OMB# 0925-0414 Exp.

Date Received: └─┴─┘-└─┴─┘-└─┴─┘ (M/D/Y) Reviewed By: └─┴─┴─┘	**- Affix label here-** Clinical Center/ID: __ __ __ __ - __ __ __ - __ First Name _____M.I._____ Last Name _____

Contact Type: ☐₁ Phone ☐₂ Mail ☐₃ Visit ☐₈ Other	Visit Type: ☐₁ Screening #└─┘ ☐₂ Semi-Annual #└─┴─┘ ☐₃ Annual #└─┴─┘ ☐₄ Non-Routine

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Please use ink.

Your Contact Information

We would like some contact information about you, your spouse or partner, and two friends so we can keep in touch with you over the course of the study. This information is very important, so if there are any changes, please let us know immediately. Please print the information in the space provided or mark the appropriate box with an "x" (☒). You do not have to answer questions that you don't want to answer.

1.   What is your current full legal name?

    _____   _____   _____
            First   MI   Last

2a.   What other names do you use?

    _____   _____
            First   Last

2b.   What is, or was, your father's name?

    _____   _____
            First   Last

3.   Under what name is your phone number listed in the phone book?

    _____   _____
            First   Last

    ☐₁ Not listed in phone book

4.   Please provide the names of two relatives or friends, not living in your household, who are likely to know how to contact you if we cannot contact you directly.

    4.1.   Name: _____

            Address: _____

                    _____
                        City   State   Zip Code

Phone number: _____ Relationship: _____

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.

☐₆ Vocational or training school <u>after</u> high school graduation

☐₇ Some college or Associate Degree

☐₈ College graduate or Baccalaureate Degree

☐₉ Some college or professional school <u>after</u> college 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

☐₄ Employed (full-time or part-time)

☐₅ Disabled, unable to work

☐₈ Other **(Specify)**: _____

8. Which of the statements below best describe your job? If you are not working now, which statement best describes your past job, that is, the job you held the longest? **(If you are a homemaker, but work part-time, you should mark both.)**

☐₁ **Homemaker, raising children, care of others**

☐₂ **Managerial, professional specialty** (Executive, managerial, administrative, professional occupations. Job titles include teacher, guidance counselor, registered nurse, doctor, lawyer, accountant, architect, computer/systems analyst, personnel manager, sales manager, etc.)

☐₃ **Technical, sales, and administrative support** (Technical and related support occupations, sales, administrative support, clerical work. Job titles include computer programmer/operator, vocational/practical nurse, dental assistant, laboratory technician, sales clerk, cashier, receptionist, secretary, word processor, etc.)

☐₄ **Service** (Protective service (police, fire), health or food services, craft and repair occupations, farming, forestry or fishing occupations. Job titles include policewoman, nursing assistant, teaching assistant, child care attendant, maid, cook, waitress, food service clerk, seamstress, etc.)

☐₅ **Operators, fabricators, and laborers** (Factory, transport, and construction work. Job titles include factory, assembly, truck driver, construction worker, etc.)

☐₈ **Other (Specify)**: _____

9. What is your current marital status? **(Mark the one that <u>best</u> describes you.)**

☐₁ Never married

☐₂ Divorced or separated   → **Go to Question 11 on page 5.**

☐₃ Widowed

☐₄ Presently married

☐₅ Living in a marriage-like relationship

9.1. What is your husband's (partner's) legal name? (This information helps us keep in contact with you during the study.)

_____   _____   _____
First   MI   Last

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?

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10. If married or living in a marriage-like relationship, which category below best describes the highest level of school your <u>husband (partner)</u> completed? **(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.

☐₆ Vocational or training school after high school graduation

☐₇ Some college or Associate Degree

☐₈ College graduate or Baccalaureate Degree

☐₉ Some college or professional school <u>after</u> college graduation

☐₁₀ Master's Degree

☐₁₁ Doctoral Degree (Ph.D., M.D., J.D., etc.)

10.1. What is your husband's (partner's) current job status? **(Mark one. If more than one applies, mark both.)**

☐₁ Not working

☐₂ Retired

☐₃ Homemaker, raising children, care of others

☐₄ Employed (full-time or part-time)

☐₅ Disabled, unable to work

☐₈ Other **(Specify)**: _____

10.2. 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.)**

☐₁ Homemaker, raising children, care of others

☐₂ Managerial, professional specialty

☐₃ Technical, sales, and administrative support

☐₄ Service

☐₅ Operators, fabricators, and laborers

☐₈ Other **(Specify)**: _____

11. What was the total family income (before taxes) from all sources within your household in the last year? (**Mark the one that is the <u>best</u> guess.** This information is important for describing the women in the study as a group and is kept strictly confidential.)

   $\square_1$ Less than $10,000

   $\square_2$ $10,000 to $19,999

   $\square_3$ $20,000 to $34,999

   $\square_4$ $35,000 to $49,999

   $\square_5$ $50,000 to $74,999

   $\square_6$ $75,000 to $99,999

   $\square_7$ $100,000 to $149,999

   $\square_8$ $150,000 or more

   $\square_9$ Don't know

Your Health Care Providers

12. Do you have a clinic, doctor, nurse, or physician assistant who gives you your usual medical care?

   $\square_0$ No $\square_1$ Yes
                   ↓

> 12.1. What is the name, address, and phone number of the clinic, doctor, nurse, or physician assistant? (If you don't know the address, leave that part blank).
>
> Name: _____
> Address: _____
> _____
>   City   State   Zip Code
>
> Phone Number: _____
>
> 12.2. When did you <u>last</u> visit this clinic or person? (**Please give your <u>best</u> guess.**)
>
> ⌊__⌋-⌊__⌋
> month   year

Go to the next page.

13.   Have you ever had a mammogram (X-ray of the breasts to look for cancer)?

☐₀ No   ☐₁ Yes
                    ↓

> 13.1.   When was your last mammogram? (**Please give your <u>best</u> guess.**)
>
> └─┴─┘-└─┴─┘
> month   year
>
> 13.2.   If your last mammogram was done in the past 12 months, what is the full name and address of the doctor, clinic, or hospital where the mammogram was done?
>
> Name: _____
> Address: _____
>
> _____
> City   State   Zip Code

14.   Have you ever had a Pap smear (a cancer check done during a female exam)?

☐₀ No   ☐₁ Yes

☐₉ Don't know   ↓

> 14.1.   When was your last Pap smear?
>
> └─┴─┘-└─┴─┘
> month   year
>
> 14.2.   If your last one was done in the past 12 months, what is the full name and address of the doctor, clinic, or hospital where the test was done?
> Name: _____
>
> Address: _____
>
> _____
> City   State   Zip Code
>
> 14.3.   Have you had an abnormal Pap smear in the last 3 years?
>
> ☐₀ No   ☐₁ Yes
>
> 14.4.   Have you ever been told you had cervical dysplasia (abnormal changes of the cervix that may or may not be early signs of cancer)?
>
> ☐₀ No   ☐₁ Yes

Go to the next page.

15. Have you ever had a test called a "uterus biopsy," "endometrial aspiration," or a "D and C"? (This is done in a doctor's office or clinic where a small part of the lining of the uterus or womb is tested. These tests are <u>different</u> from a Pap smear or a colposcopy.)

$\square_0$ No $\square_1$ Yes

15.1. When did you have your last uterus biopsy, endometrial aspiration, or D and C? **(Please give your <u>best</u> guess.)**

└─┴─┘-└─┴─┘
month   year

15.2. If your last one was done in the past 12 months, what is the full name and address of the doctor, clinic, or hospital where the test was done?

Name: _____

Address: _____

_____
City   State   Zip Code

The next question is being asked to look at how women in the study usually get their medical care paid for and how this might affect their health.

16. Which category or categories below best describe how you usually pay for your medical care? **(Mark all that apply.)**

$\square_1$ Pre-paid private insurance (for example: Health Maintenance Organization, Kaiser Permanente, or other Group Health-type plan)

$\square_2$ Other private insurance (for example: Blue Cross, Aetna, etc.)

$\square_3$ Medicare

$\square_4$ Medicaid (for example: Medical Assistance or DPA)

$\square_5$ Military or Veterans Administration-sponsored

$\square_6$ No insurance

$\square_8$ Other

17. Have you served in the U.S. armed forces on active duty for a period of 180 days or more?

$\square_0$ No

$\square_1$ Yes $\longrightarrow$

17.1. Have you ever made use of a VA Medical Center?

$\square_0$ No $\square_1$ Yes

18. What is the date you finished this form?

└─┴─┘-└─┴─┘-└─┴─┘
month   day   year

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

_____

_____

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_____

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