OMB# 0925-0414 Exp.

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searchir agency control i reducing	ng for existing data sources, may not conduct or sponsor number. Send comments re	, gathering and maintaining the r, and a person is not required to egarding this burden estimate o ct Clearance Office, 6701 Rockle	data needed, and com o respond to a collection of any other aspect of t	npleting and reviewing the on of information unless it in his collection of information.	is displays a currently valid OMB
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	_				
1.	What is your curre	ent full legal name?			
	First	MI		Last	
2a.	What other names	do you use?			
		First		Last	
2b.	What is, or was, y	our father's name?			
		First		Last	
3.	Under what name	is your phone number	listed in the ph	one book?	
		First		Last	
	☐ ₁ Not listed in			Last	
4.		e names of two relative			ousehold, who are likely
	4.1. Name: _				
	11001000				

4.2. Name: Address: City State Zip Code Phone number: Relationship: The next question asks for your Social Security Number. You are not required to give us your number. If you give us your Social Security Number, we will use it to help us keep in contact with you throughout the study. This information is being requested under Section 301 of the Public Health Services Act, 42 U.S.C. 241. 5. What is your Social Security Number? The next few questions about your background are important to help describe, in general terms, the women who are part of this study. 6. What is the highest grade in school you finished? (Mark one.) 1 Didn't go to school 2 Grade school (1-4 years) 3 Grade school (5-8 years) 4 Some high school (9-11 years) 5 High school diploma or G.E.D. Vocational or training school after high school graduation 6 Vocational or training school after profile graduation 10 Master's Degree 11 Doctoral Degree (Ph.D., M.D., J.D., etc.) 7. What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) 1 Not working 2 Retired 3 Homemaker, raising children, care of others Employed (full-time or part-time)			Phone nu	mber:	Relation	isnip:
Address: City State Zip Code Phone number: Relationship:		4.2.	Name:			
Phone number: Relationship:						
Phone number: Relationship:				City	State	Zip Code
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Grade school (1-4 years) Grade school (5-8 years) High school (9-11 years) High school diploma or G.E.D. Vocational or training school after high school graduation Some college or Associate Degree College graduate or Baccalaureate Degree Some college or professional school after college graduation Master's Degree Doctoral Degree (Ph.D., M.D., J.D., etc.) What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) Not working Retired Homemaker, raising children, care of others Employed (full-time or part-time)	6.	What	is the highe	est grade in school you	finished? (Mark o	one.)
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Some high school (9-11 years)		\square_2	Grade scl	hool (1-4 years)		
High school diploma or G.E.D. \[\begin{align*} \b		\square_3	Grade sc	hool (5-8 years)		
 □ Vocational or training school after high school graduation □ Some college or Associate Degree □ College graduate or Baccalaureate Degree □ Some college or professional school after college graduation □ Master's Degree □ Doctoral Degree (Ph.D., M.D., J.D., etc.) 7. What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) □ Not working □ Retired □ Homemaker, raising children, care of others □ Employed (full-time or part-time) 			Some hig	th school (9-11 years)		
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 ☐ Master's Degree ☐ Doctoral Degree (Ph.D., M.D., J.D., etc.) 7. What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) ☐ Not working ☐ Retired ☐ Homemaker, raising children, care of others ☐ Employed (full-time or part-time) 			College g	graduate or Baccalaure	eate Degree	
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Doctoral Degree (Ph.D., M.D., J.D., etc.) 7. What is your current job status? (Mark the one that best describes you. If more than one describes you, mark both.) \[\begin{align*} \text{Not working} \\ \text{Q} \text{Retired} \\ \text{Q} \text{Homemaker, raising children, care of others} \\ \text{Q} \text{Employed (full-time or part-time)} \end{align*}		— Š	Master's	Degree		
describes you, mark both.) \[\begin{align*} \text{\tint{\text{\tint{\text{\tint{\text{\tin\text{\tex			Doctoral	Degree (Ph.D., M.D.,	J.D., etc.)	
Retired Homemaker, raising children, care of others Employed (full-time or part-time)	7.		•	•	x the one that best	describes you. If more than one
Homemaker, raising children, care of others Employed (full-time or part-time)		$\square_{\scriptscriptstyle 1}$	Not work	ing		
Homemaker, raising children, care of others Employed (full-time or part-time)			Retired			
			Homema	ker, raising children, c	are of others	
			Employe	d (full-time or part-tim	ne)	
\square_{5} Disabled, unable to work			Disabled	, unable to work		

The next question asks for your husband's (or partner's) Social Security Number. You are not required to give us the number. If you give us the Social Security Number, we will use it to help us keep in contact with you throughout the study. This information is being requested under Section 301 of the Public Health Service Act, 42 U.S.C. 241.

9.2. What is your husband's (partner's) Social Security Number?

	st level of school your <u>husband (partner)</u> completed? (Mark one.) Didn't go to school
\square_2	Grade school (1-4 years)
\Box_{3}^{2}	Grade school (5-8 years)
$\Box_{_{A}}^{_{3}}$	Some high school (9-11 years)
\Box_{5}^{4}	High school diploma or G.E.D.
\Box_{6}^{5}	Vocational or training school after high school graduation
\prod_{7}^{6}	Some college or Associate Degree
$\beth_{8}^{'}$	College graduate or Baccalaureate Degree
٦̈́,	Some college or professional school after college graduation
\Box_{10}°	Master's Degree
	Doctoral Degree (Ph.D., M.D., J.D., etc.)
	☐ Not working ☐ Retired ☐ Homemaker, raising children, care of others ☐ Employed (full-time or part-time) ☐ Disabled, unable to work ☐ Other (Specify):
0.2.	Which statement below best describes your husband's (partner's) job? If not working now, which one best describes your partner's last job? (See Question 8 for descriptions of these jobs.) Homemaker, raising children, care of others Managerial, professional specialty Technical, sales, and administrative support Service
	Operators, fabricators, and laborers Other (Specify):
	U ₈ Other (Specify):

11.

11.	year?	(Marl	x the one tha	`	tes) from all sources within This information is importictly confidential.)	•
	$\square_{\scriptscriptstyle 1}$	Less	than \$10,000			
		\$10,0	000 to \$19,99	9		
	\square_3	\$20,0	000 to \$34,99	9		
	\square_4	\$35,0	000 to \$49,99	9		
	\square_{5}	\$50,0	000 to \$74,99	9		
	\square_6	\$75,0	000 to \$99,99	9		
	\square_7	\$100,	,000 to \$149,	,999		
	\square_8	\$150,	,000 or more			
	\square_9	Don't	know			
12.	Do yo		$ \begin{array}{c} $	name, address, and	d phone number of the clinic on't know the address, leave	e, doctor, nurse, or
			ridaress.			
				City	State	Zip Code
			Phone Num	nber:		
		12.2.	When did yo	ou <u>last</u> visit this cli	nic or person? (Please give	e your <u>best</u> guess.)
			month	year		

13.	Have	you eve	r had a mamn	nogram (X-	ray of the brea	asts to look for can	cer)?
		No	☐ ₁ Yes ↓				
		13.1.	When was yo	our last man	nmogram? (P	lease give your <u>be</u>	est guess.)
			month y	/ear			
		13.2.	•	_		-	, what is the full name and nogram was done?
			Name:				
			Address:				
			-	City		State	Zip Code
	\bigvee						
14.	\Box_0	•	□ ₁ }		er check don	e during a female e	xam)?
			14.1.	When was	your last Pap	smear?	
				month	year		
			14.2.	•		-	nths, what is the full name al where the test was done?
				Address:			
					City	State	Zip Code
			14.3.	Have you	•	nal Pap smear in th	•
				□ ₀ No	☐ ₁ Yes	-	J
			14.4.	Have you	ever been told	d you had cervical	dysplasia (abnormal be early signs of cancer)?
				□ ₀ No	1 Yes	8	
\checkmark			<u> </u>				
Go to th	he next	page.					

15.	is don	e in a d	octor's offic		iopsy," "endometrial aspiration as small part of the lining of the colposcopy.)	
]₁ Yes ↓	, , , , , , , , , , , , , , , , , , ,	
		15.1.		you have your last (Please give your	uterus biopsy, endometrial a best guess.)	aspiration, or
			month	year		
		15.2.	•	cor, clinic, or hosp	the past 12 months, what is the trial where the test was done?	
				City	State	Zip Code
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			j		1
paid f	or and	how th	is might aff	ect their health.	women in the study usually	
16.		_	ory or catego a t apply.)	ories below best de	escribe how you usually pay	for your medical care?
	1	_	_	nsurance (for exar her Group Health-	mple: Health Maintenance C type plan)	Organization, Kaiser
		Other Medi	•	urance (for example	le: Blue Cross, Aetna, etc.)	
	\square_3			ample: Medical A	assistance or DPA)	
				ans Administration		
		No in	surance		-	
	\square_8	Other				
17.		-	ved in the U	J.S. armed forces of	on active duty for a period of	180 days or more?
	$\bigcap_{0} I$	NO \	17.1	Have you avon	anda yan of a WA Madical Co	ontow?
		Yes —	1/.1.	Have you ever in	nade use of a VA Medical Ce	mer?
				□ ₀ No [Yes	
18.	What	is the d	ate you finis	hed this form?		
	mont	 h	lay yea	ar		

Thank you. Please take a moment to review any questions you may have missed. Feel free to write any comments here:						