SISOMB2016 ATTACHMENT 1A: ANNUAL UPDATE FORM

SIS «StudyID» FORM: 23 VERS: 01 OMB No. 0925-0522

Contact Information Update Form

Please return this form even if there are no changes to report.

Help us keep in touch with you by reporting changes to your contact information. If you've moved, are about to move, or changed your phone number or email address, please provide your updated information.

Today's date: ☐☐ / ☐☐ / 2 0 ☐☐
(month) (day) (year)

☐ There have been no changes to any of my contact information. (Check box and go to next page.)

Name and Primary Address **Update or Correction**

Name: «FirstName» ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

«MiddleInitial» ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

«LastName» ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

If you have more than one residence, provide information for your primary address, where you live most of the year.

Street Address: «Address1» ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

«Address2» ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

«City», «State» ☐☐☐☐☐☐☐☐☐☐☐☐ , ☐☐

«Zip» ☐☐☐☐☐ - ☐☐☐☐

If you have moved, what was the date of your move? OR,
If you are moving in 2-3 months, what date will you move? ☐☐ / ☐☐ / 2 0 ☐☐
(month) (day) (year)

Mailing Address: ☐ Same as street address

«Address1» ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

«Address2» ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

«City», «State» ☐☐☐☐☐☐☐☐☐☐☐☐ , ☐☐

«Zip» ☐☐☐☐☐ - ☐☐☐☐

Telephone Numbers We Can Use to Reach You:

Home phone: «HomePhoneNumber» (☐☐☐) ☐☐☐ - ☐☐☐☐

Work phone: «WorkPhoneNumber» «WorkPhoneExt» (☐☐☐) ☐☐☐ - ☐☐☐☐ ext. ☐☐☐☐

Cell phone: «OtherPhoneNumber» (☐☐☐) ☐☐☐ - ☐☐☐☐

Email Address We Can Use to Reach You:

Email: «Email1» ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
@ ☐☐☐☐☐☐☐☐☐☐☐☐☐ . ☐☐☐

PAGE ONE - PLEASE CONTINUE TO NEXT PAGE

ID#: SIS

Please return this form even if there are no changes to report.

We request the names of two people who do not live with you, but who will always know how to reach you. Please be sure their information is up to date. You may replace a contact person with someone else by filling in the new information. If we do not have two contacts for you, please provide the information below.

☐ There have been no changes to any of the information for my contact people. (Check box and return form.)

First Contact — **Update / Correction / New Contact**

Name: «FirstName»
«LastName»

Relationship to you: «Relationship»

Address: «StreetNumber» «StreetName»
«ApartmentNumber»
«City», «State» ,
«Zip» -

Phone Number: «PhoneNumber» ( ) -

What is the reason for the changes you made?

- ☐ updating old or outdated information
- ☐ correcting errors in current information
- ☐ replacing old contact with a new contact person

Second Contact — **Update / Correction / New Contact**

Name: «FirstName»
«LastName»

Relationship to you: «Relationship»

Address: «StreetNumber» «StreetName»
«ApartmentNumber»
«City», «State» ,
«Zip» -

Phone Number: «PhoneNumber» ( ) -

What is the reason for the changes you made?

- ☐ updating old or outdated information
- ☐ correcting errors in current information
- ☐ replacing old contact with a new contact person

After completing both pages of this form, please mail it to the address below. A postage-paid envelope is provided. Thank you!

The Sister Study, 1009 Slater Road, Suite 120, Durham, NC 27703
phone: 1-877-4SISTER (1-877-474-7837); email: update@sisterstudy.org

FORM: 60 VERS: 03 OMB No. 0925-0522

Sister Study Health Update: Year 7

*** Please fill out this form even if there are no changes to report. ***

It is important to the Sister Study that we stay updated on your health. Please take a few minutes to fill out this form and let us know if you have been diagnosed with any of the following conditions ***since August 2012.***

Today's date ☐☐ / ☐☐ / ☐☐☐☐ (*month / day / year*)

ID # «StudyID»

1. Since August 2012, has a doctor or other health professional told you that you had any of the following conditions?

	Please mark No or Yes for each question.	NO	If YES, give the month and year of diagnosis. YES — MONTH / YEAR
a	Breast cancer	☐	☐ ☐☐ / 20☐☐
b	DCIS (ductal [breast] carcinoma in situ)	☐	☐ ☐☐ / 20☐☐
c	LCIS (lobular [breast] carcinoma in situ)	☐	☐ ☐☐ / 20☐☐
d	Lung cancer	☐	☐ ☐☐ / 20☐☐
e	Ovarian cancer	☐	☐ ☐☐ / 20☐☐
f	Cancer of the uterus or endometrium (please do not include non-cancerous conditions such as fibroids, endometriosis, or pre-cancer)	☐	☐ ☐☐ / 20☐☐
g	Cancer of the colon or rectum	☐	☐ ☐☐ / 20☐☐
h	Melanoma	☐	☐ ☐☐ / 20☐☐
i	Any other type of cancer except non-melanoma skin cancer	☐	☐ ☐☐ / 20☐☐ What kind? _____
j	Heart attack (myocardial infarction – MI)	☐	☐ ☐☐ / 20☐☐ Were you a patient in a hospital overnight? **NO** ☐ **YES** ☐
k	Other heart disease (e.g. angina, congestive heart failure, arrhythmias)	☐	☐ ☐☐ / 20☐☐ What kind? _____
l	Stroke, mini-stroke, TIA	☐	☐ ☐☐ / 20☐☐
m	Thyroid disease (e.g. Graves' disease, overactive thyroid/hyperthyroidism, thyroiditis, underactive thyroid/hypothyroidism, or other)	☐	☐ ☐☐ / 20☐☐ What kind? _____
n	Autoimmune disease (e.g., rheumatoid arthritis, lupus, scleroderma, multiple sclerosis, or other)	☐	☐ ☐☐ / 20☐☐ What kind? _____
o	Parkinson's disease	☐	☐ ☐☐ / 20☐☐
p	Hypertension (high blood pressure)	☐	☐ ☐☐ / 20☐☐
q	Diabetes	☐	☐ ☐☐ / 20☐☐
r	Hip, wrist or other fracture	☐	☐ ☐☐ / 20☐☐ What kind? _____
s	Any other major illness	☐	☐ ☐☐ / 20☐☐ What kind? _____

PLEASE CONTINUE ON THE BACK ⇨

2. Have you gone through menopause?

- ☐ No
- ☐ Don't Know
- ☐ Yes

3. What month and year did you have your last menstrual period or how old were you when you had your last menstrual period?

☐☐/ ☐ ☐☐☐☐ **OR** ☐☐
MONTH YEAR AGE

4. Have you ever smoked at least one cigarette per day for six months or longer?

- ☐ No ➔ **GO TO QUESTION 7**
- ☐ Yes

5. What best describes your smoking status?

- ☐ Stopped smoking cigarettes
- ☐ Currently smoking cigarettes

6. During the years you smoked, how many cigarettes do/did you usually smoke per day?

- ☐ Less than one pack per day
- ☐ One pack per day
- ☐ More than one pack per day

7. Are you currently using hormones for hormone replacement (HRT)? Please include pills and patches. Common brand and generic names are Prempro, Premarin, Estrace, estradiol, Provera, medroxyprogesterone, etc.

- ☐ No
- ☐ Yes

Thank you for your continued participation in the Sister Study. Please mail this form to:
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Phone: 1-877-4SISTER (1-877-474-7837); email: update@sisterstudy.org