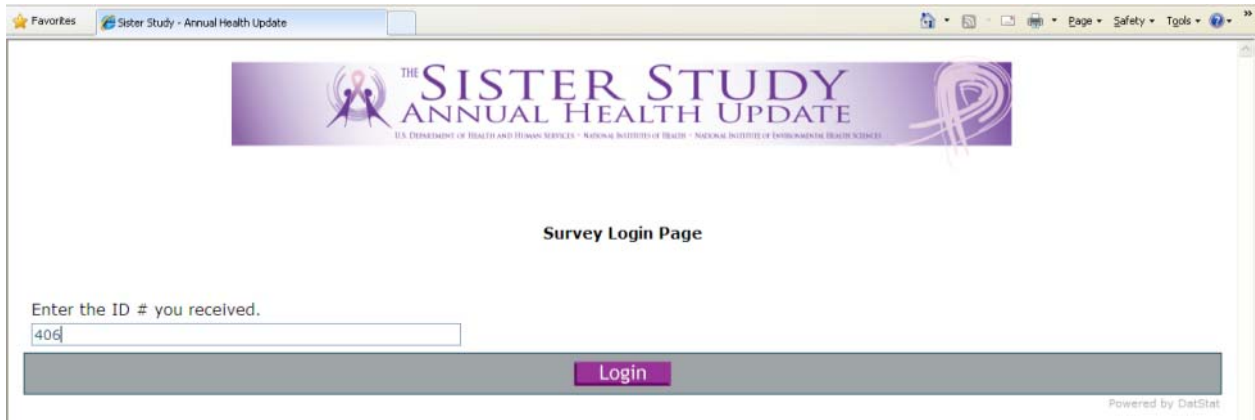


### Annual Update Screenshots



## Annual Update OMB burden statement

Sister Study - Annual Health Update

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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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## 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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## 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.

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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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What is your current zip code?


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

Yes  
 No  
 Don't know

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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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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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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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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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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](mailto: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](http://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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