

Reason Codes for Form 25; Ver 1.1

In the “Office Use Only” box for Questions 3, write in the appropriate codes for the reasons the participant gives for thinking she was assigned to the treatment group she indicated.

Experienced Worsening Symptoms

- | | |
|---|--|
| 1 Vaginal spotting or bleeding | 7 Vaginal or genital changes |
| 2 Breast tenderness or other breast changes | 8 Forgetfulness or problem concentrating |
| 3 Hot flashes or night sweats | 9 Headaches |
| 4 Mood swings or depression | 10 Weight or appetite changes |
| 5 Tiredness or difficulty sleeping | 11 Cholesterol changes |
| 6 Skin/hair changes | 18 Other symptoms |

Experienced Improvement in (or Absence of) Symptoms

- | | |
|--|---|
| 21 Vaginal spotting or bleeding | 28 Forgetfulness or problem concentrating |
| 22 Breast tenderness or other breast changes | 29 Headaches |
| 23 Hot flashes or night sweats | 30 Weight or appetite changes |
| 24 Mood swings or depression | 31 Cholesterol changes |
| 25 Tiredness or difficulty sleeping | 37 No symptoms |
| 26 Skin/hair changes | 38 Other symptoms |
| 27 Vaginal or genital changes | |

Other

- | | |
|--|---------------------------------------|
| 41 Told by family member or friend | 45 Pill appearance, taste, or smell |
| 42 Told by personal health care provider | 46 Diagnosed with a medical condition |
| 43 Told by WHI staff | 88 Other |
| 44 Read it on a report | 99 Don't know |