Form 134 - Addendum to **Medical History Update**

Ver. 8.1 OMB #0925-0414 Exp: 5/09



INSTRUCTIONS

Please complete the three questions below.

	CORR	ECT MARK ○●○○	INCORE	RECT MARKS Ø8 • •	
1.	First, please tell us who is completing this form: 1 Women's Health Initiative (WHI) participant (Self Pamily or friend of WHI participant 3 Health care provider for WHI participant		elf)	Please answer the following questions about the participant.	
	Os Other (Sp	oecify):		questions <u>about</u> the participant.	
2.	Has a doctor ever told you that you have Parkinson's disease? O No 1 Yes				
3.	Has a doctor ever told you that you have sugar diabetes or high blood sugar when you were not pregnant?				
	○º No	O1 Yes			
data	sources, gathering and	ction of information is estimated to average 1 minute per re maintaining the information needed and completing and re-	eviewing the collect	tion 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 (0925-0414). Do not return the completed form to this address.

