

**FORM:** 41 – ADDENDUM TO PERSONAL INFORMATION

**Version:** 1 – November 15, 2002

**Description:** Self-administered or interviewer-administered; 2-page form; scanned at Clinical Center (CC). The two ethnicity questions on the form are identical to the ethnicity questions on the 2000 US Census.

**When used:** Administered one-time only at a semi-annual or annual follow-up contact for Clinical Trial (CT) participants. The CCC will include it in the mailings to OS participants beginning in late Spring 2003.

**Purpose:** To collect information on participant's ethnicity.

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### GENERAL INSTRUCTIONS

1. The form is printed in both English (*Form 41*) and Spanish (*Form 41S*) versions. Use the appropriate form for the participant.
2. Place the participant barcode label on the front page of the questionnaire.
3. Follow your CC's procedures for administering this form, either by mail, phone, or CC visit. See the description of contact options in *Vol. 2 - Procedures, Section 16 - Follow-Up*.
  - For visits, mail form to the participant before her scheduled visit and ask her to bring the completed form to the visit. In the appointment reminder (letter or phone call), remind the participant to bring the completed questionnaire to the follow-up visit. You may also ask her to complete the form during the visit.
  - For phone contacts, administer the form as an interview.
  - For mail contacts, mail to the participant before her scheduled contact date and ask her to mail back in a return envelope by a specified date. Phone or mail appropriate reminders to the participant to check whether she has received the questionnaire and/or remind her to mail it to the CC as soon as possible.
4. Review the form for completeness, looking for missed page. Do not review the questions with the participant.
5. Complete the *Office Use Only* section on the first page.
6. Data Entry: Review the form for completeness and return to responsible clinical personnel with any problems or questions. Key-enter when complete or questions have been resolved.  
Initial the first page after key-entry.
7. File the form in the participant's file.

### Item Instructions

Date received	Date received at CC.
Reviewed by	Standard 3-digit WHI employee ID. (See common data items.)
Contact type	Mark appropriate box. (See common data items.)
Visit type	Contact at which the CC received the form. If received between visits, use visit for which you distributed the form. For routine contacts select semi-annual or annual as appropriate for CT/OS participant. (See common data items.)  Mark appropriate box.
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 partial assistance from CC staff or others to complete the form.
Language	Indication of English (E) or Spanish (S) version of the form. The response to this item is printed on the form.
1. Spanish/Hispanic/Latino	No/Yes.
2. Race	Mark the box corresponding to the race(s). If the participant is not sure about all races listed, have her indicate the races she knows of. Write in specified tribe or race as indicated.