Form 134 - Addendum to Medical History Update

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

INSTRUCTIONS

Please complete the three questions below.

CORRECT MARK ○●○○ **INCORRECT MARKS** ✓ ✗ ◒ ⊙

1. First, please tell us who is completing this form:

   ○1 Women's Health Initiative (WHI) participant (Self)
   ○2 Family or friend of WHI participant
   ○3 Health care provider for WHI participant
   ○8 Other **(Specify):**_____

   Please answer the following questions about the participant.

2. Has a doctor **ever** told you that you have Parkinson's disease?

   ○0 No ○1 Yes

3. Has a doctor **ever** told you that you have sugar diabetes or high blood sugar when you were **not** pregnant?

   ○0 No ○1 Yes

Public reporting for this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the information 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.

OFFICE USE ONLY

AFFIX LABEL BETWEEN LINES
BAR CODE HERE

1. Date Received: ___-___-___ (Month Day Year)

2. Reviewed By: ___-___

3. Contact Type:
   ○1 Phone
   ○2 Mail
   ○8 Other

4. Language:
   ●1 E ○2 S

○ FCA ○ OU1 ○ OU2

SERIAL # ○○○○○○○○○○○○○○○○○○○○○○○○○○○○

PLEASE MAKE NO MARKS IN THIS AREA

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