

Form 33 - Medical History Update WHI Extension



MARKING INSTRUCTIONS

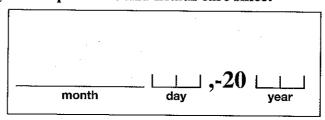
- Use a pencil only.
- Darken the circle completely next to the answer you choose.
- · Erase cleanly any marks you wish to change.
- · Do not make any stray marks on this form.

CORRECT MARK
○●○○

INCORRECT MARKS

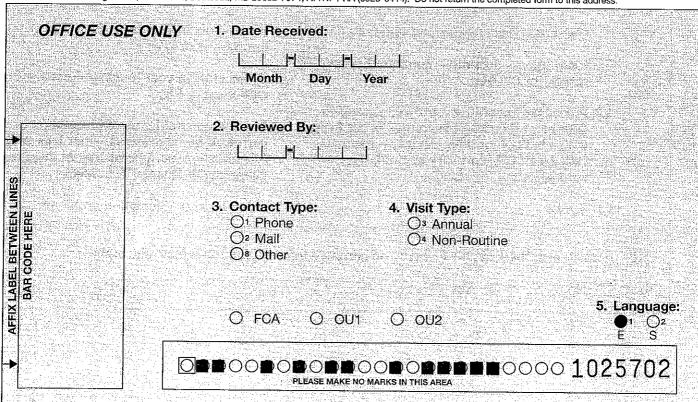
Ø⊗⊙⊙

This form asks about any health problems and health care since:



Do <u>not</u> report hospital admissions, medical problems or tests that happened before this date. However, if you are not sure of the date and don't think that you have reported the problem to us before, please do answer the questions about that problem.

Public reporting burden for this collection of information is estimated to average 5 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, AITN: PRA (0925-0414). Do not return the completed form to this address.



	First, please tell us who is completing this form:		
	O¹ Women's Health Initiative (WHI) Extension Study O² Family or friend of WHI Extension Study particip O³ Health care provider for WHI Extension Study pa O³ Other (Specify):	pant	
2.	Since the date on the front of this form, have you bee or more? O No O Yes	n admitted to a hospital for a stay of 2 nights	
3.	Since the date on the front of this form, have you bee blocked or narrowed blood vessels, stroke or other pr blood clots in the legs or lungs)?	n diagnosed or treated because of heart problems, oblems with your blood circulation (for example,	
	○ No	next page.	
	3.1. For which of the following heart or circulation problems were you diagnosed or treated? (Mark all that apply.)		
	(Mark all that apply.)		
	O¹ Heart attack (coronary, myocardial	○7 Transient ischemic attack (TIA)	
		O7 Transient ischemic attack (TIA)	
	 Heart attack (coronary, myocardial infarction or MI) Heart failure (congestive heart failure or 	 Transient ischemic attack (TIA) Procedure or operation to unblock narrowed blood vessels in your neck (carotid endarterectomy, carotid angioplasty, or carotid stent) Blood clots in your legs (deep vein 	
	 1 Heart attack (coronary, myocardial infarction or MI) 2 Heart failure (congestive heart failure or CHF) 	 Transient ischemic attack (TIA) Procedure or operation to unblock narrowed blood vessels in your neck (carotid endarterectomy, carotid angioplasty, or carotid stent) 	
	 1 Heart attack (coronary, myocardial infarction or MI) 2 Heart failure (congestive heart failure or CHF) 3 Chest pain from a heart problem (angina) 4 Heart bypass operation (coronary bypass 	 Transient ischemic attack (TIA) Procedure or operation to unblock narrowed blood vessels in your neck (carotid endarterectomy, carotid angioplasty, or carotid stent) Blood clots in your legs (deep vein thrombosis or DVT) Blood clots in your lungs (pulmonary embolism or PE) 	
	 1 Heart attack (coronary, myocardial infarction or MI) 2 Heart failure (congestive heart failure or CHF) 3 Chest pain from a heart problem (angina) 4 Heart bypass operation (coronary bypass surgery or CABG) 5 Procedure to unblock narrowed vessels to your heart (opening the arteries of the heart with a balloon or other device, sometimes called a PTCA, coronary angioplasty, 	 Transient ischemic attack (TIA) Procedure or operation to unblock narrowed blood vessels in your neck (carotid endarterectomy, carotid angioplasty, or carotid stent) Blood clots in your legs (deep vein thrombosis or DVT) Blood clots in your lungs (pulmonary embolism or PE) Poor blood circulation or blocked or narrowed blood vessels to your legs or feet (claudication, peripheral arterial disease, 	
	 Heart attack (coronary, myocardial infarction or MI) Heart failure (congestive heart failure or CHF) Chest pain from a heart problem (angina) Heart bypass operation (coronary bypass surgery or CABG) Procedure to unblock narrowed vessels to your heart (opening the arteries of the heart with a balloon or other device, sometimes called a PTCA, coronary angioplasty, coronary stent, or laser) 	 Transient ischemic attack (TIA) Procedure or operation to unblock narrowed blood vessels in your neck (carotid endarterectomy, carotid angioplasty, or carotid stent) Blood clots in your legs (deep vein thrombosis or DVT) Blood clots in your lungs (pulmonary embolism or PE) Poor blood circulation or blocked or narrowed blood vessels to your legs or feet (claudication, peripheral arterial disease, gangrene, or Buerger's disease) Other heart or circulation problems 	

1	Form 33 - Medical History Update	Ver.
4.	Since the date on the front of this form, has a doctor told you for the firs a <u>new</u> cancer or malignant tumor?	t time that you have
	Oo No Oo Yes	
	4.1. What type of cancer? (Mark all that apply.)	
	O¹ Skin cancer (not melanoma) O¹ Other cancer or malignant tumor	
5.	Since the date on the front of this form, has a doctor told you for the firs a new broken, fractured, or crushed bone?	t time that you have
	O∘ No O¹ Yes	
	5.1. Which bone(s) did you break, fracture, or crush? (Mark all that apply.)	, , , , , , , , , , , , , , , , , , , ,
	O¹ Hip O² Upper leg (not hip) O³ Pelvis O⁴ Knee (patella) O¹4 Finger or toe O¹5 Lower leg or ankle O¹6 Hand (not finger O¹6 Elbow O¹1 Elbow O¹2 Upper arm or sl O¹3 Jaw, nose, face, O¹4 Finger or toe	houlder
	Of Foot (not toe) Of Tailbone (coccyx) Of Spine or back (vertebra) Of Lower arm or wrist Of Ribs and/or che Of Cervical spine/of Cervical spine	neck
	Eower ann or wrist	
6.	Since the date on the front of this form, has a doctor prescribed for the fitthe following pills or treatments? (Mark all that apply. If none apply,	
•	O¹ Pills for diabetes O⁻ Pills for osteoporo calcium suppleme	
	O2 Insulin shots for diabetes	·.

- Os Diet and/or physical activity for diabetes
- O4 Pills for high blood pressure or hypertension
- O⁵ Treatment for depression (pills or therapy)
- O⁶ Treatment for anxiety, panic, or phobia (pills or therapy)

- O⁸ Calcium supplements for osteoporosis
- O⁹ Pills for high cholesterol
- O¹º Estrogen or estrogen combination pills
- O99 None

I have not been prescribed any of the pills or treatments listed in either column in Question 6 since the date on the front of this form.

Please Go On to the Next Page

	O ² Intestine or colon polyps or adenomas	○⁵ Parkinson's disease○⁶ Moderate or severe memory problems		
		(for example, dementia or Alzheimer's). not had any of the conditions listed in on 7 since the date on the front of this form.		
	Since the date on the front of this form, which of the following exams, tests, or procedures hav			
	you had done by a <u>healthcare professional</u> ? (Mark all that apply. If none apply, mark "None.")			
	 ○¹ Breast exam ○² Mammogram ○³ Test of breast tissue or fluid for disease (breast biopsy or aspiration) 	Os Dilation and Curettage (D & C, wom scrape) Os Removal of the uterus or womb (hysterectomy)		
	O4 Other breast examination tests such as MRI or ultrasound	O¹¹ Endometrial biopsy		
1	○ 5 Rectal exam	O12 Bone density scan (e.g., DEXA)		
	 Test for the presence of blood in your stool or bowel movement (hemoccult, guaiac) Tube inserted into your bowel to check for bowel problems (sigmoidoscopy, flex. sig., or colonoscopy) Barium enema X-ray 	O ⁹⁹ None I have not had any of the exams, tests or procedures listed in either column Question 8 since the date on the fron of this form.		
	What is the date that you finished answering thi	s form? (Write the date in the space provided mark the corresponding bubbles below		
	Month Day Year Please mark only one bubble per line:			
	Month 12345678911111112 Day 123456789111111111111111111111111111111111111	600999999999999		
his	space if you have additional information abou	t your answers on this form.		
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