

Follow-up Screenshots



# THE SISTER STUDY

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

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

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# THE SISTER STUDY

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What is your current zip code?

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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:

[Download Internet Explorer](#)

[Download Safari](#)

While we take every necessary administrative and technical precaution to secure this questionnaire and prevent unauthorized parties from accessing or interfering with our files, we cannot assure that such tampering will not occur.

## **Web Information**

Any information that we have the capability of collecting automatically (such as visitor's Internet domains, IP addresses, or visitor count) will be used for internal tracking purposes only.

## **Use of Cookies**

This questionnaire uses cookies for authentication purposes only. We do NOT store any personal or identifying information in cookies.

## Sister Study Triennial Update Frequently Asked Questions

Welcome to the help page for the Sister Study Triennial Update. Simply click on the question you would like to see more information on. When you have found your answer, click on BACK TO TOP to see more options, or close the browser.

[How do I make the text bigger?](#)

[Why is the survey not starting?](#)

[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."

[BACK TO TOP](#)

### **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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# THE SISTER STUDY

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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](mailto: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)

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# THE SISTER STUDY

## HEALTH AND MEDICAL HISTORY

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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](#).

Public reporting burden for this collection of information is estimated to average 40 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). Do not return the completed form to this address.

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THE  
**SISTER STUDY**  
HEALTH AND MEDICAL HISTORY

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

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

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# THE SISTER STUDY

HEALTH AND MEDICAL HISTORY

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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"/>

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# THE SISTER STUDY

HEALTH AND MEDICAL HISTORY

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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

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HEALTH AND MEDICAL HISTORY

1%

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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

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HEALTH AND MEDICAL HISTORY

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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

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HEALTH AND MEDICAL HISTORY

1%

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What is your current weight (in pounds)?

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HEALTH AND MEDICAL HISTORY

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What is your current height?

FEET  INCHES

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HEALTH AND MEDICAL HISTORY

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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

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HEALTH AND MEDICAL HISTORY

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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

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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

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# THE SISTER STUDY

LIFESTYLE

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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

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