

Date Received: - - (M/D/Y)		- Affix label here-	
Reviewed By: 		Clinical Center/ID: - - 	
First Name M.I. 		Last Name 	
Contact Type: <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> ₁ Phone <input type="checkbox"/> ₂ Mail <input type="checkbox"/> ₃ Visit <input type="checkbox"/> ₈ Other </div>	Visit Type: <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> ₂ Semi-Annual # <input type="checkbox"/> ₃ Annual # <input type="checkbox"/> ₄ Non-Routine </div>		Form Administration: <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> ₁ Self <input type="checkbox"/> ₂ Group <input type="checkbox"/> ₃ Interview <input type="checkbox"/> ₄ Assistance </div>
OFFICE USE ONLY			

The questions on this form ask about your study pills.

1. Have you stopped taking your hormone study pills?

☐ ₀ No →

We ask that you stop taking your study pills now and return your remaining bottles and pills to your WHI clinic.

Please go to Question 2 on the next page.

☐ ₁ Yes →

1.1 Did you stop taking your hormone study pills before or after you received the 2004 NHLBI letter?

☐ ₁ Before → **Go to Question 2 on the next page.**

☐ ₂ After

1.2 On what date did you stop your study pills?

 - -
 month day year

1.3 Since you stopped taking your study pills, have you had any symptoms?

☐ ₀ No → **Go to Question 2 on the next page.**

☐ ₁ Yes

1.4 What symptoms have you had? *(Mark all that apply.)*

☐ ₁ Hot flashes

☐ ₄ Mood swings

☐ ₂ Night sweats

☐ ₈ Other

☐ ₃ Vaginal spotting or bleeding

Go to Question 2 on the next page.

2. Have you filled out the health information form (*Form 33 – Medical History Update*)?


☐₀ No —→ **Please fill out the health information form today.**

☐₁ Yes

When you joined the WHI Hormone Program, you were assigned to receive either active hormone pills or inactive placebo pills. The following questions will help us understand more about the research process and hormone research, in particular.

3. Before you stopped your study pills, what treatment group did you think you were in?

☐₁ Active hormones
☐₂ Inactive placebo pills



☐₉ Don't know (**Please stop here.**)

Why did you think you were in that group? (*Please print up to three reasons below.*)

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