OMB#_____ Exp. _____

| | |
|---|---|
| Date: ☐☐-☐☐-☐☐ (M/D/Y)<br>Contacted By: ☐☐☐ | **- Affix label here-**<br>Clinical Center/ID: __ __ __ __ - ___ ___ ___ - __<br>First Name _____M.I._____<br>Last Name _____ |
| Contact Type:<br>☐1 Phone<br>☐2 Mail<br>☐3 Visit<br>☐8 Other | Visit Type: ☐1 Screening # ☐<br>☐4 Non-Routine<br>Form Administration<br>☐1 Self ☐2 Group ☐4 Assistance |
| **OFFICE USE ONLY** | |



**We would like some information from you so that we can find out if you can take part in the study. Please print the information in the space provided and follow instructions for filling in the ovals.**

**These first questions will just help us stay in touch with you.**

1. What is your full name?

   _____ _____ _____ _____
   (Mrs., Ms., Miss) First Middle Initial Last

2. What is your current mailing address?

   _____

   _____
   City State Zip

3. What is your home phone number? Home: (__ __ __) __ __ __ - __ __ __ __

4. Do you have a work number?

   ☐ No ☐ Yes

   ↓

   4.1. May we call you at work?

   ☐ No ☐ Yes

   ↓

   4.2 What is your work number ?

   Work:(__ __ __) __ __ __ - __ __ __ __

↓

**Go to the next page.**

5. Is there any other number where you can often be reached?

   Other: (__ __ __) __ __ __ - __ __ __ __ _____
   Whose phone number is this?

6. When are the best times to call you?

| | | At home | At work | Other |
|---|---|---|---|---|
| _____ day of week | _____ time(s) | ☐ 1 | ☐ 2 | ☐ 8 |
| _____ day of week | _____ time(s) | ☐ 1 | ☐ 2 | ☐ 8 |
| _____ day of week | _____ time(s) | ☐ 1 | ☐ 2 | ☐ 8 |

7. What is your birth date? **(Put month first, then day, and then year.)**

   ☐☐-☐☐-☐☐
   Month Day Year

**Office Use 7.1.**
___ 47-49
___ 50-79
___ <47, 80+

   7.1. What is your age now? ___ ___ years old

8. Do you think you will be living in this area for the next three years?

   ☐ 0 No ☐ 1 Yes

9. Are you now in any other research study?

   ☐ 0 No ☐ 1 Yes ↓

   9.1. What is the name of that study? _____
   _____
   _____

**Office Use 9.2.**
☐ 0 No
☐ 1 Yes

10. Did a doctor ever say that you had breast cancer?

    ☐ 0 No ☐ 1 Yes

11. Did a doctor ever say that you had colon, rectum, bowel, or intestinal cancer?

☐ 0 No ☐ 1 Yes

↓

11.1. Were you first told that you had this cancer in the last 10 years?

☐ 0 No ☐ 1 Yes

12. Did a doctor ever say that you had endometrial cancer (cancer of the lining of the uterus or womb)?

☐ 0 No ☐ 1 Yes

↓

12.1. Were you told that you had this cancer in the last 10 years?

☐ 0 No ☐ 1 Yes

13. Did a doctor ever say that you had skin cancer?

☐ 0 No ☐ 1 Yes

↓

13.1. Was the skin cancer melanoma?

☐ 0 No ☐ 1 Yes

↓

13.2. Were you told that you had melanoma in the last 10 years?

☐ 0 No ☐ 1 Yes

14. In the past 10 years, did a doctor ever say that you had any other cancers?

☐ 0 No ☐ 1 Yes

**The next question asks about your background. This information will help us describe in general ways, the women who are interested in the study.**

15. How would you describe your racial or ethnic group? If you are of mixed blood, which group do you identify with most?

- ☐ 1 American Indian or Alaskan Native
- ☐ 2 Asian or Pacific Islander (ancestry is Chinese, Indo-Chinese, Korean, Japanese, Pacific Islander, Vietnamese)
- ☐ 3 Black or African-American (not of Hispanic origin)
- ☐ 4 Hispanic/Latino (ancestry is Mexican, Cuban, Puerto Rican, Central American, or South American)
- ☐ 5 White (not of Hispanic origin)
- ☐ 8 Other **(Specify)**: _____

16. How did you hear about the study? **(Mark one. If you heard in more than one way, mark the one that made you decide to contact us.)**

- ☐ 1 Mailed letter
- ☐ 2 Brochure
- ☐ 3 T.V.
- ☐ 4 Radio
- ☐ 5 Newspaper or Magazine
- ☐ 6 Meeting
- ☐ 7 Friend/Relative
- ☐ 8 Other **(Specify):** _____

**Office Use**
**16.1.**
**RSC**
☐☐

**Now we want to ask you some questions about hormones and your menstrual history.**

17. Did you ever use any female hormones like estrogen (Premarin) or progesterone (Provera)? These might be pills, skin patches, implants, creams, suppositories, shots, or birth control pills. **(This does not include birth control pills you used before you were 50 years old.)**

☐ 0 No ☐ 1 Yes ↓

17.1. Are you taking female hormones now?

☐ 0 No →
☐ 1 Yes ↓

17.2. Have you taken female hormones in the last 3 months?

☐ 0 No ☐ 1 Yes

17.3. Have you ever had an osteoporosis-related fracture or broken bone? (Osteoporosis is a condition where bones become brittle and weak as a woman ages.)

☐ 0 No ☐ 1 Yes ↓

17.4. Did a doctor give you hormones to <u>treat</u> the fracture or broken bone?

☐ 0 No ☐ 1 Yes

18. Did you ever have a hysterectomy? (This is an operation to take out your uterus or womb.)

☐ 0 No ☐ 1 Yes ↓

18.1. Was your hysterectomy within the last 3 months?

☐ 0 No ☐ 1 Yes

18.2. How old were you when you had your hysterectomy?

| Less than 30 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60 or older |
|---|---|---|---|---|---|---|---|
| ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 |

**Go to the next page.**

19. When was the last time you had any menstrual bleeding or spotting? **(Your best guess.)**

☐ 1 Still having menstrual bleeding
☐ 2 Within the last 6 months
☐ 3 7 to 12 months ago
☐ 4 Over 12 months ago

**These questions are about your diet and your health.**

20. How many of your meals are prepared away from your home each week, that is, meals that you eat in a restaurant, or as "take-out," or at friends' or relatives' houses?

☐ 0 Less than 10 meals each week
☐ 1 10 or more meals each week

21. Are you following a special diet for malabsorption, celiac sprue (sometimes this is called a gluten-free diet), ulcerative colitis, or Crohn's disease that is prescribed by a doctor? **(We know that these may be unfamiliar words. If you have not been told to follow one of these diets, mark No.)**

☐ 0 No ☐ 1 Yes

22. Are you following a special low-fiber or low-residue diet (low in fruits, vegetables, and grains) that was prescribed for you by your doctor?

☐ 0 No ☐ 1 Yes

23. Did a doctor ever say that you had sugar diabetes or high blood sugar when you were <u>not</u> pregnant?

☐ 0 No ☐ 1 Yes ↓

23.1. How old were you when you were <u>first</u> told you had sugar diabetes? **(Don't include diabetes you had only when pregnant.)**

| Less than 20 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70 or older |
|---|---|---|---|---|---|---|
| ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 |

23.2. Were you ever hospitalized for a diabetic coma?

☐ 0 No ☐ 1 Yes

23.3. Did a doctor ever tell you to keep a special diet for your diabetes?

☐ 0 No ☐ 1 Yes

23.4. Did you ever take insulin shots?

☐ 0 No ☐ 1 Yes ↓

23.5. Are you using insulin now?

☐ 0 No ☐ 1 Yes

23.6. Did you ever take pills for your diabetes to lower your blood sugar?

☐ 0 No ☐ 1 Yes

23.7. Do you have sugar diabetes or high blood sugar now?

☐ 0 No ☐ 1 Yes

24. Did a doctor ever say that you had a blood clot in your legs? This is sometimes called deep vein thrombosis or DVT. This does not include varicose veins or phlebitis.

☐ 0 No ☐ 1 Yes ↓

24.1. Did you have a blood clot in your leg in the last 6 months?

☐ 0 No ☐ 1 Yes

24.2. Did this blood clot occur within one month after a serious accident, fracture, injury, or operation?

☐ 0 No ☐ 1 Yes

**Go to the next page.**

25. Did a doctor ever say that you had a blood clot in your lung? This is sometimes called a pulmonary embolus or PE.

☐ 0 No ☐ 1 Yes

↓

25.1. Did you have a blood clot in your lung in the last 6 months?

☐ 0 No ☐ 1 Yes

25.2 Did this blood clot occur within one month after a serious accident, fracture, injury, or operation?

☐ 0 No ☐ 1 Yes

26. Did a doctor ever say that you had a stroke?

☐ 0 No ☐ 1 Yes

↓

26.1. Did you have a stroke in the last 6 months?

☐ 0 No ☐ 1 Yes

**Office Use**
**26.1.**
____ **FE**

27. Did a doctor ever say that you had a small stroke that lasted less than 24 hours? This is sometimes called a TIA or transient ischemic attack.

☐ 0 No ☐ 1 Yes

↓

27.1. Did you have a TIA in the last 6 months?

☐ 0 No ☐ 1 Yes

**Office Use**
**27.1.**
____ **FE**

**Go to the next page.**

28. Did a doctor ever say that you had a heart attack? This is sometimes called a coronary, MI, or myocardial infarction.

☐ 0 No ☐ 1 Yes

28.1 How old were you when you had your <u>first</u> heart attack? **(Your best guess.)**

| Less than 40 | 40-49 | 50-59 | 60-69 | 70 or older |
|---|---|---|---|---|
| ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

28.2. Did you have a heart attack in the last 6 months?

☐ 0 No ☐ 1 Yes

**Office Use**
**28.2.**
____ **FE**

29. Did a doctor ever say that you had any of the following health problems? **(Please answer No or Yes for each problem listed.)**

| | No | Yes |
|---|---|---|
| 29.1. Sickle cell anemia? | ☐ 0 | ☐ 1 |
| 29.2. Heart failure? | ☐ 0 | ☐ 1 |
| 29.3. Liver disease (chronic active hepatitis, cirrhosis, or yellow jaundice)? | ☐ 0 | ☐ 1 |
| 29.4. Bleeding problem? | ☐ 0 | ☐ 1 |

**Office Use**
**29.**
**2.** ____ CP
**3.** ____ CP
**4.** ____ CP

30. Have you lost 15 or more pounds in the last 6 months without trying?

☐ 0 No ☐ 1 Yes

31. Are you on kidney dialysis or a kidney machine for kidney or renal failure?

☐ 0 No ☐ 1 Yes

32. Do you have any other long-term or chronic illness?

☐ 0 No ☐ 1 Yes

**Office Use**
**32.**
**____CP**

32.1.What is it? **(Specify):** _____

33. Are there any reasons, like serious emotional problems, mental illness, or too much stress, that would make it hard for you to be in a research study?

☐ 0 No ☐ 1 Yes

34. Will you be able to come to our clinic?

☐ 0 No →

☐ 1 Yes

34.1. What kind of help would you need in order to come to our clinic?

**Office Use**
**34.1**
____TE

☐ 0 Transportation
☐ 1 Child care
☐ 0 Adult Care
☐ 1 Other **(Specify):**_____

35. Do you think you might be interested in the Dietary Change part of the study?

☐ 0 No ☐ 1 Yes
☐ 9 Don't know

35.1 If you join the dietary part of the study, you will be placed in a dietary change or usual diet group. You may be attending regular group meetings. Will you be available for regular meetings for the next year?

☐ 0 No ☐ 1 Yes

**Go to the next page.**

36. Do you think you might be interested in the Hormone Replacement part of the study?

☐ 0 No ☐ 1 Yes
☐ 9 Don't know/need more information

36.1. If you join the hormone part of the study, you may be placed into the hormone or no-hormone (placebo) group. Would you consider taking only the hormone pills given to you by Clinical Center staff if you join the hormone part of the study?

☐ 0 No → **Go to Question 37.**
☐ 1 Yes
☐ 9 Don't know

36.2. If you are currently on hormones, are you interested in talking to your doctor about the Hormone Replacement part of the Study?

☐ 0 No
☐ 9 Don't know
☐ 2 Not on hormones
→ **Go to Question 37.**

☐ 1 Yes

36.3. Would you like us to send information about the Hormone Replacement part of the study to your doctor?

☐ 0 No → **Go to Question 37.**
☐ 1 Yes

What is the name and address of your primary doctor or gynecologist?

Doctor's Name: _____

Clinic Name: _____

Address: _____

City/State/Zip: _____

37. What is the date you finished this form?

__-__-__
Month Day Year