



WIHSID #

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

		<u>YES</u>	<u>NO</u>
i.	FATHER.....1	1	2
ii.	MOTHER.....1	1	2
iii.	BROTHER(S).....1	1	2
iv.	SISTER(S).....1	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 PAGE 3 OF THE FORM TO RECORD MORE.

**Start HXs1**

a.	Which family member?	b. What type of cancer was it?  ( <b>PROBE:</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

End HXs1

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A6. Including living and deceased, were any of your birth parents, full brothers or full sisters ever told by a health care provider that they 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.....	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

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

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A8. Did your biological mother or father ever fracture her or his hip?

YES.....1

NO .....2

		<u>YES</u>	<u>NO</u>
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 <b>age 65</b> or younger?.....	1	2 <b>(A10)</b>

	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 <b>age 55</b> or younger?.....	1	2 <b>(A11)</b>
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	b. Who?	FATHER.....	1	2
		BROTHER(S).....	1	2

A11.	a. Were any of your birth parents, full brothers or full sisters ever told by a health care provider that they had kidney disease?.....	1	2 <b>(A12)</b>
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	b. Who?	FATHER.....	1	2
		MOTHER.....	1	2
		BROTHER(S).....	1	2
		SISTER(S).....	1	2

	c. How many of your birth relatives had kidney disease?	__ __
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A12.	a. Were any of your birth parents, full brothers or full sisters on dialysis?.....	1	2 <b>(SECTION B)</b>
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	b. Who?	FATHER.....	1	2
		MOTHER.....	1	2
		BROTHER(S).....	1	2
		SISTER(S).....	1	2

	c. How many of your birth relatives were on dialysis?	__ __
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**SECTION B. PERSONAL MEDICAL HISTORY**

**INTRODUCTION TO PARTICIPANT:** These next questions ask about your personal medical history.

B1. How old were you the first time you got your menstrual period? |\_\_|\_\_| YEARS OLD

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

	<u>YES</u>	<u>NO</u>	i. In what year?
a. A heart attack, myocardial infarction or MI? .....1	2	<b>(b)</b>	_ _ _ _ _ _ _
b. Congestive heart failure or CHF? .....1	2	<b>(c)</b>	_ _ _ _ _ _ _
c. A stroke or CVA? .....1	2	<b>(d)</b>	_ _ _ _ _ _ _
d. High blood cholesterol? .....1	2	<b>(e)</b>	_ _ _ _ _ _ _
e. Angina or chest pain related to heart disease? .....1	2	<b>(f)</b>	_ _ _ _ _ _ _
f. Transient ischemic attack, TIA, "mini-stroke?" .....1	2	<b>(B3)</b>	_ _ _ _ _ _ _

B3. Have you ever had a 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 **(SECTION C)**

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

	<u>YES</u>	<u>NO</u>	
a. Cirrhosis..... 1	1	2	
b. Liver failure..... 1	1	2	
c. Ascites (abnormal fluid in the belly) ..... 1	1	2	
d. Yellow jaundice ..... 1	1	2	
e. Bleeding from enlarged veins in the esophagus ("food tube") or stomach? (varicies?)..... 1	1	2	
f. Fatty liver, build-up of fat in liver cells? ..... 1	1	2	
g. Alcoholic liver damage ..... 1	1	2	
h. Hepatic encephalopathy (confusion or decreased awareness caused by liver disease) ..... 1	1	2	
i. Other ..... 1	1	2	<b>(SECTION C)</b>

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

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**SECTION C. MEDICATIONS**

**PROMPT: HAND PARTICIPANT RESPONSE CARD D4h.**

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. Please do not include any hormones taken only to prevent pregnancy; we will discuss those in another part of the interview.

**ESTROGEN:** Premarin, Estrace, Estratab, Menest, Ogen, Cenestin, Estraderm, Climara, Menostar, Estrasorb, Alora, Enjuvia, Evamist, Femring, Vivelle-Dot

**PROGESTERONE:** Provera, Cycrin, Amen, Prometrium, Micronor, Nor-QD

**COMBINATION ESTROGEN/PROGESTERONE:** Premphase, Prempro, Combipatch, Angeliq, Activella, Prefest

**OTHER HRT:** Tamoxifen, Raloxifene, testosterone patch or cream, Estratest (combination estrogen/testosterone), birth control pills, Ortho Evra (birth control patch), NuvaRing (a vaginal ring containing hormone

- YES .....1
- NO .....2 **(C2)**

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

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

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

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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 (c)

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

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

C2. TIME MODULE ENDED |\_\_|\_\_| : |\_\_|\_\_| AM .....1  
PM .....2