

WIHSID #

A3. In what country was your birth father born?

- UNITED STATES1 (A4)
- OTHER2

SPECIFY: _____

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

- YES1
- NO2 (A6)

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? (PROBE: 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? 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.
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

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a.	Which family member?	b. What type of cancer was it?	c. Age at diagnosis?
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

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)
i. Who? FATHER.....	1	2
MOTHER.....	1	2
BROTHER(S).....	1	2
SISTER(S).....	1	2
b. Stroke	1	2 (c)
i. Who? FATHER.....	1	2
MOTHER.....	1	2
BROTHER(S).....	1	2
SISTER(S).....	1	2
c. Congestive heart failure	1	2 (d)
i. Who? FATHER.....	1	2
MOTHER.....	1	2
BROTHER(S).....	1	2
SISTER(S).....	1	2
d. High cholesterol	1	2 (e)
i. Who? FATHER.....	1	2
MOTHER.....	1	2
BROTHER(S).....	1	2
SISTER(S).....	1	2

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	<u>YES</u>	<u>NO</u>
e. Diabetes	1	2 (f)
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 (A7)
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
NO2

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

YES.....1
NO2

	<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 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 (A11)
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 (A12)
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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- | | | <u>YES</u> | <u>NO</u> |
|------|--|------------|----------------------|
| A12. | a. Were any of your birth parents, full brothers or full sisters on dialysis?..... | 1 | 2 (SECTION B) |
| | 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? | | __ __ |

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
- 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. | Congestive heart failure or CHF? | 1 | 2 (c) | __ __ __ __ |
| c. | A stroke or CVA? | 1 | 2 (d) | __ __ __ __ |
| d. | High blood cholesterol? | 1 | 2 (e) | __ __ __ __ |
| e. | Angina or chest pain related to heart disease? | 1 | 2 (f) | __ __ __ __ |
| f. | Transient ischemic attack, TIA, "mini-stroke?" | 1 | 2 (B3) | __ __ __ __ |

- B3. Have you ever had a blood clot in your legs that required treatment?
- YES.....1
- NO2

- B4. Have you ever had a blood clot in your lungs that required treatment?
- YES.....1
- NO2

- B5. Has a health care provider ever told you that you have a liver problem **other than hepatitis**?
- YES.....1
- NO2 **(SECTION C)**

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

SPECIFY: _____

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. 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, Cytrin, 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
NO2 (C2)

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

- ESTROGEN1
- PROGESTERONE2
- COMBINATION3
- OTHER4

SPECIFY: _____

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 |__|__| : |__|__| AM1
PM2