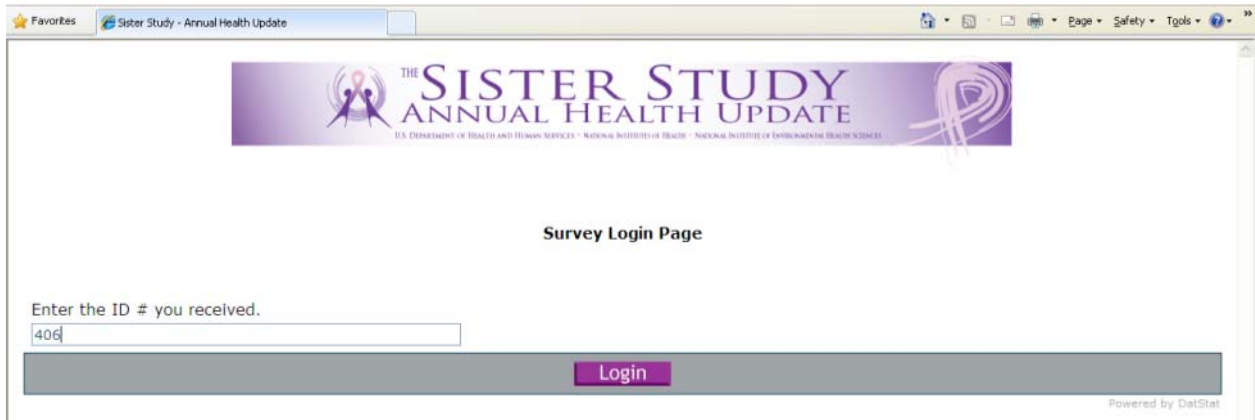


Annual Update Screenshots



Annual Update OMB burden statement

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Home Page Safety Tools

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Welcome to the Sister Study Annual Health Update. This update takes about 10 minutes to complete. Any information you provide will be [kept confidential](#). Our first few questions are for security purposes.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0522).

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[How do I change answers I gave earlier in the survey?](#)

[What if I don't know the dates of my diagnoses or answers to other questions?](#)

[What if I don't want to answer a question?](#)

[What if I need to take a break or close the questionnaire before I have completed it?](#)

[The survey asked me to launch again. Why do I have to do this?](#)

[How can I learn more and have my questions answered?](#)

How do I make the text bigger?
There are two ways to make the text larger. You can hold the control key ("Ctrl") and scroll up with your mouse, OR you can select "View" then "Text Size" and select either "Larger" or "Largest."

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Why is the survey not starting?
The most common reason is a pop-up blocker. To turn off most pop-up blockers, right click on the area just below the address bar of your Internet browser. Then click "Allow pop-ups from this site." Another way to bypass a pop-up blocker is to hold the control key while clicking the "Start" button.

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Questionnaire Privacy Policy

General Information

This questionnaire will ask you some questions about changes in your health and contact information. If you choose to answer the questions, we will protect the confidentiality of this information. Your name and other identifying information will not be revealed in any publication. In addition, we will use this information only for research purposes.

If your web browser uses SSL (secure sockets layer), your responses to this questionnaire are automatically encrypted. This means your answers cannot be read over the Internet by a third party. SSL is included in recent versions of Internet Explorer, Firefox, Safari, Chrome, and other web browsers. You will see an icon of a **closed** lock somewhere in the window of the browser. For example, the "lock" icon may be displayed in the address bar, or in the lower-right or lower-left corner of the browser window. If you don't already have an SSL enabled browser, you can download one from the links below:

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Please enter the **month** of your birth.

-- Select One --

Please enter the **day** of your birth.

-- Select One --

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3 % Complete

[Next](#) [Previous](#)

Sister Study Annual Health Update

It is important to the Sister Study that we stay updated on your health. Please take a few minutes to complete this update and let us know if you have been diagnosed with any of the following conditions **since August 2010**.


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4 % Complete

[Next](#) [Previous](#)

Annual Health Update

Since August 2010, has a doctor or other health professional told you that you had

breast cancer? (Please do **NOT** include DCIS or LCIS. We will ask about those separately.)

Yes
 No
 Don't know


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5 % Complete

[Next](#) [Previous](#)

Since August 2010, has a doctor or other health professional told you that you had

DCIS (ductal [breast] carcinoma in situ)?

Yes
 No
 Don't know

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7 % Complete

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Since August 2010, has a doctor or other health professional told you that you had

LCIS (lobular [breast] carcinoma in situ)?


Yes
 No
 Don't know

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9 % Complete

[Next](#) [Previous](#)

Since August 2010, has a doctor or other health professional told you that you had

lung cancer?

Yes
 No
 Don't know

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10 % Complete

[Next](#) [Previous](#)

Since August 2010, has a doctor or other health professional told you that you had

ovarian cancer?

Yes
 No
 Don't know

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12 % Complete

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Since August 2010, has a doctor or other health professional told you that you had

cancer of the uterus or endometrium? (Please do **not** include non-cancerous conditions such as fibroids, endometriosis, or pre-cancer.)

Yes
 No
 Don't know


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14 % Complete

[Next](#) [Previous](#)

Since August 2010, has a doctor or other health professional told you that you had **cancer of the colon or rectum?**

Yes
 No
 Don't know

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Since August 2010, has a doctor or other health professional told you that you had **malignant melanoma?**

Yes
 No
 Don't know


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17 % Complete

[Next](#) [Previous](#)

Since August 2010, has a doctor or other health professional told you that you had **any other type of cancer except non-melanoma skin cancer?**

Previously reported:

Yes - What kind?
 No
 Don't know

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Give the month and year of the diagnosis of **other cancer (Esophageal)** since August 2010.

Month
-- Select One --

Year
-- Select One --

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Please review the answers we have recorded:

Breast Cancer: No
DCIS (ductal [breast] carcinoma in situ): No
LCIS (lobular [breast] carcinoma in situ): No
Lung Cancer: No
Ovarian Cancer: No
Cancer of the Uterus or Endometrium: No
Cancer of the Colon or Rectum: No
Malignant Melanoma: No
Other Cancers: Yes, Esophageal, on 1/2011
Other Cancers: No

Is this correct?

Yes
 No - I would like to make corrections to my responses


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27 % Complete

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Since August 2010, has a doctor or other health professional told you that you had

a heart attack (myocardial infarction - MI)?

Yes
 No
 Don't know


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29 % Complete

[Next](#) [Previous](#)

Since August 2010, has a doctor or other health professional told you that you had

other heart disease (e.g. angina, congestive heart failure, arrhythmias)?

Yes - What kind?
 No
 Don't know


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39 % Complete

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Since August 2010, has a doctor or other health professional told you that you had

thyroid disease?

Yes
 No
 Don't know

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41 % Complete

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Since August 2010, has a doctor or other health professional told you that you had

autoimmune disease (e.g., rheumatoid arthritis, lupus, scleroderma, multiple sclerosis, or other)?

Yes - What kind?

No

Don't know

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49 % Complete

[Next](#) [Previous](#)

Please review the answers we have recorded:

Heart Attack: No
Other Heart Disease: No
Stroke, mini-stroke, TIA: No
Thyroid Disease: No
Autoimmune Disease: No

Is this correct?

Yes

No - I would like to make corrections to my responses

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50 % Complete

[Next](#) [Previous](#)


Since August 2010, has a doctor or other health professional told you that you had **asthma?**

Yes
 No
 Don't know

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52 % Complete

[Next](#) [Previous](#)

Since August 2010, has a doctor or other health professional told you that you had **hypertension (high blood pressure)?**

Yes
 No
 Don't know

[Next](#) [Previous](#)

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53 % Complete

[Next](#) [Previous](#)

Since August 2010, has a doctor or other health professional told you that you had **diabetes?**

Yes
 No
 Don't know

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[Next](#) [Previous](#)

Since August 2010, has a doctor or other health professional told you that you had

a hip, wrist or other fracture?

Yes - What kind?

No

Don't know


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63 % Complete

[Next](#) [Previous](#)

Since August 2010, has a doctor or other health professional told you that you had

any other major illness?

Previously reported:

Yes - What kind?

No

Don't know

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72 % Complete

[Next](#) [Previous](#)

Please review the answers we have recorded:

Asthma: No
Hypertension: No
Diabetes: No
Hip, Wrist or Other Fracture: No
Other Major Illness: No

Is this correct?

Yes
 No - I would like to make corrections to my responses

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99 % Complete

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Thank you for completing the 2012 Sister Study Annual Health Update. If you are ready to submit it, please hit the Submit button below. If you would like to review or change any answers before you submit, please hit the Previous button below.


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We will send you an update like this every year. Every 2-3 years, we will also include a questionnaire with more detailed questions about your health and new questions about your environment.

You can update us with your health and contact information at any time by sending an email to update@sisterstudy.org or by calling the Sister Study helpdesk toll-free at 1-877-4SISTER (1-877-474-7837). Also, please email or call if you would like to provide comments or updates on other topics we did not ask about this year. You can always visit our website at www.sisterstudy.org for more news about the Sister Study. Thank you again for your ongoing contribution to this important research.

Woman by woman...Sister by sister...We can make a difference!

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Triennial Follow-up Screenshots



THE SISTER STUDY

Next

Previous

Please enter the **month** of your birth.

Please enter the **day** of your birth.

Next

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Next

Previous

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Sister Study Triennial Update Frequently Asked Questions

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[BACK TO TOP](#)



THE SISTER STUDY

Next

Previous

Thank you for agreeing to complete the 2012 Sister Study Follow-Up Questionnaires.

Before you continue, we would like to remind you that all information collected will be kept confidential and that your participation in the Sister Study is completely voluntary. As you move through each questionnaire, remember that you may choose to skip questions or stop at any time.

General Instructions:

- Use the "Next" and "Previous" buttons at the top and bottom of each page. **Do not use the back button** on your browser.
- If you want to quit and come back later, you may close the survey by closing your browser tab or pop-up window. The answers you provided up to that point are saved. When you are ready to continue, click the link for the questionnaire and click "Start" to begin from the point you left off.
- For technical assistance or if you have any questions about the Sister Study or this follow-up, please call the Sister Study helpdesk toll-free at 1-877-4SISTER (1-877-474-7837) or email us at update@sisterstudy.org.

Click on any of the following links to begin your 2012 Follow-up Questionnaires.

[Health and Medical History](#) (Ready for entry)

[Lifestyle](#) (Ready for entry)

[Quality of Life and Special Topics](#) (Ready for entry)

[Contact Update](#) (Ready for entry)

Next

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HEALTH AND MEDICAL HISTORY

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THE
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HEALTH AND MEDICAL HISTORY

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Next

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In the past 24 months, would you say your health has generally been...

- excellent,
- very good,
- good,
- fair, or
- poor?

Next

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Next

Previous

In the past 24 months, have you...

	Yes	No
had a routine physical exam?	<input type="radio"/>	<input type="radio"/>
been to a dentist for a routine check-up or cleaning?	<input type="radio"/>	<input type="radio"/>
had a Pap smear?	<input type="radio"/>	<input type="radio"/>
had a breast exam by a doctor or other health professional?	<input type="radio"/>	<input type="radio"/>
had a screening mammogram?	<input type="radio"/>	<input type="radio"/>
had a screening ultrasound of the breast?	<input type="radio"/>	<input type="radio"/>
had a screening MRI of the breast?	<input type="radio"/>	<input type="radio"/>
had a bone density scan or osteoporosis screening?	<input type="radio"/>	<input type="radio"/>
had a screening colonoscopy or sigmoidoscopy exam?	<input type="radio"/>	<input type="radio"/>
had an ultrasound of the uterus?	<input type="radio"/>	<input type="radio"/>

Next

Previous

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THE
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HEALTH AND MEDICAL HISTORY

1%

Next

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Do you have any form of general health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

- Yes
- No

Next

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THE
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Next

Previous

Was there a time in the past 12 months when you needed to see a doctor but did not because of the cost?

- Yes
- No

Next

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1%

Next

Previous

Since January 1, 2009, have you ever been unable to get screening mammography because your insurance doesn't cover it or you don't have access to screening through your work or other sources?

- Yes
- No

Next

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1%

Next

Previous

What is your current weight (in pounds)?

Next

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Next

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What is your current height?

FEET INCHES

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THE
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HEALTH AND MEDICAL HISTORY

2%

Next

Previous

Since January 1, 2009, how many times have you lost 20 pounds (9 kilograms) or more and then later gained all the weight back? **(If none, please enter "00".)**

TIMES

Next

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HEALTH AND MEDICAL HISTORY

2%

Next

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Have you **ever** been vaccinated for shingles (herpes zoster)?

- Yes
 No

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THE SISTER STUDY

LIFESTYLE

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THE SISTER STUDY

LIFESTYLE

0%

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Which of the following best describes your **current** marital status?

- Never married
- Widowed
- Divorced
- Separated
- Married, civil union or living with someone as though married

Next

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THE SISTER STUDY

LIFESTYLE

1%

Next

Previous

Thinking about last year, which of the following best describes your total family income from all household members before taxes? Please include income from all sources such as annuities, social security, stocks, alimony, and child support earned in the past year.

- Less than \$20,000
- \$20,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 to \$200,000
- More than \$200,000

Next

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QUALITY OF LIFE AND SPECIAL TOPICS

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Your continued participation in the Sister Study is completely voluntary and greatly appreciated. If you are not comfortable answering a question, just skip it and go to the next one. All information you share will be [kept confidential](#).

Please mark the category that best describes your response. There are no right or wrong answers. Try not to let your response to one statement influence your responses to other statements. Answer according to your own feelings, rather than how you think “most people” would answer. Don’t take too long thinking over your replies; your immediate reaction will probably be more accurate than a long thought out response.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0522).

Next

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Next

Previous

Please respond to each item by marking one answer per row.

	Excellent	Very good	Good	Fair	Poor
In general, would you say your health is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, would you say your quality of life is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, how would you rate your physical health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, how would you rate your mental health, including your mood and your ability to think?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, how would you rate your satisfaction with your social activities and relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next

Previous

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[Previous](#)

To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

- Completely
- Mostly
- Moderately
- A little
- Not at all

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