	8671	WOMEN'S HEALT	H STL	JDY 4 /] - [
1.	Birth date:	//	\rightarrow	Last 6 digits of (optional	SSN:	XX	x		
		FRETURNED A QUESTION YES, please provide the a		(approximately 1)	ear ag			DIAGNOSED with a	ıny of
									1

IF NEW DIAGNOSIS OR NEW PROCEDURE sir	nce your	last follow	,	<2006	2006	20	07	20	08	Office
up, please mark below and note the date to the	e right o	f the item.	\rightarrow	12000		Jan-Jun		Jan-Jun		use
a. Myocardial infarction	O No	O Yes	→	0	0	0	0	0	0	0
b. Angina pectoris	O No	O Yes	>	0	0	0	0	0	0	0
If YES, confirmed by: angiogram/cardiac cath?	O No	O Yes	stre	ss test?	O No	O Yes				
c. Acute coronary syndrome/unstable angina	O No	O Yes	>	0	0	0	0	0	0	0
d. Coronary angioplasty (PTCA) or stent	O No	O Yes	>	0	0	0	0	0	0	0
e. Coronary bypass surgery (CABG)	O No	O Yes	>	0	0	0	0	0	0	0
f. Congestive heart failure	O No	O Yes	>	0	0	0	0	0	0	0
g. Ventricular tachycardia	O No	O Yes	>	0	0	0	0	0	0	0
h. Atrial fibrillation	O No	O Yes	\	0	0	0	0	0	0	0
i. Intermittent claudication	O No	O Yes	→	0	0	0	0	0	0	0
j. Peripheral artery disease (not varicose veins)	O No	O Yes	>	0	0	0	0	0	0	0
k. Pulmonary embolism (PE)	O No	O Yes	>	0	0	0	0	0	0	0
I. Deep vein thrombosis (DVT)	O No	O Yes	>	0	0	0	0	0	0	0
m. Stroke	O No	O Yes	→	0	0	0	0	0	0	0
n. TIA (transient ischemic attack)	O No	O Yes	→	0	0	0	0	0	0	0
o. Carotid artery surgery (endarterectomy)	O No	O Yes	\	0	0	0	0	0	0	0
p. Melanoma	O No	O Yes	>	0	0	0	0	0	0	0
q. Non-melanoma skin cancer	O No	O Yes	>	0	0	0	0	0	0	0
What type? O basal cell O squamous cel		known type	_				 		 	
r. Breast cancer	O No	O Yes	→	0	0	0	0	0	0	0
s. Lung cancer	O No	O Yes	→	0	0	0	0	0	0	0
t. Colon cancer	O No	O Yes	\rightarrow	0	0	0	0	0	0	0
u. Other cancer (non-skin) SITE:	O No	O Yes	\	0	0	0	0	0	0	0
v. Colon polyp	O No	O Yes	>	0	0	0	0	0	0	0
w. Diabetes mellitus	O No	O Yes	>	0	0	0	0	0	0	0
x. Migraine headaches	O No	O Yes	→	0	0	0	0	0	0	0
y. Other headaches	O No	O Yes	→	0	0	0	0	0	0	0
z. Kidney disease (other than kidney stones)	O No	O Yes	→	0	0	0	0	0	0	0
a. Chronic kidney failure	O No	O Yes	\	0	0	0	0	0	0	0

Office use: O1 O2 Page 1 (OVER)

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WOMEN'S HEALTH STUDY

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8671				" L							
IF NEW DIAGNOSIS OR NEW I up, please mark below and no		-		\	<2006	2006		07 Jul-Dec	20 Jan-Jun	08 Jul-Dec	Office Use
_	GHT eye EFT eye	O No O No	O Yes O Yes	♦	00	00	00	00	00	00	00
	GHT eye FT eye	O No O No	O Yes O Yes	→	00	00	00	00	0	00	00
	GHT eye EFT eye	O No O No	O Yes O Yes	$\checkmark \checkmark$	00	00	00	00	00	00	00
ee. Dry eye syndrome		O No	O Yes	\rightarrow	0	0	0	0	0	0	0
ff. Parkinson's disease		O No	O Yes	>	0	0	0	0	0	0	0
gg. Elevated cholesterol (dx by a	a clinician)	O No	O Yes	\rightarrow	0	0	0	0	0	0	0
hh. Hypertension (dx by a clinici	an)	O No	O Yes	\rightarrow	0	0	0	0	0	0	0
ii. Osteoarthritis		O No	O Yes	\rightarrow	0	0	0	0	0	0	0
jj. Joint replacement		O No	O Yes	\rightarrow	0	0	0	0	0	0	0
kk. Rheumatoid arthritis		O No	O Yes	\rightarrow	0	0	0	0	0	0	0
II. Fibromyalgia		O No	O Yes	\rightarrow	0	0	0	0	0	0	0
								I		1	

mm. Fibrocystic or other benign breast disease O No O Yes → O O O O O O O O O O O O O O O O O O
If YES, confirmed by: breast biopsy? O No O Yes aspiration? O No O Yes
3. Have you EVER been diagnosed with psoriasis? O No O Yes
4. Has a parent or sibling EVER been diagnosed with psoriasis? O No O Yes O Not sure
5. As you age, do you have more trouble hearing in a crowded room where lots of people are speaking? O No O Yes
6. Did you EVER work in or were you EVER exposed to a noisy environment that caused you to suffer hearing loss? O No O Yes
7. Have you EVER been diagnosed with glaucoma? ○ No ○ Yes → MO/YR of diagnosis:
8. Do you have unpleasant leg sensations (crawling, paraesthesias, or pain) combined with motor restlessness and an urge to move? O No O Yes
IF YES: Do these symptoms occur only at rest and does moving improve them? O No O Yes
Are these symptoms worse in the evening/night compared to the morning? O No O Yes
How often do these symptoms occur? O Daily O 3-6/week O 1-2/week O 1-3/month O < 1/month O Not sure
Are your symptoms so severe that you would consider taking medication? O No O Yes O Not sure
9. Have you EVER had a bone density exam, such as DEXA? O No O Yes 10. Have you EVER been diagnosed with osteoporosis? O No O Yes → What YEAR were you FIRST diagnosed?
year
11. Have you EVER suffered a fracture that your doctor told you was due to osteoporosis? O No O Yes

12. Did any of these relatives ever have blood clots in their legs (deep vein thrombosis) or blood clots in their lungs (pulmonary embolism)? IF YES, please indicate their age when the incident first occurred.

RELATIVE	No	Not sure	Yes
Parent	0	0	0
Sibling	0	0	0

		Α	T WHAT AG	E?	
	<40	40-49	50-59	60+	Not sure
→	0	0	0	0	0
→	0	0	0	0	0

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	86	71		

WOMEN'S HEALTH STUDY 4/

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a. Walking or hiking (include walking to work) a. Walking or hiking (include walking to work) b. Jogging (slower than 10 minute miles) c. Running (10 minute miles or faster) d. Bicycling (include stationary bike) e. Aerobic exercise / aerobic dance / exercise machines f. Lower intensity exercise / yoga / stretching / toning g. Tennis, squash, or raquetball h. Laps swimming h. Lap swim		DURING THE PAST YEAR, what was your approximate	K spent at each of the following 1-19 20-59 1 1.5 2-3 4-6							
b. Jogging (slower than 10 minute miles) c. Running (10 minute miles or faster) d. Bicycling (include stationary bike) e. Aerobic exercise/ Jearobic dance/ exercise machines o.			zero	1				_		7+ hours
c. Running (10 minute miles or faster) d. Bicycling (include stationary bike) e. Aerobic exercise / aerobic dance / exercise machines f. Lower intensity exercise / yoga / stretching / toning g. Tennis, squash, or raquetball h. Lap swimming i. Weight lifting / strength training j. Ohor: Please specify activity: ON AVERAGE, how many FLIGHTS of stairs (not individual steps) do you climb DAILY? ON ONe O1-2 flights O3-4 flights O5-9 flights O10-14 flights O15 or more flights is. What is your usual walking pace outdoors? OD on't walk regularly O Brisk pace (3-3) mph) O Very brisk/striding (4 mph or faster) ib. Do you CURRENTLY smoke cigarettes? O No O Yes In YTHE PAST 2 YEARS, have you used female hormones? ON Skip to question #18 O Yes a. If YES, in the PAST 2 YEARS, for how many months have you used female hormones? O1-4 mos. O5-8 mos. O9-12 mos. O13-16 mos. O17-20 mos. O21-24 mos. b. Are you CURRENTLY using them (within the last month)? O No O Yes c. Mark the type(s) of hormones you have used the longest in the PAST 2 YEARS. Combined O Prempro (cream) O Prempro (gold) O Prempro (peach) O Prempro (light blue) O Prempses O Combipatch O Femiliar O Startaes Pragesterone/Progestin. O Provera/Cycrin/MPA O Vaginal estrogen O Estrace O Cambipatch O Femiliar O Startaes O 1-4 mos. O5-8 mos. O 9-12 mos. O 13-16 mos. O 17-20 mos. O 21-24 mos. e. If you used oral conjugated estrogens (e.g., Premarin) what dose did you usually take? O 3-00 mg/day or less O 4-5 mg/day O 8-25 mg/day O 9-18 O 19-26 O 27+ days per month)? O In you used oral medroxy progesterone (e.g., Provera, Cycrin) what dose did you usually take? O 2-5 mg or less O 5-9 mg O 10 mg O more than 10 mg O Unsure O Not used Progesterone; (days/month) O Not used O <1 O 1-8 O 9-18 O 19-26 O 27+ days per month)? Oral or patch estrogen; (days/month) O Not used O <1 O 1-8 O 9-18 O 19-26 O 27+ days per month)? Oral or patch estrogen; (days/month) O Not used O <1 O 1-8 O 9-18 O 19-26 O 27+ days per monthy?		a. Walking or hiking (include walking to work)	0	0	0	0	0	0	0	0
d. Bicycling (include stationary bike) e. Aerobic exercise / aerobic dance / exercise machines O O O O O O O O O O O O O O O O O O O		b. Jogging (slower than 10 minute miles)	0	0	0	0	0	0	0	0
e. Aerobic exercise / aerobic dance / exercise machines D. D		c. Running (10 minute miles or faster)	0	0	0	0	0	0	0	0
1. Lower intensity exercise / yoga / stretching / toning Q. Tennis, squash, or raquetball D. Q.		Bicycling (include stationary bike)							0	0
g. Tennis, squash, or raqueiball D. O.		e. Aerobic exercise / aerobic dance / exercise machines	0	0	0	0	0	0	0	0
n. Lap swimming i. Weight lifting / strength training i. Weight lifting / strength training i. Weight lifting / strength training i. On AVERAGE, how many FLIGHTS of stairs (not individual steps) do you climb DAILY? O None O 1-2 flights O 3-4 flights O 5-9 flights O 10-14 flights O 15 or more flights i. What is your usual walking pace outdoors? O Don't walk regularly O Easy, casual (less than 2 mph) O Brisk pace (3-3.9 mph) O Very brisk/striding (4 mph or faster) D Brisk pace (3-3.9 mph) O Wery brisk/striding (4 mph or faster) IN THE PAST 2 YEARS, have you used female hormones? O No Skip to question #18 O Yes a. If YES, in the PAST 2 YEARS, for how many months have you used female hormones? O No Skip to question #18 O Yes a. If YES, in the PAST 2 YEARS, for how many months have you used female hormones? O 1-4 mos. O 5-8 mos. O 9-12 mos. O 13-16 mos. O 7-20 mos. O 21-24 mos. D Are you CURRENTLY using them (within the last month)? O No Yes c. Mark the type(s) of hormones you have used the longest in the PAST 2 YEARS: Combined O Prempro (cream) O Prempro (gold) O Prempro (peach) O Prempro (light blue) O Premprace O Combipatch O FemHRT Estrogen: O Oral Premarin O Patch estrogen O Settrace O Estratest O Other estrogen Progesterone/Progestin: O Provera/Cycrin/MPA O Vaginal o Micronized (e.g., Prometrium) O Other progest d. Over the PAST 2 YEARS, for how many months have you used the preparation(s) you marked in part c.? O 1-4 mos. O 5-8 mos. O 9-12 mos. O 13-16 mos. O 17-20 mos. O 21-24 mos. e. If you used oral conjugated estrogens (e.g., Premarin) what dose did you usually take? O 30 mg/day or less O 4-5 mg/day O 10 mg		f. Lower intensity exercise / yoga / stretching / toning	ower intensity exercise / yoga / stretching / toning OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO							
Neight lifting / strength training		g. Tennis, squash, or raquetball	nis, squash, or raquetball O O O O O							0
J. Other: Please specify activity: O O O O O O O O O O O O O O O O O O		h. Lap swimming							0	0
1. ON AVERAGE, how many FLIGHTS of stairs (not individual steps) do you climb DAILY? ○ None ○ 1-2 flights ○ 3-4 flights ○ 5-9 flights ○ 10-14 flights ○ 15 or more flights 5. What is your usual walking pace outdoors? ○ Don't walk regularly ○ Easy, casual (less than 2 mph) ○ Normal, average (2-2.9mph) ○ Brisk pace (3-3.9 mph) ○ Very brisk/striding (4 mph or faster) 6. Do you CURRENTLY smoke cigarettes? ○ No ○ Yes → If YES, on average, how many cigarettes/day do you smoke (1 pack = 20 cigarettes)? 7. IN THE PAST 2 YEARS, have you used female hormones? ○ No Skip to question #18 ○ Yes a. IF YES, in the PAST 2 YEARS, for how many months have you used female hormones? ○ 1-4 mos. ○ 5-8 mos. ○ 9-12 mos. ○ 13-16 mos. ○ 17-20 mos. ○ 21-24 mos. b. Are you CURRENTLY using them (within the last month)? ○ No ○ Yes c. Mark the type(s) of hormones you have used the longest in the PAST 2 YEARS: Combined ○ Prempro (cream) ○ Prempro (gold) ○ Prempro (peach) ○ Prempro (light blue) ○ Premphase ○ Combipatch ○ FermHRT Estrogen: ○ Oral Premarin ○ Patch estrogen ○ Vaginal estrogen ○ Ogen ○ Estrace ○ Estratest ○ Other estrogen Progesterone/Progestin: ○ Provera/Cycrin/MPA ○ Vaginal ○ Micronized (e.g., Prometrium) ○ Other progest d. Over the PAST 2 YEARS, for how many months have you used the preparation(s) you marked in part c.? ○ 1-4 mos. ○ 5-8 mos. ○ 9-12 mos. ○ 13-16 mos. ○ 17-20 mos. ○ 21-24 mos. e. If you used oral conjugated estrogens (e.g., Premarin) what dose did you usually take? ○ 0.30 mg/day or less ○ .45 mg/day ○ .625 mg/day ○ .9 mg/day ○ 1.25 mg/day or higher ○ Unsure ○ Did not take oral conjugated estrogen f. If you used oral medroxy progesterone (e.g., Provera, Cycrin) what dose did you usually take? ○ 2.5 mg or less ○ 5-9 mg ○ 10 mg ○ more than 10 mg ○ Unsure ○ Not used g. What was your pattern of hormone use (days from onth)? Oral or patch estrogen: (days/month) ○ Not used ○ <1 ○ 1-8 ○ 9-18 ○ 19-26 ○ 27+ days per metro.		i. Weight lifting / strength training								0
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O None O 1-2 flights O 3-4 flights O 5-9 flights O 10-14 flights O 15 or more flights 5. What is your usual walking pace outdoors? O Don't walk regularly O Easy, casual (less than 2 mph) O Normal, average (2-2.9mph) O Brisk pace (3-3.9 mph) O Very brisk/striding (4 mph or faster) 5. Do you CURRENTLY smoke cigarettes? O No O Yes → If YES, on average, how many cigarettes/day do you smoke (1 pack = 20 cigarettes)? 7. IN THE PAST 2 YEARS, have you used female hormones? O No Skip to question #18 O Yes a. IF YES, in the PAST 2 YEARS, for how many months have you used female hormones? O 1-4 mos. O 5-8 mos. O 9-12 mos. O 13-16 mos. O 17-20 mos. O 21-24 mos. b. Are you CURRENTLY using them (within the last month)? O No O Yes c. Mark the type(s) of hormones you have used the longest in the PAST 2 YEARS: Combined O Prempro (cream) O Prempro (gold) O Prempro (peach) O Prempro (light blue) O Prempro (cream) O Prempro (gold) O Prempro (peach) O Prempro (light blue) O Prempro (D Starace O Estratest O Other estrogen O Estrace O Estratest O Other estrogen Progesterone/Progestin: O Provera/Cycrin/MPA O Vaginal O Micronized (e.g., Prometrium) O Other progest d. Over the PAST 2 YEARS, for how many months have you used the preparation(s) you marked in part c.? O 1-4 mos. O 5-8 mos. O 9-12 mos. O 13-16 mos. O 17-20 mos. O 21-24 mos. e. If you used oral conjugated estrogens (e.g., Premarin) what dose did you usually take? O .30 mg/day or less O .45 mg/day O .625 mg/day O .9 mg/day O 1.25 mg/day or higher O Unsure O Did not take oral conjugated estrogen I If you used oral medroxy progesterone (e.g., Provera, Cycrin) what dose did you usually take? O .2.5 mg or less O 5-9 mg O 10 mg O more than 10 mg O Unsure O Not used g. What was your pattern of hormone use (days per month)? Oral or patch estrogen: (days/month) O Not used O <1 O 1-8 O 9-18 O 19-26 O 27+ days per monthy? Oral or patch estrogen: (days/month) O Not used O <1 O 1-8 O 9-18 O 19-26 O 27+ days per monthy?										
My What is your usual walking pace outdoors? ○ Don't walk regularly ○ Brisk pace (3-3.9 mph) ○ Very brisk/striding (4 mph or faster) ○ Do you CURRENTLY smoke cigarettes? ○ No ○ Yes → If YES, on average, how many cigarettes/day on you smoke (1 pack = 20 cigarettes)? ○ No Skip to question #18 ○ Yes □ No Skip to question #18 ○ Yes □ 1-4 mos. ○ 5-8 mos. ○ 9-12 mos. ○ 13-16 mos. ○ 17-20 mos. ○ 21-24 mos. □ Nar the type(s) of hormones you have used the longest in the PAST 2 YEARS: □ Combined ○ Prempro (cream) ○ Prempro (gold) ○ Prempro (peach) ○ Prempro (light blue) ○ Premphase ○ Combipatch ○ FemHRT □ Strogen: ○ Oral Premarin ○ Patch estrogen ○ Vaginal estrogen ○ Ogen ○ Progesterone/Progestin: ○ Provera/Cycrin/MPA ○ Vaginal ○ Micronized (e.g., Prometrium) ○ Other progest d. Over the PAST 2 YEARS, for how many months have you used the preparation(s) you marked in part c.? ○ 1-4 mos. ○ 5-8 mos. ○ 9-12 mos. ○ 13-16 mos. ○ 17-20 mos. ○ 21-24 mos. □ In the PAST 2 YEARS, for how many months have you used the preparation(s) you marked in part c.? ○ 1-4 mos. ○ 5-8 mos. ○ 9-12 mos. ○ 13-16 mos. ○ 17-20 mos. ○ 21-24 mos. □ In the PAST 2 YEARS, for how many months have you used the preparation(s) you marked in part c.? ○ 1-4 mos. ○ 5-8 mos. ○ 9-12 mos. ○ 13-16 mos. ○ 17-20 mos. ○ 21-24 mos. □ If you used oral conjugated estrogens (e.g., Premarin) what dose did you usually take? ○ 30 mg/day or less ○ .45 mg/day ○ .625 mg/day ○ .9 mg/day ○ 1.25 mg/day or higher ○ Unsure ○ Did not take oral conjugated estrogen □ If you used oral medroxy progesterone (e.g., Provera, Cycrin) what dose did you usually take? ○ 2.5 mg or less ○ 5-9 mg ○ 10 mg ○ more than 10 mg ○ Unsure ○ Not used □ What was your pattern of hormone use (days per month)? ○ Oral or patch estrogen: (days/month) ○ Not used ○ <1 ○ 1-8 ○ 9-18 ○ 19-26 ○ 27+ days per month Progesterone: (days/month) ○ Not used ○ <1 ○ 1-8 ○ 9-18 ○ 19-26 ○ 27+ days per month Progesterone: (days/month) ○ Not used ○ <1 ○ 1-8 ○ 9-18 ○ 19-26 ○ 27+ days per month Progesterone: (days/month) ○ N	i. C		-) 15 or	more fli	ahts	
O Don't walk regularly O Brisk pace (3-3.9 mph) O Very brisk/striding (4 mph or faster) Do you CURRENTLY smoke cigarettes? O No O Yes → If YES, on average, how many cigarettes/day do you smoke (1 pack = 20 cigarettes)? IN THE PAST 2 YEARS, have you used female hormones? O No Skip to question #18 O Yes a. IF YES, in the PAST 2 YEARS, for how many months have you used female hormones? O 1-4 mos. O 5-8 mos. O 9-12 mos. O 13-16 mos. O 17-20 mos. O 21-24 mos. b. Are you CURRENTLY using them (within the last month)? O No O Yes c. Mark the type(s) of hormones you have used the longest in the PAST 2 YEARS: Combined O Prempro (cream) O Prempro (gold) O Prempro (peach) O Prempro (light blue) O Premphase O Combipatch O FemHRT Estrogen: O Oral Premarin O Patch estrogen O Vaginal estrogen O Setrace O Estratest O Other estrogen O 1-4 mos. O 5-8 mos. O 9-12 mos. O 13-16 mos. O 17-20 mos. O 21-24 mos. e. If you used oral conjugated estrogens (e.g., Premarin) what dose did you usually take? O 30 mg/day or less O .45 mg/day O .625 mg/day O .9 mg/day O 1.25 mg/day or higher O 1-4 mos was or less of the progent of the you used or marked in part c.? O 2.5 mg or less O .5-9 mg O 10 mg O more than 10 mg O Unsure O Not used g. What was your pattern of hormone use (days per month)? Oral or patch estrogen: (days/month) O Not used O <1 O 1-8 O 9-18 O 19-26 O 27+ days per month or progesterone: (days/month) O Not used O <1 O 1-8 O 9-18 O 19-26 O 27+ days per month or progesterone: (days/month) O Not used O <1 O 1-8 O 9-18 O 19-26 O 27+ days per month or progesterone: (days/month) O Not used O <1 O 1-8 O 9-18 O 19-26 O 27+ days per month or progesterone: (days/month) O Not used O <1 O 1-8 O 9-18 O 19-26 O 27+ days per month or progesterone: (days/month) O Not used O <1 O 1-8 O 9-18 O 19-26 O 27+ days per month or progesterone: (days/month) O Not used O <1 O 1-8 O 9-18 O 19-26 O 27+ days per month or progesterone (days/month) O Not used O <1 O 1-8 O 9-18 O 19-26 O 27+ days per month or progesterone (days per month)?	5. \		`		ilgillo		7 10 01		giito	
O Brisk pace (3-3.9 mph) O Very brisk/striding (4 mph or faster) Do you CURRENTLY smoke cigarettes? O No O Yes			n)	O No	rmal, av	erage	(2-2.9m	ıph)		
do you smoke (1 pack = 20 cigarettes)? do you			•		,	J	`	` <i>′</i>		
do you smoke (1 pack = 20 cigarettes)? do you	6. E	Do you CURRENTLY smoke cigarettes? O No O Yes -> If Y	ES, on a	average,	how mai	ny ciga	rettes/d	ay		
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19. Which hand do you prefer for writing?	1	Progesterone: (days/month) O Not used C) <1 (O 1-8	O 9-18	O 1	9-26	O 27+	days pe	er month
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WOMEN'S HEALTH STUDY

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8671					
THE PAST MONTH, on approximately how many DAYS did you take any DAYS USED IN THE PAST MONTH			TH		
of the following? Please answer on each line.	None	1-3	4-10	11-20	21+
a. Acetaminophen (e.g., Tylenol, Excedrin P.M.)	0	0	0	0	0
b. Aspirin (e.g., Bayer, Bufferin, Anacin, Excedrin, Ecotrin)	0	0	0	0	0
On days taking, TOTAL DOSE per day: O <100 mg O 100-499 mg O 500-	999 mg () 1000+ i	mg O	unknown	
c. Medications containing aspirin (e.g., Alka-Seltzer, Doan's Pills, Fiorinal)	0	0	0	0	0
d. COX-2 inhibitors (e.g., Celebrex)	0	0	0	0	0
e. Other non-steroidal, anti-inflammatory agents (e.g., Motrin, Advil, Aleve)	0	0	0	0	0
f. Multivitamins	0	0	0	0	0
g. SINGLE supplements of omega-3 fatty acids (fish oil)	0	0	0	0	0
h. SINGLE supplements of vitamin E	0	0	0	0	0
What dose per day? O <100 IU O 100-250 IU O 300-500 IU O 600+ IU O unknown					
i. SINGLE supplements of calcium (include elemental calcium in Tums)	0	0	0	0	0
What dose per day (elemental calcium)? O <400 mg O 400-900 mg O 90	01-1300 mg)1+ mg	O unkno	
j. SINGLE supplements of vitamin D (in calcium supplements or separately)?	0	0	0	0	0
What dose per day? O <300 IU O 300-500 IU O 600-900 IU O 1000 IU or more O unknown					
21. Are you CURRENTLY taking any of the following medications REGULARLY? Please indicate NO/YES for each.					
a. Antihypertensives (e.g., diuretic, calcium channel, angiotensin receptor or b-bloc	kers, ACE ir	nhibitor)		O No	O Yes
b. Statin cholesterol-lowering medications (e.g., Lipitor, Zocor, Mevacor, Pravachol,	, Crestor, Le	escol)		O No	O Yes
c. Other non-statin lipid-lowering medications (e.g., niacin, Lopid, Questran, Colesti	id, Zetia)			O No	O Yes
d. Fosamax for prevention/treatment of bone loss If YES, for how many years have you been taking Fosamax regularly? O < 1 y	r O 1-2 y	/rs O 3	3-4 yrs	O No O 5+ yrs	O Yes
22. Do you have a twin sister/brother? O No O Yes -> IF YES, fraternal or	identical?	O Frate	rnal O	Identical	
23. Have you ever had a twin pregnancy lasting more than 6 months, excluding me	dically assi	sted preg	gnancies	?	
O No O Yes -> IF YES, how many? O 1 O more than 1 -> We	re any of the	ese identi	cal? C	No O	Yes
24. In the following questions, we are interested					
have treated in an	in your perceptions about the way others have treated you: THE INFORMATION BELOW ASSISTS US IN MAINTAINING FOLLOW-UP.			IN	
nave treated you:	WIAIN	AINING I	OLLOW	-UF.	

	140	ILS
a. Have you ever been <u>unfairly</u> fired from a job or been <u>unfairly</u> denied a promotion?	0	0
b.For <u>unfair</u> reasons, have you ever <u>not</u> been hired for a job?	0	0
c. Have you ever been <u>unfairly</u> stopped, searched, questioned, physically threatened or abused by the police?	0	0
d. Have you ever been <u>unfairly</u> prevented from moving into a neighborhood because the landlord or realtor refused to sell or rent you a house or apartment?	0	0

25.	What is your CURRENT weight?		pounds

26. In general, would you say your health is:

ii general, wo	ulu you say you	i ilcaitii is.		
O Excellent	O Very good	O Good	O Fair	O Poor

PLEASE COMPLETE THE CONTACT INFORMATION IN THE RIGHT COLUMN. THANK YOU.

COMPLETE THE CO	NIACI INFORMATION	/
THE RIGHT COLUM	N. THANK YOU. 🛚 🚤	
Office use: O 1	O 2	Page 4

THE INFORMATION BELOW ASSISTS US IN MAINTAINING FOLLOW-UP.
HOME () -
OTHER PHONE: () -
Is this "other phone" a work or cell number? O Work O Cell
Name, address and phone of <u>someone at a different address</u> than you whom we may contact if we are unable to reach you:
NAME:
STREET:
CITY:
STATE: ZIP:
PHONE NO: