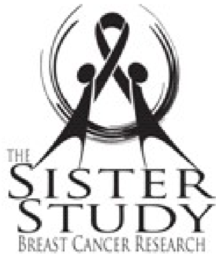

The Sister Study

Health and Medical History

B-Version 1

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

When writing dates, please follow this example.

EXAMPLE: June 7, 2012 = 0 6 / 0 7 / 2 0 1 2
(month) (day) (year)

Version 1

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0522). Do not return the completed form to this address.

U.S. Department of Health and Human Services / National Institutes of Health / National Institute of Environmental Health Sciences

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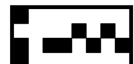

Your continued participation in the Sister Study is completely voluntary and greatly appreciated. If you are not comfortable answering a question, just skip it and go to the next one. All information you share will be kept confidential.

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, or
- ○ 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?	○	○
k. had an ultrasound of the ovaries?	○	○
l. had a flu vaccination (either a flu shot or nasal spray)?	○	○
m. had a vaccination for shingles (herpes zoster)?	○	○

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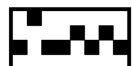

3. Do you have any form of general health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

○ No
○ 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. Since January 1, 2012, have you ever been unable to get screening mammography because your insurance doesn't cover it or you don't have access to screening through your work or other sources?

○ No
○ Yes

6. What is your current weight (in pounds)?

POUNDS

7. What is your current height? Please round to the nearest inch.

FEET INCHES

8. Since January 1, 2012, how many times have you lost 20 pounds (9 kilograms) or more and then later gained all the weight back? *(If none, please enter "00".)*

TIMES

Please use a ballpoint pen for this form

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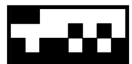


9. Since January 1, 2012, were **any** of your sisters diagnosed with breast cancer **for the first time**?

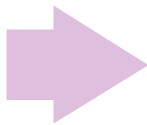
- ○ No
- ○ Yes

9a. In all, how many of your full or half sisters have ever been diagnosed with breast cancer?

- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more

10. Since January 1, 2012, have any **other** close blood relatives of yours been diagnosed with breast cancer **for the first time**?

- ○ No → **GO TO QUESTION 11**
- ○ Yes

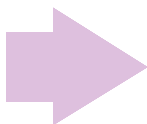


10a. What is/are the relative(s)' relationship to you? *(Please mark all that apply.)*

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

11. Since January 1, 2012, have **any** close blood relatives of yours been diagnosed with ovarian cancer **for the first time**?

- ○ No → **GO TO THE NEXT PAGE, QUESTION 12**
- ○ Yes



11a. 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

In previous questionnaires, we have asked whether any of your grandparents have had cancer. However, we did not ask you which grandparent was diagnosed with cancer.

Were any of the following blood relatives **EVER** diagnosed with **BREAST** cancer?			a. If Yes, at what age were they diagnosed?
12. Grandmother on mother's side.	○ No ○ I don't know	○ Yes	AGE **OR** ○ I don't know
13. Grandmother on father's side.	○ No ○ I don't know	○ Yes	AGE **OR** ○ I don't know
14. Grandfather on mother's side.	○ No ○ I don't know	○ Yes	AGE **OR** ○ I don't know
15. Grandfather on father's side.	○ No ○ I don't know	○ Yes	AGE **OR** ○ I don't know

Were any of the following blood relatives **EVER** diagnosed with **OVARIAN** cancer?			a. If Yes, at what age were they diagnosed?
16. Grandmother on mother's side.	○ No ○ I don't know	○ Yes	AGE **OR** ○ I don't know
17. Grandmother on father's side.	○ No ○ I don't know	○ Yes	AGE **OR** ○ I don't know

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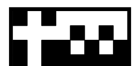
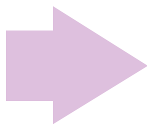


18. Have **any** close blood relatives of yours **ever** been diagnosed with Parkinson's disease?

○ No → **GO TO QUESTION 19**

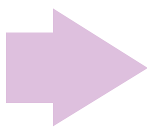
○ Yes 

18a. 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

19. Have **any** close blood relatives of yours **ever** been diagnosed with Alzheimer's disease?

○ No → **GO TO QUESTION 20**

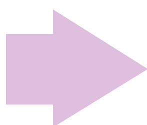
○ Yes 

19a. 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

20. Have **any** close blood relatives of yours **ever** been diagnosed with diabetes?

○ No → **GO TO THE NEXT PAGE, QUESTION 21**

○ Yes 

20a. 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

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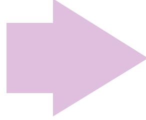
21. Have **any** close blood relatives of yours **ever** been diagnosed with heart disease?

○ No → **GO TO QUESTION 22**

○ Yes



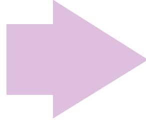
21a. What is/are the relative(s)' relationship to you?
(Please mark all that apply.)

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

22. Have **any** close blood relatives of yours **ever** had a stroke?

○ No → **GO TO THE NEXT PAGE, QUESTION 23**

○ Yes



22a. 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

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PERSONAL MEDICAL HISTORY

We are interested in changes to your health in the past few years. Please think about your medical history **since January 1, 2012.**

Has a doctor or other health professional told you that you had...	NEVER OR BEFORE 1/1/2012	DIAGNOSED 1/1/2012 OR LATER	a. If diagnosed January 1, 2012 or later, what month and year were you diagnosed?
23. breast cancer? Please do **not** include in situ cancer.	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
24. ductal (breast) carcinoma in situ (DCIS)?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
25. lobular (breast) carcinoma in situ (LCIS)?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
26. lung cancer?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
27. ovarian cancer?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
28. cancer of the uterus or endometrium? Please do **not** include non-cancerous conditions such as fibroids, endometriosis, or pre-cancer.	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
29. cancer of the colon or rectum?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
30. Hodgkin's disease or Hodgkin's lymphoma?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
31. non-Hodgkin's lymphoma?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
32. leukemia?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR

Has a doctor or other health professional told you that you had...	NEVER OR BEFORE1/1/2012	DIAGNOSED 1/1/2012 OR LATER	a. If diagnosed January 1, 2012 or later, what month and year were you diagnosed?
33. melanoma?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
34. skin cancer (**not** melanoma)?	○ Never diagnosed ○ Diagnosed before January 1, 2012 If diagnosed before January 1, 2012, was it... *(Please mark all that apply.)* ○ basal cell? ○ squamous cell? ○ other?	○ Diagnosed January 1, 2012 or later	a. MONTH/YEAR DIAGNOSED __ __ / 2 0 __ __ MONTH YEAR b. Was it... *(Please mark all that apply.)* ○ basal cell? ○ squamous cell? ○ other?
35. any other type of cancer not already listed?	○ Never diagnosed ○ Diagnosed before January 1, 2012 If diagnosed before January 1, 2012, please specify what type(s) of cancer: ________ ________	○ Diagnosed January 1, 2012 or later	a. MONTH/YEAR DIAGNOSED __ __ / 2 0 __ __ MONTH YEAR b. Please specify what type of cancer: ________ c. If you were diagnosed with a second **other** type of cancer January 1, 2012 or later, what month and year were you diagnosed? __ __ / 2 0 __ __ MONTH YEAR d. Please specify what type of cancer: ________

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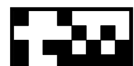

Has a doctor or other health professional **ever** told you that you had...	NO	YES		b. Have you had this condition in the **past 12 months?**
36. hypertension or high blood pressure?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later →	a. What month and year were you diagnosed? __ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes
37. angina?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later →	a. What month and year were you diagnosed? __ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes
38. cardiac arrhythmia (irregular heartbeat)?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later →	a. What month and year were you diagnosed? __ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes
39. congestive heart failure?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later →	a. What month and year were you diagnosed? __ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes

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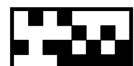

Has a doctor or other health professional told you that you had...	NO	YES	b. Have you had another incident since then?
40. a heart attack or myocardial infarction?	○ No	○ Yes, my first heart attack was before January 1, 2012 ○ Yes, my first heart attack was January 1, 2012 or later ↓ a. What month and year was your first heart attack? __ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes ↓ c. What month and year was your most recent heart attack? __ __ / __ __ __ __ MONTH YEAR
41. a stroke (this does not include TIA or "mini-stroke")?	○ No	○ Yes, my first stroke was before January 1, 2012 ○ Yes, my first stroke was January 1, 2012 or later ↓ a. What month and year was your first stroke? __ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes ↓ c. What month and year was your most recent stroke? __ __ / __ __ __ __ MONTH YEAR
42. a mini-stroke or TIA (transient ischemic attack)?	○ No	○ Yes, my first mini-stroke was before January 1, 2012 ○ Yes, my first mini-stroke was January 1, 2012 or later ↓ a. What month and year was your first mini-stroke? __ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes ↓ c. What month and year was your most recent mini-stroke? __ __ / __ __ __ __ MONTH YEAR

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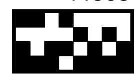

Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. How many times has this happened since January 1, 2012?	b. What was the month and year that this **first** happened since January 1, 2012?
43. a hip fracture?	○ Never ○ Before January 1, 2012	○ January 1, 2012 or later	# TIMES	MONTH / 2 0 YEAR
44. a wrist fracture?	○ Never ○ Before January 1, 2012	○ January 1, 2012 or later	# TIMES	MONTH / 2 0 YEAR
45. a spine (vertebral) fracture?	○ Never ○ Before January 1, 2012	○ January 1, 2012 or later	# TIMES	MONTH / 2 0 YEAR
46. a rib fracture?	○ Never ○ Before January 1, 2012	○ January 1, 2012 or later	# TIMES	MONTH / 2 0 YEAR

			a. **If yes,** how many times?	b. Age at **first** injury?	c. Age at **most recent** injury?
47. Have you **ever** had a serious head injury that resulted in unconsciousness, coma, or hospitalization?	○ No	○ Yes	# TIMES	AGE	AGE

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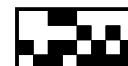

Has a doctor or other health professional **ever** told you that you had...	**NO**	**YES**
48. diabetes?	○ No	○ Yes, first diagnosed before January 1, 2012
		○ Yes, first diagnosed January 1, 2012 or later → a. What month and year were you diagnosed? [ ][ ] / [2][0][ ][ ] MONTH YEAR
		b. Do you still have this condition? ○ No ○ Yes
		c. Do you currently take insulin for diabetes? ○ No → **GO TO 48e**
		○ Yes → d. If yes, when did you **first** use insulin? [ ][ ] / [ ][ ][ ][ ] MONTH YEAR
		e. Do you currently take other medications for diabetes? ○ No ○ Yes → **(Please report medications in question 174.)**

Please use a ballpoint pen for this form

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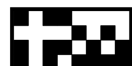

Has a doctor or other health professional **ever** told you that you had...	NO	YES		b. Have you had this condition in the **past 12 months?**
49. asthma?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later →	a. What month and year were you diagnosed? [ ][ ] / 2 0 [ ][ ] MONTH YEAR	○ No ○ Yes
50. depression?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later →	a. What month and year were you diagnosed? [ ][ ] / 2 0 [ ][ ] MONTH YEAR	○ No ○ Yes
51. periodontal (gum) disease?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later →	a. What month and year were you diagnosed? [ ][ ] / 2 0 [ ][ ] MONTH YEAR	○ No ○ Yes
52. lost any adult teeth due to disease or decay (please do not count wisdom teeth extractions, or teeth lost due to accidents, violence, or orthodontistry)?	○ No	○ Yes, first diagnosed before January 1, 2012 ○ Yes, first diagnosed January 1, 2012 or later →	a. What month and year were you diagnosed? [ ][ ] / 2 0 [ ][ ] MONTH YEAR	○ No ○ Yes

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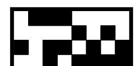

Since January 1, 2012, has a doctor or other health professional told you that you had...	NEVER OR BEFORE 1/1/2012	DIAGNOSED 1/1/2012 OR LATER	a. If diagnosed January 1, 2012 or later, what month and year were you diagnosed?
53. allergic rhinitis, hay fever, or seasonal allergies?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
54. emphysema?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
55. chronic obstructive pulmonary disease (COPD)?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
56. Graves' disease?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
57. other hyperthyroidism (overactive thyroid)?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
58. Hashimoto's thyroiditis?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
59. other hypothyroidism (underactive thyroid)?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
60. an enlarged thyroid or goiter?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR

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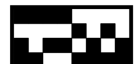

Since January 1, 2012, has a doctor or other health professional told you that you had...	NEVER OR BEFORE 1/1/2012	DIAGNOSED 1/1/2012 OR LATER	a. If diagnosed January 1, 2012 or later, what month and year were you diagnosed?
61. thyroid nodules?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
62. another thyroid problem? Please do **not** include thyroid cancer.	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	a. MONTH/YEAR DIAGNOSED ☐☐ / 2 0 ☐☐ MONTH YEAR b. Please specify the problem: ☐
63. osteoporosis?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
64. osteopenia, or low bone density?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
65. osteoarthritis (age-related arthritis)?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
66. rheumatoid arthritis?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
67. multiple sclerosis?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
68. scleroderma or systemic sclerosis?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR

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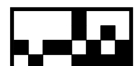

Since January 1, 2012, has a doctor or other health professional told you that you had...	NEVER OR BEFORE 1/1/2012	DIAGNOSED 1/1/2012 OR LATER	a. If diagnosed January 1, 2012 or later, what month and year were you diagnosed?
69. systemic lupus erythematosus (SLE)?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
70. discoid lupus?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
71. Sjögren's syndrome?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
72. Crohn's disease?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
73. ulcerative colitis?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
74. shingles?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR

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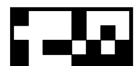

Has a doctor or other health professional told you that you had...	NEVER OR BEFORE 1/1/2012	DIAGNOSED 1/1/2012 OR LATER	a. If diagnosed January 1, 2012 or later, what month and year were you diagnosed?
75. polyps in the colon or rectum?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
76. polycystic ovarian syndrome or PCOS?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
77. ovarian cysts?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
78. uterine fibroids or fibroid tumors?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
79. gallstones or gallbladder disease?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
80. Parkinson's disease?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
81. Alzheimer's disease?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
82. cognitive impairment?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
83. kidney failure requiring dialysis or transplant?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR

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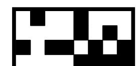

Has a doctor or other health professional told you that you had...	NEVER OR BEFORE 1/1/2012	DIAGNOSED 1/1/2012 OR LATER	a. If diagnosed January 1, 2012 or later, what month and year were you diagnosed?
84. kidney stones?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
85. gout?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
86. cataracts?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
86a. detached retina?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
87. glaucoma?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
88. macular degeneration?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
89. pulmonary embolism?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
90. deep vein thrombosis, DVT, or deep vein blood clots in your legs or somewhere else?	○ Never diagnosed ○ Diagnosed before January 1, 2012	○ Diagnosed January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR

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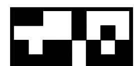
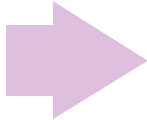


Endometriosis is a health problem in women in which tissue that looks and acts like the lining of the uterus grows outside of the uterus. Endometriosis is different from endometrial polyps or endometrial cancer.

91. Has any doctor told you that you have endometriosis?

○ No → **GO TO THE NEXT PAGE, QUESTION 94**

○ Yes



92. How old were you when you were first diagnosed with endometriosis? [|] AGE

Was your endometriosis confirmed by...			Age at procedure?
93a. Laparoscopy (insertion of a thin, lighted tube through a small incision in the abdomen to examine organs)?	○ No	○ Yes	[|] AGE
93b. Laparotomy (traditional abdominal surgery, which requires a larger incision)?	○ No	○ Yes	[|] AGE
93c. Ultrasound?	○ No	○ Yes	[|] AGE
93d. Magnetic Resonance Imaging (MRI)?	○ No	○ Yes	[|] AGE
93e. Hysterectomy for suspected endometriosis?	○ No	○ Yes	[|] AGE
93f. Hysterectomy for other reason?	○ No	○ Yes	[|] AGE
93g. Other, please specify: [ ]	○ No	○ Yes	[|] AGE

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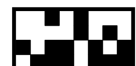
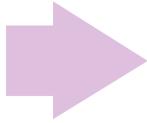


94. Some people experience problems with urinary incontinence, the leakage of urine. In the past 12 months, have you accidentally leaked urine?

○ No → **GO TO THE NEXT PAGE, QUESTION 95**

○ I don't know

○ Yes



94a. How frequently does this happen?

○ Every day
○ 3 - 6 times per week
○ Once or twice per week
○ 2 - 3 times per month
○ Once per month
○ A few times per year

94b. How much of a problem, if any, is/was the urine leakage for you?

○ A big problem
○ A small problem
○ Not a problem

94c. Have you talked with your doctor or other health provider about your urine leakage?

○ No
○ Yes

94d. Have you taken any medications for your urinary incontinence?

○ No
○ Yes

94e. Have you had any other treatments for your urinary incontinence?

○ No → **GO TO QUESTION 95**
○ Yes

94f. If so, what treatments have you had for your urinary incontinence? *(Please mark all that apply.)*

○ Bladder training
○ Exercises
○ Surgery
○ Other, specify:

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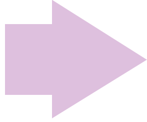
95. Have you been told that you have pelvic prolapse? You may have heard it called "cystocele," "rectocele," "urethrocele," or "dropped bladder."

○ No → **GO TO THE NEXT PAGE, QUESTION 96**

○ Yes



95a. Have you had surgery to correct pelvic prolapse?

○ No → **GO TO QUESTION 96**

○ Yes

95b. How many surgeries have you had to correct pelvic prolapse?

[ ][ ] # SURGERIES

95c. How old were you when you had your **first** surgery?

[ ][ ] AGE

95d. How old were you when you had your **second** surgery?

[ ][ ] AGE

95e. How old were you when you had your **third** surgery?

[ ][ ] AGE

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Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	HAD PROCEDURE 1/1/2012 OR LATER	a. If you had this procedure January 1, 2012 or later, what was the month and year?
96. gallbladder surgery?	○ Never had procedure ○ Had procedure before January 1, 2012	○ Had procedure January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
97. balloon angioplasty, stent placement, or other procedure to open or widen a heart artery? These procedures are different from the test used to diagnose a blockage.	○ Never had procedure ○ Had procedure before January 1, 2012	○ Had procedure January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
98. coronary artery bypass graft surgery?	○ Never had procedure ○ Had procedure before January 1, 2012	○ Had procedure January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR

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99. Since January 1, 2012, 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 for more than 3 months, or a recurrent feeling of sand or gravel in your eyes, or use of tear substitutes more than 3 times a day?	○	○
d. a daily feeling of dry mouth for more than 3 months, or frequent drinking of liquids to aid in swallowing dry foods, or recurrently or persistently swollen salivary glands?	○	○
e. a tremor or trembling in either of your hands?	○	○
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?	○	○
k. shortness of breath when at rest?	○	○
l. shortness of breath when lying down?	○	○
m. shortness of breath when walking?	○	○
n. swelling (or edema) in your legs?	○	○
o. excessive sweating other than due to menopause?	○	○
p. unexplained and unintentional weight loss of 10 or more pounds?	○	○
q. A problem with sneezing or a runny nose or blocked nose when you did not have a cold or the flu?	○	○

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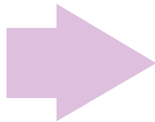
99. Since January 1, 2012, have you experienced any of the following medical symptoms? *(Please mark a response for each item below.)*

	No	Yes
r. feeling light-headed, dizzy, or weak when standing from sitting or lying down?	○	○
s. getting up regularly at night to pass urine?	○	○
t. unexplained pains (not due to known conditions such as arthritis)?	○	○
u. dribbling of saliva during daytime?	○	○

100. Do you suffer from a decrease in or loss of your sense of smell?

○ No → **GO TO QUESTION 101**

○ Yes



100a. How old were you the **first** time you noticed this problem? [ ][ ] AGE

100b. Are there any reasons (such as head injury) that explain the decrease in your sense of smell?

○ No
○ Yes, specify: ______________________

	NO	YES	a. If yes, for how many years have you had this symptom?
101. Since January 1, 2012, have you experienced coughing on most days for three months or more out of a year?	○ No	○ Yes	○ 1 year ○ 2 or more years
102. Since January 1, 2012, 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

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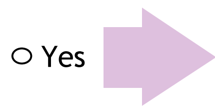
103. Since January 1, 2012, have you had a mammogram, breast ultrasound, or breast MRI?

○ No → **GO TO THE NEXT PAGE, QUESTION 104**

○ Yes



103a. How many times did you have a mammogram, breast ultrasound, or breast MRI since January 1, 2012?

[ ][ ] # TIMES

103b. What was the month and year of your most recent mammogram, breast ultrasound, or breast MRI?

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

103c. Since January 1, 2012, have you been told you had abnormal findings on a mammogram, breast ultrasound, or breast MRI?

○ No → **GO TO THE NEXT PAGE, QUESTION 104**

○ Yes ↓

103d. What was the month and year of your most recent test with abnormal findings?

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

103e. Which breast showed abnormal findings at the most recent test?

○ Left breast
○ Right breast
○ Both breasts

103f. 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

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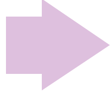
104. Since January 1, 2012, have you had a breast cyst or cysts drained (aspirated) or removed?

○ No → **GO TO QUESTION 105**

○ Yes 

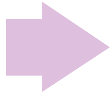
104a. On how many occasions have you had this since January 1, 2012? [ ][ ] # OCCASIONS

104b. What was the month and year of your most recent procedure? [ ][ ] / [2][0][ ][ ] MONTH YEAR

104c. On which breast was the most recent cyst aspiration or removal performed?
- ○ Left breast
- ○ Right breast
- ○ Both breasts

105. Since January 1, 2012, have you had a needle biopsy to diagnose or rule out a breast condition?

○ No → **GO TO THE NEXT PAGE, QUESTION 106**

○ Yes 

105a. On how many occasions have you had this since January 1, 2012? [ ][ ] # OCCASIONS

105b. What was the month and year of your most recent procedure? [ ][ ] / [2][0][ ][ ] MONTH YEAR

105c. On which breast was the most recent needle biopsy performed?
- ○ Left breast
- ○ Right breast
- ○ Both breasts

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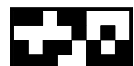
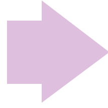


106. Since January 1, 2012, have you had a surgical biopsy or a biopsy other than a needle biopsy to diagnose or rule out a breast condition?

○ No → **GO TO QUESTION 107**

○ Yes 

106a. On how many occasions have you had this since January 1, 2012?

[ ][ ] # OCCASIONS

106b. What was the month and year of your most recent procedure?

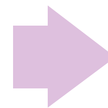
[ ][ ] / [2][0][ ][ ]
MONTH YEAR

106c. On which breast was the most recent biopsy performed?

○ Left breast
○ Right breast
○ Both breasts

107. Since January 1, 2012, have you had a breast lump or lumps removed (lumpectomy or excisional biopsy)?

○ No → **GO TO THE NEXT PAGE, QUESTION 108**

○ Yes 

107a. On how many occasions have you had this since January 1, 2012?

[ ][ ] # OCCASIONS

107b. What was the month and year of your most recent procedure?

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

107c. On which breast was the most recent lumpectomy or excisional biopsy performed?

○ Left breast
○ Right breast
○ Both breasts

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Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. Why was this done?	b. If you had this procedure January 1, 2012 or later, what was the month and year?
108. a mastectomy of your **left** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	○ To treat breast cancer ○ To prevent breast cancer ○ Both	__ __ / 2 0 __ __ MONTH YEAR
109. a mastectomy of your **right** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	○ To treat breast cancer ○ To prevent breast cancer ○ Both	__ __ / 2 0 __ __ MONTH YEAR

Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. If you had this procedure January 1, 2012 or later, what was the month and year?	b. Did you have a silicone gel implant?
110. breast reconstruction surgery on your **left** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes
111. breast reconstruction surgery on your **right** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes

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Since January 1, 2012, were you told you had any of the following after a cyst aspiration, cyst removal, needle biopsy, surgical biopsy, lumpectomy, or mastectomy?

Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. If you had this January 1, 2012 or later, what was the month and year?
112. fibrocystic or **benign nonproliferative** changes within normal range? For example, cysts, mild hyperplasia, benign calcifications, fibrosis, etc.	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
113. fibroadenoma?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR b. What type? ○ Simple fibroadenoma ○ Complex fibroadenoma ○ Both ○ Don't know
114. benign breast disease?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR
115. proliferation **without atypia**? For example, sclerosing adenosis, intraductal papilloma, moderate hyperplasia, suspicious calcifications, etc.	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	☐☐ / 2 0 ☐☐ MONTH YEAR

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Since January 1, 2012, were you told you had any of the following after a cyst aspiration, cyst removal, needle biopsy, surgical biopsy, lumpectomy, or mastectomy?

	Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. If you had this January 1, 2012 or later, what was the month and year?
116.	atypical hyperplasia?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR b. What type? ○ Atypical ductal hyperplasia ○ Atypical lobular hyperplasia ○ Both ○ Don't know
117.	ductal carcinoma in situ (DCIS)?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
118.	lobular carcinoma in situ (LCIS)?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
119.	breast cancer?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
120.	other changes?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR

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121. 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

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Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. If you had this procedure January 1, 2012 or later, what was the month and year?
122. breast reduction surgery on your **left** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR
123. breast reduction surgery on your **right** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR

Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. If you had this procedure January 1, 2012 or later, what was the month and year?	b. Did you have a silicone gel implant?
124. breast enlargement surgery on your **left** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes
125. breast enlargement surgery on your **right** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes

Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	1/1/2012 OR LATER	a. If you had this procedure January 1, 2012 or later, what was the month and year?	b. Was this a silicone gel implant?
126. a breast implant surgically removed from your **left** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes
127. a breast implant surgically removed from your **right** breast?	○ Never ○ Yes, before January 1, 2012	○ Yes, January 1, 2012 or later	__ __ / 2 0 __ __ MONTH YEAR	○ No ○ Yes

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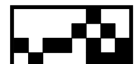

127a1. What month and year did you have your last menstrual period or how old were you when you had your last menstrual period?

MONTH / YEAR OR AGE

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

Since January 1, 2012, have you used...		NO	YES	a. If yes, how many months in all have you used this since January 1, 2012?	b. Do you currently use this female hormone product(s)?
128.	a combined pill containing both estrogen and progesterone (such as Prempro)?	○ No	○ Yes	# MONTHS	○ No ○ Yes
129.	an estrogen-only pill (such as Premarin) with no additional progesterone in any form?	○ No	○ Yes	# MONTHS	○ No ○ Yes
130.	an estrogen pill (such as Premarin) **and** a separate progesterone pill (such as Provera) or progesterone shot?	○ No	○ Yes	# MONTHS	○ No ○ Yes
131.	an estrogen-only patch with no additional progesterone in any form?	○ No	○ Yes	# MONTHS	○ No ○ Yes
132.	a patch containing both estrogen and progesterone (such as Combipatch)?	○ No	○ Yes	# MONTHS	○ No ○ Yes
133.	an estrogen-only patch **and** a separate progesterone pill or progesterone shot?	○ No	○ Yes	# MONTHS	○ No ○ Yes
134.	progesterone alone (not for birth control)?	○ No	○ Yes	# MONTHS	○ No ○ Yes

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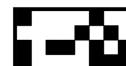

Since January 1, 2012, have you used...	NO	YES	If yes, how many months in all have you used this since January 1, 2012?
135. vaginal estrogen creams, rings, or suppositories?	○ No	○ Yes	a. [ ][ ] # MONTHS b. Do you currently use this female hormone product(s)? ○ No ○ Yes c. Does this product also contain 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
136. 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 January 1, 2012? *(Please mark all that apply.)* ○ Capsules ○ Gel or cream applied to the skin ○ Injection ○ Liquid ○ Troche or lozenge (dissolved under the tongue) ○ Other

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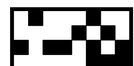

Since January 1, 2012, have you used...	NO	YES	a. If yes, how many months in all have you used this since January 1, 2012?	b. Do you currently use this?	c. Why did you use this?
137. tamoxifen or Nolvadex?	○ No	○ Yes	# MONTHS	○ No ○ Yes	○ Treat breast cancer ○ Prevent breast cancer ○ Another reason
138. ospemifene or Osphena?	○ No	○ Yes	# MONTHS	○ No ○ Yes	○ Treat breast cancer ○ Prevent breast cancer ○ Another reason
139. raloxifene or Evista?	○ No	○ Yes	# MONTHS	○ No ○ Yes	○ Treat breast cancer ○ Prevent breast cancer ○ Another reason
Aromatase inhibitors:					
140. anastrozole or Arimidex?	○ No	○ Yes	# MONTHS	○ No ○ Yes	○ Treat breast cancer ○ Prevent breast cancer ○ Another reason
141. exemestane or Aromasin?	○ No	○ Yes	# MONTHS	○ No ○ Yes	
142. letrozole or Femara?	○ No	○ Yes	# MONTHS	○ No ○ Yes	
143. other aromatase inhibitor? Please specify:	○ No	○ Yes	# MONTHS	○ No ○ Yes	
144. Herceptin?	○ No	○ Yes	# MONTHS	○ No ○ Yes	
145. testosterone?	○ No	○ Yes	# MONTHS	○ No ○ Yes	
146. Estratest?	○ No	○ Yes	# MONTHS	○ No ○ Yes	

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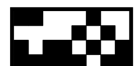

Since January 1, 2012, have you had...	NEVER OR BEFORE 1/1/2012	HAD PROCEDURE 1/1/2012 OR LATER	If you had this procedure January 1, 2012 or later, what was the month and year?
147. a hysterectomy (surgical removal of the uterus)?	○ Never had procedure ○ Had procedure before January 1, 2012	○ Had procedure January 1, 2012 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 148** ○ 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
148. a separate surgery to remove part or all of one or both ovaries (but not your uterus)?	○ Never had procedure ○ Had procedure before January 1, 2012	○ Had procedure January 1, 2012 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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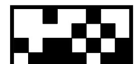

SYMPTOMS OF MENOPAUSE OR PRE-MENOPAUSE

Have you **ever** experienced any of the following menopausal symptoms?	NO	YES	a. On average, how would you rate the severity of your symptom?	b. Have you experienced any symptoms in the **past 12 months?**
149. vaginal dryness	○ No	○ Yes	○ Mild ○ Moderate ○ Severe	○ No ○ Yes
150. night sweats	○ No	○ Yes	○ Mild ○ Moderate ○ Severe	○ No ○ Yes

Have you **ever** experienced any of the following menopausal symptoms?	NO	YES	a. On average, how would you rate the severity of your symptom?	b. How often did/do these occur in a typical week?	
151. hot flashes	○ No	○ Yes	○ Mild ○ Moderate ○ Severe	○ 1 time or less ○ 2-3 times ○ 4 or more times ○ Don't know	c. For about how many total months or years did you have hot flashes? ○ Less than 3 months ○ 3 to less than 6 months ○ 6 months to less than 1 year ○ 1 to less than 2 years ○ 2 to less than 3 years ○ 3 or more years d. Have you experienced any symptoms in the **past 12 months?** ○ No ○ Yes

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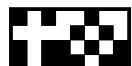
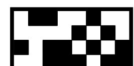


	Since January 1, 2012, have you used any prescription medicines to treat or to prevent...	NO	YES	a. If yes, are you currently taking this?
152.	hypertension (high blood pressure)?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
153.	high cholesterol?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
154.	cardiac arrhythmia (irregular heartbeat)?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
155.	congestive heart failure?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
155a.	angina?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
156.	diabetes?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
157.	thyroid disease?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
158.	osteoporosis (bone loss, or bone thinning)? Do not count calcium or Vitamin D.	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed



Since January 1, 2012, have you used any prescription medicines to treat or to prevent...		NO	YES	a. If yes, are you currently taking this?
159.	rheumatoid arthritis?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
160.	osteoarthritis?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
161.	migraines?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
162.	depression?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
163.	asthma?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
164.	Parkinson's disease?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed
165.	anxiety?	○ No	○ Yes	○ No ○ Yes, regularly ○ Yes, as needed

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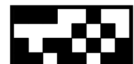

Since January 1, 2012, have you regularly (at least once a week for at least three months in a row) taken...		NO	YES	a. If yes, for about how long have you taken this regularly (at least once a week for at least three months in a row) since January 1, 2012?	
166.	acetaminophen (Tylenol)?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years	○ 3 years ○ 4 years ○ More than 4 years
167.	"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
168.	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
169.	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
170.	Celebrex or other COX-2 inhibitors?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years	○ 3 years ○ 4 years ○ More than 4 years
171.	Aleve or Naprosyn?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years	○ 3 years ○ 4 years ○ More than 4 years
172.	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
173.	antibiotics?	○ No	○ Yes	○ Less than 12 months ○ 1 year ○ 2 years	○ 3 years ○ 4 years ○ More than 4 years

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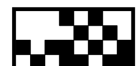

b. On average, how many days per week have you taken this?	c. On days when you take it, how many times do you take it?	d. Are you currently taking this?
○ 1 day per week ○ 2-3 days per week ○ 4-5 days per week ○ 6-7 days per week	○ 1 time per day ○ 2 times per day ○ 3 times per day ○ 4 times per day ○ 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
○ 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

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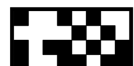

These last questions are about prescription and non-prescription medications that you **currently take regularly, seasonally, or as needed.** This includes all pills, patches, shots, inhaled medicines, vitamins, and herbal supplements. Please include inhalers, nasal sprays, and other medications even 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, or treat asthma symptoms or migraines.

Do not include:

- Aspirin or other pain medications already reported in previous questions

174. Do you **currently** take any prescription or other medications **regularly, seasonally, or as needed?** Please include all medicines, including inhalers, nasal sprays, and other medications, even if you use them only as needed, for example to treat asthma symptoms or migraines.

○ No → **GO TO END, PAGE 48**

○ Yes

TOTAL # [ ][ ]

	a. What is/are the name(s) of the prescription or non-prescription medication(s) that you **currently take regularly, seasonally, or as needed?**	b. For how long have you used this regularly, seasonally, or as needed?
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

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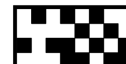

c. How often do you take it?	d. On days when you take it, how many times do you take it?	e. In what form did you take this? *(Please mark all that apply.)*
○ Once a month or less ○ Less than once a week ○ Once a week ○ 2-3 days a week ○ 4-5 days a week ○ 6-7 days a week	○ 1 time per day ○ 2 times per 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
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○ 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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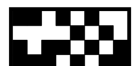

	a. What is/are the name(s) of the prescription or non-prescription medication(s) that you **currently take regularly, seasonally, or as needed?** (If you need more space, answer the same questions for each medication and record it on a separate sheet.)	b. For how long have you used this regularly, seasonally, or as needed?
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

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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? *(Please 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 ○ Inhaler ○ Cream ○ Liquid	○ Patch ○ Spray ○ Shot ○ Other
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○ 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 ○ Inhaler ○ Cream ○ Liquid	○ Patch ○ Spray ○ Shot ○ Other
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○ 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 ○ Inhaler ○ Cream ○ Liquid	○ Patch ○ Spray ○ Shot ○ 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 ○ Inhaler ○ Cream ○ Liquid	○ Patch ○ Spray ○ Shot ○ 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 ○ Inhaler ○ Cream ○ Liquid	○ Patch ○ Spray ○ Shot ○ Other

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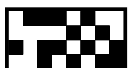

Please check to see that all questions are answered.

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, 1009 Slater Road, Suite 120, 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!

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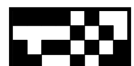

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