



**-Affix form label here-**

Member ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

You have been a part of the Women’s Health Initiative (WHI) for many years and have made a significant contribution to women’s health. Thank you for your ongoing participation! One of the most important goals of WHI is to keep track of your health through the end of the study. This information is crucial for answering scientific questions about women’s health.

Although you are the best source for information about your health, there may come a time when you are not able to provide this critical information. We are asking you to provide us with the name and contact information of a “proxy.” A proxy is someone who can tell us about your health if you cannot because of serious illness or death. Although you may have already given us the contact information for your proxy, his/her contact information may have changed, or you may want to designate someone else as your proxy.

Who you choose to be your proxy is up to you. It should be someone who knows you well enough to tell us if you have had health problems or have been in the hospital. Your proxy should be someone you live with or talk to often. We would ask your proxy the same questions that you answer each year on your Medical History Update Form, but only in the event that you are unable to answer them yourself.

It is important that you tell your proxy that you have chosen him/her to answer questions about your health in the event that you cannot. Please also let him/her know that you have provided their contact information to the Women’s Health Initiative.

***Please provide your proxy contact information below and return this form along with your other forms in the enclosed envelope.  
Thank you!***

Name of Proxy: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

***If you would like to provide the name of an additional proxy, please write their contact information on the back of this form.***