioplasty?	○ Never had procedure ○ Had procedure before August 1, 2008	○ Had procedure August 1, 2008 or later	MONTH / 2 0 YEAR
150. coronary artery bypass graft surgery?	○ Never had procedure ○ Had procedure before August 1, 2008	○ Had procedure August 1, 2008 or later	MONTH / 2 0 YEAR

Have you *ever* had…	NEVER OR BEFORE 8/1/2008	HAD PROCEDURE 8/1/2008 OR LATER	a. If you had this procedure August 1, 2008 or later, what was the month and year?
151. a hysterectomy (surgical removal of the uterus)?	○ Never had procedure ○ Had procedure before August 1, 2008	○ Had procedure August 1, 2008 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 152** ○ 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
152. a separate surgery to remove part or all of one or both ovaries (but not your uterus)?	○ Never had procedure ○ Had procedure before August 1, 2008	○ Had procedure August 1, 2008 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

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SYMPTOMS OF MENOPAUSE

		No	Yes
153.	Have you had hot flashes at any time since August 1, 2008?	⬭	⬭
154.	Have you had night sweats at any time since August 1, 2008?	⬭	⬭
155.	Have you had any other symptoms of menopause since August 1, 2008, such as poor sleeping, irritability or depression?	⬭	⬭

MEDICATIONS

Since August 1, 2008, have you used any prescription medicines to treat or to prevent…	NO	YES	a. If yes, are you currently using this?
156. hypertension (high blood pressure)?	○ No	○ Yes	○ No ○ Yes
157. high cholesterol?	○ No	○ Yes	○ No ○ Yes
158. cardiac arrhythmia (irregular heartbeat)?	○ No	○ Yes	○ No ○ Yes
159. diabetes?	○ No	○ Yes	○ No ○ Yes
160. thyroid disease?	○ No	○ Yes	○ No ○ Yes
161. osteoporosis (bone loss, or bone thinning)? Do not count calcium or vitamin D.	○ No	○ Yes	○ No ○ Yes
162. arthritis?	○ No	○ Yes	○ No ○ Yes
163. migraines?	○ No	○ Yes	○ No ○ Yes
164. depression?	○ No	○ Yes	○ No ○ Yes
165. asthma?	○ No	○ Yes	○ No ○ Yes
166. Parkinson's disease?	○ No	○ Yes	○ No ○ Yes
167. anxiety?	○ No	○ Yes	○ No ○ Yes

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168. Have you had allergy shots since August 1, 2008?

○ No → **GO TO THE NEXT PAGE, QUESTION 169**

○ Yes

168a. Are you still getting these allergy shots? ○ No ○ Yes

Since August 1, 2008, have you regularly (at least once a week for at least three months in a row) taken...		NO	YES	a. If yes, for about how long have you used this regularly (at least once a week for at least three months in a row) since August 1, 2008?
169.	acetaminophen (Tylenol)?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
170.	"baby aspirin" or low-dose aspirin (100mg/tablet or less)?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
171.	aspirin or other aspirin-containing products (325 mg/tablet or more)?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
172.	ibuprofen (such as Advil, Motrin, Nuprin, etc.)?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
173.	Celebrex, Vioxx, Bextra, or other COX-2 inhibitors?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
174.	Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox, or other non-steroidal anti-inflammatories?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
175.	antibiotics?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years

b. On average, how many days per week have you taken this?	c. On days when you take it, how many times do you take it?	d. Are you currently using this?
◯ 1 day per week ◯ 2-3 days per week ◯ 4-5 days per week ◯ 6-7 days per week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ No ◯ Yes
◯ 1 day per week ◯ 2-3 days per week ◯ 4-5 days per week ◯ 6-7 days per week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ No ◯ Yes
◯ 1 day per week ◯ 2-3 days per week ◯ 4-5 days per week ◯ 6-7 days per week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ No ◯ Yes
◯ 1 day per week ◯ 2-3 days per week ◯ 4-5 days per week ◯ 6-7 days per week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ No ◯ Yes
◯ 1 day per week ◯ 2-3 days per week ◯ 4-5 days per week ◯ 6-7 days per week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ No ◯ Yes
◯ 1 day per week ◯ 2-3 days per week ◯ 4-5 days per week ◯ 6-7 days per week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ No ◯ Yes
◯ 1 day per week ◯ 2-3 days per week ◯ 4-5 days per week ◯ 6-7 days per week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ No ◯ Yes

Please use a ballpoint pen for this form

These last questions are about prescription and non-prescription medications that you *currently take regularly*. This includes all pills, patches, shots, inhaled medicines, vitamins, and herbal supplements. Please include inhalers, even if you use them occasionally and include all medicines prescribed in once a month or once a year doses such as some medicines to prevent osteoporosis.

Do not include:

- Medicines used only occasionally, such as a pain reliever once in a while for a headache
- Aspirin or other pain medications already reported in previous questions

176. Do you *currently* take any prescription or non-prescription medications *regularly or seasonally*? Please include inhalers that you currently use as needed.

○ No → **GO TO END, PAGE 47**

○ Yes

TOTAL #

a. What is/are the name(s) of the prescription or non-prescription medication(s) that you *currently take regularly*?	b. For how long have you used this regularly?
1.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
2.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
3.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
4.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
5.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years

c. How often do you take it?	d. On days when you take it, how many times do you take it?	e. In what form did you take this? *(Mark all that apply.)*
◯ Once a month or less ◯ Less than once a week ◯ Once a week ◯ 2-3 days a week ◯ 4-5 days a week ◯ 6-7 days a week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ pill ◯ patch ◯ inhaler ◯ spray ◯ cream ◯ shot ◯ liquid ◯ other
◯ Once a month or less ◯ Less than once a week ◯ Once a week ◯ 2-3 days a week ◯ 4-5 days a week ◯ 6-7 days a week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ pill ◯ patch ◯ inhaler ◯ spray ◯ cream ◯ shot ◯ liquid ◯ other
◯ Once a month or less ◯ Less than once a week ◯ Once a week ◯ 2-3 days a week ◯ 4-5 days a week ◯ 6-7 days a week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ pill ◯ patch ◯ inhaler ◯ spray ◯ cream ◯ shot ◯ liquid ◯ other
◯ Once a month or less ◯ Less than once a week ◯ Once a week ◯ 2-3 days a week ◯ 4-5 days a week ◯ 6-7 days a week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ pill ◯ patch ◯ inhaler ◯ spray ◯ cream ◯ shot ◯ liquid ◯ other
◯ Once a month or less ◯ Less than once a week ◯ Once a week ◯ 2-3 days a week ◯ 4-5 days a week ◯ 6-7 days a week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ pill ◯ patch ◯ inhaler ◯ spray ◯ cream ◯ shot ◯ liquid ◯ other

Please use a ballpoint pen for this form

a. What is/are the name(s) of the prescription or non-prescription medication(s) that you *currently take regularly*? (If you need more space, answer the same questions for each medication and record it on a separate sheet.)	b. For how long have you used this regularly?
6.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
7.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
8.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
9.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
10.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
11.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years
12.	○ Less than 12 months ○ 1 year ○ 2 years ○ 3 years ○ 4 years ○ More than 4 years

c. How often do you take it?	d. On days when you take it, how many times do you take it?	e. In what form did you take this? *(Mark all that apply.)*
◯ Once a month or less ◯ Less than once a week ◯ Once a week ◯ 2-3 days a week ◯ 4-5 days a week ◯ 6-7 days a week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ pill ◯ patch ◯ inhaler ◯ spray ◯ cream ◯ shot ◯ liquid ◯ other
◯ Once a month or less ◯ Less than once a week ◯ Once a week ◯ 2-3 days a week ◯ 4-5 days a week ◯ 6-7 days a week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ pill ◯ patch ◯ inhaler ◯ spray ◯ cream ◯ shot ◯ liquid ◯ other
◯ Once a month or less ◯ Less than once a week ◯ Once a week ◯ 2-3 days a week ◯ 4-5 days a week ◯ 6-7 days a week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ pill ◯ patch ◯ inhaler ◯ spray ◯ cream ◯ shot ◯ liquid ◯ other
◯ Once a month or less ◯ Less than once a week ◯ Once a week ◯ 2-3 days a week ◯ 4-5 days a week ◯ 6-7 days a week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ pill ◯ patch ◯ inhaler ◯ spray ◯ cream ◯ shot ◯ liquid ◯ other
◯ Once a month or less ◯ Less than once a week ◯ Once a week ◯ 2-3 days a week ◯ 4-5 days a week ◯ 6-7 days a week	◯ 1 time per day ◯ 2 times per day ◯ 3 times per day ◯ 4 times per day ◯ 5 or more times per day	◯ pill ◯ patch ◯ inhaler ◯ spray ◯ cream ◯ shot ◯ liquid ◯ other
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Please use a ballpoint pen for this form

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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