
FORM:	33 - MEDICAL HISTORY UPDATE
Version:	13.1 – December 2019
Description:	Self-administered or interviewer-administered; 8-page booklet; scanned and imaged at Clinical Coordinating Center (CCC) or key-entered at the Regional Center (RC).
When used:	At annual contacts for all Extension Study participants. Completed at a non-routine contact when an MRC participant death is reported.
Purpose:	To identify possible WHI Extension Study outcomes needing further documentation.

GENERAL INSTRUCTIONS

1. The form is printed in both English (*Form 33*), and Spanish (*Form 33S*) versions. Use the appropriate form for the participant.
2. The annual mailings of *Form 33* for WHI Extension Study participants will be labeled and mailed from the CCC directly to the participant.
 - The CCC mails to the participant and asks her to mail back in a return envelope by a specified date. Following the CCC mailing, if the participant does not return the *Form 33* within 3 months of the first mailing, it will be sent again. If the form is not returned within 2 months of the second mailing it becomes the RC's responsibility to collect the missing *Form 33*. The CCC will scan and image forms returned to the CCC, and make the image available to the RC in WHIX.
3. RC staff key-enter forms that the RC mails, receives, or collects. Follow your RC's procedures for administering this form, either by mail or phone contact.
 - For RC phone contacts, administer the form as an interview. Record the finish date of the last WHI Extension Study *Form 33* in the "health problems since" date on page 1.
4. Forms returned to the RC:

Review the form for completeness. If questions are not complete, contact the participant for the necessary information. Routinely view WHIX and/or the corresponding report X2-0983 for a list of participant *Form 33* whose form contains incomplete or inconsistent information. The report will list those forms collected at the RC and forms scanned at the CCC. Edit the *Form 33* and key-enter the correct form responses.

- Complete the *Office Use Only* section on the first page. (See item instructions.)
- Key-Entry: Key-enter the form in its entirety and initial the first page of the form after entry.
- File the form in the participant's file.

Item Instructions

Health problems and health care since date	<p>Refers to the “date form finished” the participant recorded on the last page of the previous, routine <i>Form 33 - Medical History Update</i>.</p> <p>For CCC mailings, the CCC prints the <i>Form 33</i> Label Set and affixes the date label to the front of the form. For subsequent RC contacts (e.g., because of non-response to CCC mailings) the RC can hand write the date on the <i>Form 33</i>.</p> <p>If the participant is unsure if the outcome occurred since the date on the front of the form, she should report the information on the current form.</p> <p>Data Entry: The “health problems since” date auto-populates in WHIX based on the prior <i>Form 33</i>.</p>
Date Received	Date received at the CCC or RC.
Reviewed by	5-digit WHI Extension study employee ID.
Contact type	Mark appropriate box.
Visit type	<p>Annual Contact.</p> <p>Non-Routine: For a WHI Extension study MRC participant death only. Note: WHIX accepts a Visit Type of non-routine only after data entry of <i>Form 120 – Initial Notification of Death</i>.</p>
Field Center Alert (RCR) bubble	Used by CCC to alert the RC that a form has participant comments and the image should be reviewed.
1. Today’s date	Date <i>Form 33</i> is completed.
2. Who is completing this form?	Mark the corresponding box identifying who provided the responses on the form. If applicable, include the name and relationship to the participant.
3. Best phone number	Record the best phone number to reach the person completing the form.
4. Exams, tests, or procedures by doctor or other health care provider	Mark the bubble if the exam, test, or procedure was done by a doctor or other health care provider since the last <i>Form 33</i> was completed. The participant should report <u>all</u> tests and procedures she had of those listed.
5. Diagnosis of new conditions	Mark the bubble for all new conditions diagnosed since the last <i>Form 33</i> was completed. Mark only conditions that have been identified by a doctor or health care provider for the first time.
6. New treatments for diabetes	<p>Mark response for each of the three treatments for diabetes to lower blood sugar that have been prescribed since the last <i>Form 33</i> was completed.</p> <p>Medication is defined as a pharmacologic preparation prescribed by a health care provider. It does not include non-pharmacologic remedies such as herbal preparations.</p> <p>For “Insulin,” mark Yes only if the participant requires insulin shots on an ongoing basis, not if the participant usually requires pills alone but was given an insulin shot for a brief period when her diabetes was poorly controlled.</p> <p>For “Diet and/or physical activity,” mark Yes only if it was prescribed by the health-care professional. It does not include a participant initiated diet and/or exercise plan.</p>

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| 7. | New high blood pressure or hypertension pills | Yes/No. Mark Yes if the pills used to treat high blood pressure or hypertension were used to lower a participant's blood pressure. Mark Yes even if the participant has not been taking this blood pressure medication as prescribed. |
| 8. | Number of times fallen on ground | Mark appropriate box. Number of falls where participant landed on the floor or ground. If participant is unsure of the number of falls, give best estimate. The purpose of this question is to distinguish participants with frequent falls from other participants. If the participant is unsure whether she had two or three falls, but falls infrequently, answer "two times." This question does <u>not</u> refer to falls due to participation in sports. |
| 8.1 | Injury due to fall | Mark appropriate box. An injury includes broken bone, sprained or strained joint, bruising, cut, scrape or soreness. |
| 9-21 | Diagnosed or treated for listed conditions or procedures | Yes/No. Mark Yes if the participant has been diagnosed with any of the listed conditions in Qxs 9-21. |
| 22-27 | Health care provider information | Write in the name and address of the provider who diagnosed or treated the heart or circulatory condition or procedures marked in Qxs 9-21, the date of diagnosis or treatment and indicate if there was a hospital stay and for how many nights. |
| 28. | New cancer, malignant growth or tumor | Yes/No. To identify information regarding a new (incident) cancer, malignant growth or tumor. Do not include benign tumors or cancers first diagnosed before the "health problems since" date on the front of the form. |
| 28.1 | Type of cancer | Mark all that apply. Mark the primary site(s) of the cancer. Do not include a secondary or metastatic site unless the primary site is unknown. If the kind of cancer is not listed, mark the circle "other cancer" and write in the cancer type. |
| 28.2 | Date cancer diagnosed | Write in the date the participant was told she had cancer. |
| 28.3 | Doctor's name | Write in the name and address of the physician or other health care provider who diagnosed the cancer. This is recorded so that further information can be requested if needed. |
| 28.4 | Name of oncologist | Write in the name of the oncologist. This can help identify where records are to be requested. |
| 28.5 | X-ray or imaging | Yes/No. |
| 28.6 | Name and address of X-ray/imaging center | Write in the name and address of the place where the cancer imaging was. This information is recorded so that further information can be requested if needed. |
| 28.7 | Date of X-ray or scan | Write in date of X-ray or imaging scan. |
| 28.8 | Cancer-related surgeries | Yes/No. To identify any cancer-related surgeries after the cancer was first diagnosed. |
| 28.9 | Planned cancer surgeries | Yes/No. To identify if any cancer-related surgeries are planned. |
| 28.10 | Number of cancer surgeries | To identify the number of cancer-related surgeries. |

- 28.11 Name and address where cancer surgery was done. Write in the name and address of the place where the cancer-related surgery was done. This information is recorded so that further information can be requested if needed.
- 28.12 Date of first cancer surgery Write in date of first cancer-related surgery.
29. New broken, fractured, or crushed hip or upper leg bone Yes/No. To identify the new broken, fractured, or crushed hip or upper leg bone.
- 29.1 Which one(s) Hip/Upper leg. Mark all that apply.
- 29.2 Diagnosed or treated in hospital Yes/No.
- 29.3 Name and address where diagnosed or treated Write in the name and address of the place where diagnosis and treatment for the broken, fractured, or crushed hip or upper leg bone was done. This information is needed so that further information can be requested if needed.
- If more than one hip fracture is reported for this time period, write the provider information for treatment for the first hip fracture. Record the information for the second hip fracture on the last page of this form.
- 29.4 Date admitted to hospital Write in the date admitted to hospital. If unsure of the exact day, use the 15th of the month as the default date. Indicate on the form that the day is an estimate.
- 29.5 Stay overnight? Yes/No.
- 29.6 X-ray/MRI completed Yes/No. To identify if an X-ray or imaging scan (CT or MRI) was taken to diagnose the fracture.
- 29.7 Name and address where diagnosed or treated Write in the name and address of the place where diagnosis and treatment for the broken, fractured, or crushed hip or upper leg bone was done. This information is needed so that further information can be requested if needed.
- 29.8 Date of X-ray or imaging scan Write in the date of X-ray or imaging scan (CT or MRI) was taken. If there was more than one visit, record the date for the X-ray or other imaging scan during the first visit.
30. New broken, fractured, or crushed bone Yes/No. To identify any new broken, fractured, or crushed bone.
- 30.1 Broken bone Mark all that apply. This question refers to any new diagnosis of fracture. All non-hip and non-upper leg fractures are collected as a self-report only.