



WIHSID #

A3. In what country was your birth father born?

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

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.

- YES .....1  
 NO .....2 **(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?  ( <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

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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>(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

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	<u>YES</u>	<u>NO</u>
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

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

**PROMPT: IF PARTICIPANT RESPONDS "YES" TO ANY OF QUESTIONS B2a THROUGH B2f THAT ARE SHADED IN GRAY, COMPLETE AN ATC FOR EACH EVENT AND OBTAIN MEDICAL RECORD RELEASE. MRA NEED NOT BE COMPLETED AT THIS TIME; DOCUMENTS SHOULD BE PLACED IN THE PARTICIPANT'S FILE IN CASE ABSTRACTION IS TO BE COMPLETED IN THE FUTURE.**

- 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)**

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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 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, 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  
NO .....2 (C2)

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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: \_\_\_\_\_

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