
FORM:	134 – ADDENDUM TO MEDICAL HISTORY UPDATE
Version:	8 – April 1, 2005
Description:	Self-administered or interview-administered one-page form scanned and imaged at Clinical Coordinating Center (CCC) or key-entered at the Field Center (FC).
When used:	A one-time form included in the first year mailing to CT and OS participants enrolled in the WHI Extension Study.
Purpose:	An addendum to the Medical History Update to collect information on whether Parkinson’s disease and sugar diabetes or high blood sugar was ever diagnosed.

GENERAL INSTRUCTIONS

1. The form is printed in both English (*Form 134*) and Spanish (*Form 134S*) versions. Both English and Spanish versions are in marksense format. Use the appropriate form for the participant.
2. The one-time mailing of *Form 134* 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, the form will be sent a third time. If the form is still not returned, it becomes the Field Center’s (FC’s) responsibility to collect the missing *Form 134*. The CCC will scan and image forms returned, and make the image available to the FC in WHIX.
3. Forms that the FC mails, receives, or collects, will be key-entered at the FC. Follow your FC’s procedures for administering this form, either by mail or phone contact.
4. Forms returned to the FC:

Review the form for completeness.

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

Item Instructions

Date received	Date received at CCC or FC.
Reviewed by	5-digit WHI Extension Study employee ID.
Contact type	Mark appropriate box.
Language	Indication of English (E) or Spanish (S) version of the form. The response to this item is printed on the form.
Field Center Alert (FCA) bubble	When marked, alerts the FC that a form has participant comments and the image should be reviewed.
1. Identify person providing responses for this form.	Mark the corresponding box identifying who provided the responses for the form.
2. Ever told had Parkinson's disease?	No/Yes.
3. Ever told had sugar diabetes or high blood sugar when not pregnant?	No/Yes.