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

<table>
<thead>
<tr>
<th>Date Received:</th>
<th>- Affix label here-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewed By:</td>
<td>Participant ID: __ __ - <strong>-<strong><strong>-</strong></strong>-</strong>__</td>
</tr>
<tr>
<td></td>
<td>First Name _______________________ M.I.____</td>
</tr>
<tr>
<td></td>
<td>Last Name ________________________________</td>
</tr>
</tbody>
</table>

| Contact Type: | Visit Type: |
| 1 Phone | 3 Annual |
| 2 Mail | 4 Non-Routine |
| 8 Other | |

| Language: |
| 1 English |
| 2 Spanish |

OFFICE USE ONLY

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, ATTN: PRA (0925-0414). Do not return the completed form to this address.

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.)
   - [ ] 1 Less than 1 month
   - [ ] 2 1-5 months
   - [ ] 3 6-11 months
   - [ ] 4 1-2 years
   - [ ] 5 3-4 years
   - [ ] 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.)
   - [ ] 1 Less than 1 month
   - [ ] 2 1-5 months
   - [ ] 3 6-11 months
   - [ ] 4 1-2 years
   - [ ] 5 3-4 years
   - [ ] 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.)
   - [ ] 1 Less than 1 month
   - [ ] 2 1-5 months
   - [ ] 3 6-11 months
   - [ ] 4 1-2 years
   - [ ] 5 3-4 years
   - [ ] 6 5 or more years

Please go to next page
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
   - [ ] 2 1-5 months
   - [ ] 3 6-11 months
   - [ ] 4 1-2 years
   - [ ] 5 3-4 years
   - [ ] 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
   - [ ] 2 1-5 months
   - [ ] 3 6-11 months
   - [ ] 4 1-2 years
   - [ ] 5 3-4 years
   - [ ] 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
   - [ ] 2 1-5 months
   - [ ] 3 6-11 months
   - [ ] 4 1-2 years
   - [ ] 5 3-4 years
   - [ ] 6 5 or more years
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.)

☐ 1 Less than 1 month
☐ 2 1-5 months
☐ 3 6-11 months
☐ 4 1-2 years
☐ 5 3-4 years
☐ 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.