
FORM:	20 - PERSONAL INFORMATION QUESTIONNAIRE
Version:	4 – June 15, 1997
Description:	Self-administered; 8-page booklet; key-entered at Clinical Center (CC).
When used:	Mailed to participants before Screening Visit 1 (SV1) or completed in-person in groups or individually at beginning of SV1. To be collected by SV1.
Purpose:	To record contact and demographic information for each participant and obtain health care providers' names and addresses to request screening test results.

INSTRUCTIONS

1. This form is printed in both English (*Form 20*) and Spanish (*Form 20S*) versions. Use the appropriate form for the participant.
2. Place the participant barcode label on the front page of the questionnaire and mail to the participant after eligibility is established before to SV1. The participant will bring the completed form with her to SV1. Clinical Centers may also have participants complete the form in groups or individually at Screening Visit 0 (SV0) or SV1.
3. When you do an appointment reminder (letter or phone call), remind the participant to bring the completed questionnaire to SV1.
4. Review the form completely with the participant at SV1. Try to have each question answered. Clarify any missing or unclear responses.
5. Data Entry: Review the form for completeness and consistency. Return to interviewer with any problems noted. Key-enter the form when all problems are resolved. Initial the first page of the questionnaire after key-entry.

Note: You must key-enter the contact data on the form into the Encounter screen before you can randomize the participant into DM or HRT.

6. File the key-entered form in the participant's file.

Item Instructions

Date received	Date the CC receives the completed form.
Reviewed by	Standard 3-digit WHI employee ID. (See common data items.)
Contact type	Mark appropriate oval or box. (See common data items.)
Visit type	Contact at which the CC receives the form. If received between visits, use the most recent past visit. Use SV0 if received before SV1. Write in visit number as needed. (See common data items.)
1. Current name	Participant's full legal name. Include first name, middle initial, and last name. This may be different from participant's contact name with WHI.
2a. Other names	Other names the participant uses: nicknames, family names, professional names, maiden names, or names from previous marriages.
2b. Father's name	Name of participant's father. This information is useful in identifying the participant when searching for records, with, for example, the National Death Index (NDI).
3. Name under which phone number is listed	The name printed next to the participant's phone number in the phone book. This may not be the participant's name.
Not listed in phone book	Mark if participant's phone number is not listed in the phone book or if she doesn't have a phone.
4.1.- 4.2. Names of two relatives or friends	Names, addresses and phone numbers of two relatives or friends not living with participant who the CC can use to contact the participant.
	Data Entry: Key-enter the names and addresses.
Relationship	Relationship of individuals identified in 4.1. - 4.2. to the participant. Data Entry: Key-enter the relationship.
5. Social security number	Participant's social security number. This information is helpful in contacting a participant lost to follow-up.
6. Educational level	Highest grade or level finished in school. Mark only one.
7. Employment status	Participant's current employment status. Mark one or two responses that best describe her current situation. If "8 - Other" is marked, specify job status. However, if the participant specifies an "Other" that fits into one of the categories, clarify the response with the participant and mark the appropriate oval or box. Data Entry: Key-enter job status specified under "8 - Other."

8. Occupation Participant's job description—current if working, in the past if not working now. If the participant is a homemaker and works, mark the appropriate two categories. However, if the participant specifies an "Other" that fits into one of the categories, clarify the response with the participant and mark the appropriate oval or box. If "8 - Other" is marked, specify job.
Data Entry: Key-enter job specified under "8 - Other."
9. Marital status Participant's current marital status. Mark only one.
- 9.1. Partner's name Legal name of participant's husband or partner to keep in touch with the participant.
Data Entry: Key-enter entire name: first name, middle initial, and last name.
- 9.2. Partner's social security number Husband's or partner's social security number, used to keep in touch with the participant throughout the study.
10. Partner's educational level Highest grade or level in school achieved by participant's partner or husband. Mark only one.
- 10.1. Partner's employment status Current employment status of participant's husband or partner (mark one or two, as appropriate). If "8 - Other" is marked, specify job status. However, if the participant specifies an "Other" that fits into one of the categories, clarify the response with the participant and mark the appropriate oval or box. If "8 - Other" is marked, specify job.
Data Entry: Key-enter job status specified under "8 - Other."
- 10.2. Partner's occupation Husband's or partner's job description—current if working, in the past if not working now. Use same category descriptions as for Question 8. If the partner is a homemaker and works, mark the appropriate two categories. If "8 - Other" is marked, specify job. However, if the participant specifies an "Other" that fits into one of the categories, clarify the response with the participant and mark the appropriate oval or box. If "8 - Other" is marked, specify job.
Data Entry: Key-enter job specified under "8 - Other."
11. Total family income last year Total income of family (from all people in household) in the last year. Give best estimate. This information will not be reported except as grouped data.
12. Usual care provider No/Yes. Mark "1 - Yes" if participant sees a doctor, nurse, physician assistant, or clinic to receive regular medical care.
- 12.1. Usual care provider's name, address, phone Name, address, and phone number of the usual care provider.
Data Entry: Do not key-enter name, address, or phone number.
- 12.2. Date of last visit to usual care provider Date of the last visit. Record month and year as 2-digit numbers. Give best estimate.
13. Mammogram No/Yes. Mark "1 - Yes" if participant has ever had a mammogram.
- 13.1. Date of last mammogram Record month and year as 2-digit numbers. Give best estimate.

13.2.	Provider who did mammogram in last 12 months	Name and address of clinic, doctor, or hospital where mammogram was done within the past year. Include zip code. This information will be used to obtain records for WHI eligibility screening. Data Entry: Do not key-enter name or address.
14.	Pelvic exam and Pap smear	No/Yes/Don't know. Mark "1 - Yes" if participant has ever had a pelvic exam and Pap smear.
14.1.	Last Pap smear	Record month and year as 2-digit numbers. Give best estimate.
14.2.	Provider who did Pap smear in last 12 months	Name and address of clinic, doctor or hospital where mammogram was done within the past year. Include zip code. This information will be used to obtain records for WHI eligibility screening. Data Entry: Do not key-enter name or address.
14.3.	Abnormal Pap in last three years	No/Yes. Mark "1 - Yes" if participant has been told she has an abnormal or "suspicious" Pap smear in the last three years.
14.4.	Cervical dysplasia	No/Yes. Mark "1 - Yes" if participant has ever been told she had cervical dysplasia, whether by Pap smear or other diagnostic procedure.
15.	Endometrial aspiration	No/Yes. Mark "1 - Yes" if participant has ever had an endometrial aspiration.
15.1.	Last endometrial aspiration	Record month and year as 2-digit numbers. Give best estimate.
15.2.	Provider who did endometrial aspiration in last 12 months	Name and address of clinic, doctor or hospital where endometrial aspiration was done. Include zip code. This information will be used to obtain records for WHI eligibility screening. Data Entry: Do not key-enter name or address.
16.	Payment for medical care	Participant's usual method of payment for medical care. Participant may mark more than one.
17.	Served in armed forces	No/Yes.
17.1.	Use VA medical center	No/Yes.
18.	Date form completed	Date participant completed the form.
	Comments	Data Entry: Do not key-enter comments.
	Form administration	Method used to administer form to participant: 1 - Self: Participant completed the form by herself. 2 - Group: Participant completed the form with a group of other participants. 3 - Interview: CC staff completed <u>entire</u> form as an interview. 4 - Assistance: Participant needed <u>partial</u> assistance from CC staff or others to complete the form.
	Language	Data Entry: English or Spanish version of the form. (See common data items.)