

- FORM:** 149 – SUPPLEMENT TO OS FOLLOW-UP QUESTIONNAIRE
- Version:** 1 – April, 01, 2004
- Description:** Self-administered; 8-page booklet; scanned at the Clinical Center (CC).
- When used:** Mailed by the Clinical Coordinating Center (CCC) to all Observational Study (OS) participants with *Form 33 – Medical History Update* at the six-year follow-up contact. This form is sent only to those OS participants who do not reach year 7 by the close-out contact. Used during the close-out year only.
- Purpose:** To update and provide more detailed information on selected exposures measured at baseline, year 1, year 3, year 4, year 5, and year 6 and to provide information on exposures not previously measured.
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### GENERAL INSTRUCTIONS

1. The form is printed in both English (*Form 149*) and Spanish (*Form 149S*) and both are in mark-sense format.  
  
For both forms, follow the instructions on the front of the form for marking the answers.
2. The CCC places the participant barcode label on the front page of the form and mails it with *Form 33 – Medical History Update* to OS participants two months before the enrollment anniversary month. (*See Vol. 2, Section 16.5 – OS Annual Mail Contact and Follow-Up of Non-Responders.*)
3. Participants are asked to mail the completed form back to the participant's CC together with *Form 33- Medical History Update* in the return envelope provided.
4. Review the form for completeness, looking for skipped pages. Follow-up missing responses by phone.
5. Complete the [*Official Use Only*] section on the first page. Forward the form to Data Entry.
6. Data Entry: Scan the form. Initial the first page of the form after 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. Mark the box (“Annual”). Fill in the visit year number seven.
Form Administration	<p>Method used to administer form to participant:</p> <p>1 - Self: Participant completed the form by herself</p> <p>2. - Group: Participant completed the form with a group of other participants.</p> <p>3. - Interview: CC staff completed <b>entire</b> form as an interview.</p> <p>4. - Assistance: Participant needed partial assistance from CC staff or others to complete the form.</p> <p>Most participants are expected to complete the form by themselves (“1 - Self”).</p>
1. Helping with sick family or friend	No/Yes.
1.1. How often	How often participant provides help to sick, limited, or frail family members or friends.
2.1-2.12. Difficult things that happen to people	No/Yes and extent to which difficult things upset participant.
3. Diagnosed with breast cancer	No/Yes/Don’t know.
3.1. Age at diagnosis	Give best estimate of age at time of diagnosis with breast cancer.
4.1. Use of Meridia in past year	No/Yes. Answer “yes” if prescription weight loss medication Meridia was used for at least 2 months (does not have to be consecutive) in the past year.
4.2. Use of Xenical in past year	No/Yes. Answer “yes” if prescription weight loss medication Xenical was used for at least 2 months (does not have to be consecutive) in the past year.
4.3. Use of Phentermine in past year	No/Yes. Answer “yes” if prescription weight loss medication Phentermine (Fastin) was used for at least 2 months (does not have to be consecutive) in the past year.
4.4. Use of other prescription weight loss medication	No/Yes. Answer “yes” if other prescription weight loss medication was used for at least 2 months (does not have to be consecutive) in the past year.
5. Birthplace of mother	Mark one. Give best guess. This refers to the mother that raised the participant.
5.1. Region in the United States	Mark one.
5.2. Area outside the United States	Mark one.

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- 5.3. Birth mother No/Yes. Mark “yes” if mother referred to in Question 5 is the participant’s biological mother.
6. Birthplace of father Mark one. Give best guess. This refers to the father that raised the participant.
- 6.1. Region in the United States Mark one.
- 6.2. Area outside the United States Mark one.
- 6.3. Birth father No/Yes. Mark “yes” if father referred to in Question 6 is the participant’s biological father.