

**WOMEN'S INTERAGENCY HIV STUDY  
FAMILY AND PERSONAL MEDICAL HISTORY  
FORM HX**

PARICIPANT ID: |\_| - |\_|\_| - |\_|\_|\_|\_| - |\_|

VERSION: **10/01/01**

VISIT: \_\_\_ \_\_\_

FORM COMPLETED BY: \_\_\_ \_\_\_ \_\_\_

---

**SECTION A. FAMILY MEDICAL HISTORY**

**INTRODUCTION TO PARTICIPANT:**

The health and illnesses experienced by close family members can provide important information about your own health and your risk of future illness. The following questions ask about the medical history of your biologic family. Your biologic family includes your birth mother and birth father, and full brothers and full sisters. Full brothers and full sisters are defined as having the same birth mother and birth father. Some people who lost their parents at an early age, or who were adopted, do not have information on their birth family.

- A1. Are you familiar with the health history of any of the members of your biologic or birth family, such as if they had heart trouble or cancer? Please answer “yes” only if the illness was experienced by your biologic or birth family.

YES ..... 1  
NO ..... 2 (SECTION B)

**PROMPT: IF THE PARTICIPANT HAS KNOWLEDGE OF EVEN ONE MEMBER OF HER BIRTH FAMILY (MOTHER, FATHER, SISTER, OR BROTHER), THEN CONTINUE. IF SHE ANSWERS “NO” THAT SHE HAS NO KNOWLEDGE OF ANY MEMBER OF HER BIRTH FAMILY, THEN SKIP TO SECTION B.**

- A2. In what country was your birth mother born?

UNITED STATES ..... 1 (A3)  
OTHER ..... 2

SPECIFY: \_\_\_\_\_

- A3. In what country was your birth father born?

UNITED STATES ..... 1 (A4)  
OTHER ..... 2

SPECIFY: \_\_\_\_\_

WIHS ID #

A4. Were any of your birth parents, full brothers, or full sisters ever told by a health care provider that he or she had cancer of any kind? Please include both living and deceased members of your birth family.

YES ..... 1  
NO ..... 2 (A6)

a. Who in your birth family has had cancer? If multiple members of you birth family have had cancer, please tell me about all of them.

	<u>YES</u>	<u>NO</u>
i) FATHER.....	1	2
ii) MOTHER .....	1	2
iii) BROTHER(S).....	1	2
iv) SISTER(S).....	1	2

**A5. FOR EACH FAMILY MEMBER IN QUESTION A4a WHO WAS DIAGNOSED WITH CANCER, ASK THE PARTICIPANT SUBQUESTIONS a THROUGH c. EACH CANCER DIAGNOSIS SHOULD BE RECORDED IN A SEPARATE ROW OF THE TABLE. IF YOU RUN OUT OF ROWS IN WHICH TO RECORD ADDITIONAL DIAGNOSES, XEROX THIS PAGE OF THE FORM TO RECORD MORE.**

a. Which family member?	b. What type of cancer was it? <b>PROMPT:</b> Sometimes cancers start in one place and spread to another. I am only interested in the place where this cancer started.	c. Age at diagnosis? <b>PROMPT: IF UNSURE OF AGE, ASK IF THEY WERE YOUNGER THAN 50 OR OLDER THAN 50 AND THEN READ AGE CATEGORIES AND ASK THEM TO ESTIMATE AS BEST THEY CAN.</b>
i. Father.....1 Mother...2 Brother...3 Sister.....4	_____	< 20.....1 20-29.....2 30-39.....3 40-49.....4 50-59.....5 ≥ 60.....6
ii. Father.....1 Mother...2 Brother...3 Sister.....4	_____	< 20.....1 20-29.....2 30-39.....3 40-49.....4 50-59.....5 ≥ 60.....6
iii. Father.....1 Mother...2 Brother...3 Sister.....4	_____	< 20.....1 20-29.....2 30-39.....3 40-49.....4 50-59.....5 ≥ 60.....6

A6. Including living and deceased, were any of your birth parents, full brothers, or full sisters ever told by a health care provider that her or she had any of the following:

	<u>YES</u>	<u>NO</u>
a. High blood pressure .....	1	2 <b>(b)</b>
i. Who? FATHER.....	1	2
MOTHER.....	1	2
BROTHER(S).....	1	2
SISTER(S).....	1	2
b. Stroke.....	1	2 <b>(c)</b>
i. Who? FATHER.....	1	2
MOTHER.....	1	2
BROTHER(S).....	1	2
SISTER(S).....	1	2
c. Congestive heart failure or CHF.....	1	2 <b>(d)</b>
i. Who? FATHER.....	1	2
MOTHER.....	1	2
BROTHER(S).....	1	2
SISTER(S).....	1	2
d. High cholesterol.....	1	2 <b>(e)</b>
i. Who? FATHER.....	1	2
MOTHER.....	1	2
BROTHER(S).....	1	2
SISTER(S).....	1	2
e. Diabetes.....	1	2 <b>(f)</b>
i. Who? FATHER.....	1	2
MOTHER.....	1	2
BROTHER(S).....	1	2
SISTER(S).....	1	2
f. A blood clot that required treatment.....	1	2 <b>(A7)</b>
i. Who? FATHER.....	1	2
MOTHER.....	1	2
BROTHER(S).....	1	2
SISTER(S).....	1	2

WIHS ID #

A7. Was your biological mother ever told by a health care provider that she had osteoporosis, sometimes called thin or brittle bones?

YES ..... 1  
NO ..... 2

A8. Did your biological mother ever fracture her hip?

YES ..... 1  
NO ..... 2

YES NO

A9 a. Was your biological mother or any full sister ever told by a health care provider that she had a heart attack or angina at age 65 or younger?.....

1 2 **(A10)**

b. Who?

MOTHER..... 1 2  
SISTER(S)..... 1 2

A10 a. Was your biological father or any full brother ever told by a health care provider that he had a heart attack or angina at age 55 or younger?.....

1 2 **(B1)**

b. Who?

FATHER..... 1 2  
BROTHER(S)..... 1 2

### SECTION B. PERSONAL MEDICAL HISTORY

#### INTRODUCTION TO PARTICIPANT:

These next questions ask about your personal medical history. They differ from questions asked during other sections of today's interview in that they ask about illnesses you have ever had instead of just those that you may have had since your last study visit or in the past 6 months.

B1. How old were you the first time you got your menstrual period?

\_\_\_\_ \_\_\_\_ years old

B2. Has a health care provider ever told you that you had...

YES NO i. In what year?

a) A heart attack, myocardial infarction or MI? .....1 2 **(b)** \_\_\_\_ \_\_\_\_ \_\_\_\_

b) Congestive heart failure or CHF? .....1 2 **(c)** \_\_\_\_ \_\_\_\_ \_\_\_\_

WIHS ID #

- |   | <u>YES</u> | <u>NO</u> |                                     |
|---|------------|-----------|-------------------------------------|
| c) A stroke or CVA? .....                               | 1          | 2 (d)     | i. In what year?<br>___ ___ ___ ___ |
| d) High blood cholesterol? .....                        | 1          | 2 (e)     | ___ ___ ___ ___                     |
| e) Angina or chest pain related to heart disease? ..... | 1          | 2 (B3)    | ___ ___ ___ ___                     |

B3. Have you ever had blood clot in your legs that required treatment?

- YES ..... 1  
NO ..... 2

B4. Have you ever had a blood clot in your lungs that required treatment?

- YES ..... 1  
NO ..... 2

B5. Has a health care provider ever told you that you have a liver problem other than hepatitis?

- YES ..... 1  
NO ..... 2 (B6)

a. What liver problem did you have? Was it:

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| i) Cirrhosis? .....   | 1          | 2         |
| ii) Liver Failure? .....  | 1          | 2         |
| iii) Ascites (abnormal fluid in the belly)? .....                                   | 1          | 2         |
| iv) Yellow Jaundice? .....  | 1          | 2         |
| v) Bleeding from enlarged veins in the<br>esophagus (“food tube”) or stomach? ..... | 1          | 2         |
| vi) Liver cancer? .....   | 1          | 2         |
| vii) Other? (Specify) .....   | 1          | 2         |

Specify: \_\_\_\_\_

**PROMPT: IF ANY OF B5a i-vi = YES, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST (ATC) FOR EACH ILLNESS AND OBTAIN MEDICAL RECORD RELEASE.**

WIHS ID #

B6. Have you ever had a liver biopsy?

YES ..... 1  
NO ..... 2 (C1)

**PROMPT: IF B6 = YES, COMPLETE AIDS AND CANCER SPECIMEN BANK ASCERTAINMENT TRACKING CHECKLIST (ACSB ATC) AND OBTAIN MEDICAL RECORD RELEASE.**

**SECTION C. MEDICATIONS**

**PROMPT: HAND PARTICIPANT RESPONSE CARD D4a**

C1. Have you ever taken any of the following hormone replacement therapies (hormones, estrogen, progesterone) for more than one month? These therapies could have been taken in the form of a pill, cream, or patch worn on the skin.

ESTROGEN:

Premarin, Estrace, Estratab, Menest, Ogen, Cenestin, Estraderm, Climara

PROGESTERONE:

Provera, Cycrin, Amen, Prometrium, Micronor, Nor-QD

COMBINATION ESTROGEN/PROGESTERONE:

Premphase, Prempro, Combipatch

OTHER HRT:

Tamoxifen, Raloxifene, Testosterone patch or cream

YES .....1  
NO .....2 (END)

a. INTERVIEWERS: BASED ON PARTICIPANT RESPONSE IN C1, CODE BELOW THE TYPE OF HRT THE PARTICIPANT REPORTED:

ESTROGEN .....1  
PROGESTERONE .....2  
COMBINATION .....3  
OTHER HRT .....4

SPECIFY: \_\_\_\_\_

WIHS ID #

b. What were the main reasons you were taking hormone replacement therapy? Was it for:

	<u>YES</u>	<u>NO</u>
i) Menopause related symptoms (the change, hot flashes, vaginal dryness, sweating).....	1	2
ii) Depression, anxiety, or emotional distress.....	1	2
iii) Replacement after hysterectomy or removal of ovaries.....	1	2
iv) Osteoporosis, or to prevent or treat bone loss.....	1	2
v) Prevention of heart disease.....	1	2
vi) Irregular menstrual periods (spotting).....	1	2
vii) Other reason.....	1	2

Specify: \_\_\_\_\_

c. How old were you when you first took hormone replacement therapy? Please estimate your age as best as you can remember.

\_\_\_\_ \_\_\_\_ years old