



Form 154 – Breast Health Supplement to the Medication Inventory WHI Extension Study

Date Received: <input type="text"/> - <input type="text"/> - <input type="text"/> (MM/DD/YY)		- Affix label here-
Reviewed By: <input type="text"/> - <input type="text"/>		
Participant ID: _____ - _____ - _____		First Name _____ M.I. _____
Contact Type: <input type="checkbox"/> ₁ Phone		Last Name _____
<input type="checkbox"/> ₂ Mail		
<input type="checkbox"/> ₈ Other		
Visit Type: <input type="checkbox"/> ₃ Annual	<input type="checkbox"/> FCA	<input type="checkbox"/> OUI
<input type="checkbox"/> ₄ Non-Routine	<input type="checkbox"/> OU2	
	Language: <input type="checkbox"/> ₁ English <input type="checkbox"/> ₂ Spanish	
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Instructions:

To help us learn about the health of WHI participants, we would like to know more about some of the medications you may take.

As part of your participation in the Women’s Health Initiative, you previously reported a diagnosis of breast cancer or breast cancer in situ. This form asks about medications that you may have used to treat breast cancer.

If you would like to have a WHI staff member at the Clinical Coordinating Center complete this form with you over the phone, please feel free to call 1-800-218-8415.

The first set of questions asks about medications known as **SERMS (selective estrogen receptor modulators)**. These medications include tamoxifen (Nolvadex[®]), raloxifene (Evista[®]), and toremifene (Fareston[®]).

Since your breast cancer diagnosis:

1. Have you ever taken **tamoxifen (Nolvadex[®])**?

- ₀ No
₁ Yes →
₉ Don't know

1.1 How long did you take or have you taken tamoxifen?
(Use your best estimate; mark only one.)

- | | |
|---|---|
| <input type="checkbox"/> ₁ Less than 1 month | <input type="checkbox"/> ₄ 1-2 years |
| <input type="checkbox"/> ₂ 1-5 months | <input type="checkbox"/> ₅ 3-4 years |
| <input type="checkbox"/> ₃ 6-11 months | <input type="checkbox"/> ₆ 5 or more years |

2. Have you ever taken **raloxifene (Evista[®])**?

- ₀ No
₁ Yes →
₉ Don't know

2.1 How long did you take or have you taken raloxifene?
(Use your best estimate; mark only one.)

- | | |
|---|---|
| <input type="checkbox"/> ₁ Less than 1 month | <input type="checkbox"/> ₄ 1-2 years |
| <input type="checkbox"/> ₂ 1-5 months | <input type="checkbox"/> ₅ 3-4 years |
| <input type="checkbox"/> ₃ 6-11 months | <input type="checkbox"/> ₆ 5 or more years |

3. Have you ever taken **toremifene (Fareston[®])**?

- ₀ No
₁ Yes →
₉ Don't know

3.1 How long did you take or have you taken toremifene?
(Use your best estimate; mark only one.)

- | | |
|---|---|
| <input type="checkbox"/> ₁ Less than 1 month | <input type="checkbox"/> ₄ 1-2 years |
| <input type="checkbox"/> ₂ 1-5 months | <input type="checkbox"/> ₅ 3-4 years |
| <input type="checkbox"/> ₃ 6-11 months | <input type="checkbox"/> ₆ 5 or more years |

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These next questions ask about medications known as **anti-estrogen therapies** or **aromatase inhibitors**. These medications include anastrozole (Arimidex[®]), exemestane (Aromasin[®]), and letrozole (Femara[®]).

Since your breast cancer diagnosis:

4. Have you ever taken **anastrozole (Arimidex[®])**?

- ₀ No
₁ Yes →
₉ Don't know

4.1 How long did you take or have you taken anastrozole?
(Use your best estimate; mark only one.)

- ₁ Less than 1 month ₄ 1-2 years
₂ 1-5 months ₅ 3-4 years
₃ 6-11 months ₆ 5 or more years

5. Have you ever taken **exemestane (Aromasin[®])**?

- ₀ No
₁ Yes →
₉ Don't know

5.1 How long did you take or have you taken exemestane?
(Use your best estimate; mark only one.)

- ₁ Less than 1 month ₄ 1-2 years
₂ 1-5 months ₅ 3-4 years
₃ 6-11 months ₆ 5 or more years

6. Have you ever taken **letrozole (Femara[®])**?

- ₀ No
₁ Yes →
₉ Don't know

6.1 How long did you take or have you taken letrozole?
(Use your best estimate; mark only one.)

- ₁ Less than 1 month ₄ 1-2 years
₂ 1-5 months ₅ 3-4 years
₃ 6-11 months ₆ 5 or more years

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7. Have you ever taken any **SERM** or **aromatase inhibitor** that is not listed above, or that you may not recall the name of?

- ₀ No
- ₁ Yes 
- ₉ Don't know

7.1 How long did you take or have you taken this medication? (Use your best estimate; mark only one.)

<input type="checkbox"/> ₁ Less than 1 month	<input type="checkbox"/> ₄ 1-2 years
<input type="checkbox"/> ₂ 1-5 months	<input type="checkbox"/> ₅ 3-4 years
<input type="checkbox"/> ₃ 6-11 months	<input type="checkbox"/> ₆ 5 or more years

8. Have any of the following barriers prevented you from obtaining or taking the prescribed breast cancer medications previously asked about (i.e., tamoxifen, raloxifene, toremifene, anastrozole, exemestane, and letrozole)? (Please check all that apply.)

- ₁ I did not experience any barriers to taking these medications.
- ₂ I have never heard of these medications.
- ₃ My health insurance would not cover these medications.
- ₄ These medications or copayments cost too much.
- ₅ It is a problem for me to get to my medical facility/physician.
- ₆ Taking these medications would be inconvenient.
- ₇ I was concerned about possible side effects or complications from these medications.
- ₈ I was concerned about missing work due to taking these medications.
- ₉ My family discouraged me from taking these medications.
- ₁₀ My friends discouraged me from taking these medications.
- ₁₁ I am taking too many medications.
- ₁₂ I don't like taking medications.
- ₁₃ My physician did not recommend these medications for my particular type of breast disease.
- ₁₄ Other: _____

9. What is the date you finished answering this form? - -
 Month Day Year

Thank you.
Please take a moment to review any questions you may have missed.