
FORM:	150 – Hormone Use Update
Version:	9 – March 30, 2007
Description:	Self-administered; 8-page booklet; scanned at the CCC
When used:	Mailed annually by the Clinical Coordinating Center (CCC) to all HT participants in the Extension Study.
Purpose:	To update and provide more detailed information on women’s own hormone use after the HT study was ended.

GENERAL INSTRUCTIONS

The form is printed in both English (*Form 150*) and Spanish (*Form 150s*) and both are in mark-sense format. For both forms, follow the instructions on the front of the form for marking the answers.

The CCC places the participant barcode label on the front page of the form and mails it with the annual *Form 33 – Medical History Update* and one-time *Form 134 – Addendum to the Medical History Update* to HT participants two months before the randomization anniversary month.

Participants are asked to mail the completed form back to the CCC together with the *Form 33 – Medical History Update* and the *Form 134 – Addendum to the Medical History Update* in the return envelope provided.

Data entry at the CCC. Review the form for comments and mark the FCA box in the Office Use Only box as needed. Scan the form.

Item Instructions

Date received	Date received at FC or date completed by phone interview. Located in <i>Official Use Only</i> on page 1. When the CCC mails the form to and receives it back from the participant, this item is left blank and instead the scan date is inserted into WHIX.
Reviewed by	5-digit WHI Extension study employee ID. For forms scanned at the CCC, this item is left blank and instead WHIX inserts the ID of the CCC staff person scanning the form.
Contact type	Mark appropriate box. For forms scanned at the CCC, this item is left blank, and WHIX inserts “2 – Mail” into WHIX.
Visit type	Mark appropriate box. For forms scanned at the CCC, this item is left blank, and WHIX inserts “3 – Annual” into WHIX.
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	Used by CCC to alert the FC that a form has participant comments and the image should be reviewed.
OU1 bubble	Reserved for future use.
OU2 bubble	Reserved for future use.

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| 1. | Prescribed medications to treat/prevent osteoporosis or other bone conditions in past year? | No/Yes/Don’t know |
| 1.1 | Which ones? | Mark all that apply |
| 2. | Use SERMs in past year? | No/Yes/Don’t know |
| 2.1 | Which ones? | Mark all that apply |
| 3. | Use non-prescribed natural hormones in past year? | No/Yes/Don’t know |
| 3.1 | What types of natural hormones? | Mark all that apply |
| 4. | Use estrogen or progesterone prescribed by doctor in past year? | No/Yes/Don’t know |
| 4.1 | Reasons for taking hormones? | Mark all that apply |
| 5. | Use pills or patches containing both estrogen/progesterone in past year? | No/Yes/Don’t know |
| 5.1 | Use a pill combination? | No/Yes |
| 5.1.1 | For how many months did you use it? | Mark one |
| 5.2 | Use a patch combination? | No/Yes |
| 5.2.1 | For how many months did you use it? | Mark one |
| 5.3 | Use something that was not a pill or patch? | No/Yes |
| 5.3.1 | For how many months did you use it? | Mark one |

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| 6. | Use pills containing combination estrogen/testosterone prescribed by doctor in past year? | No/Yes/Don't know |
| 6.1 | For how many months did you use it? | Mark one |
| 6.2 | What type did you use the longest? | Mark one |
| 7. | Use estrogen prescribed by doctor other than in Q.5 and Q.6 in past year? | No/Yes/Don't know |
| 7.1 | Use an oral estrogen pill? | No/Yes |
| 7.1.1 | For how many months did you use it? | Mark one |
| 7.1.2 | What kind did you take? | Mark one use longest |
| 7.2 | Use an estrogen skin patch? | No/Yes |
| 7.2.1 | For how many months did you use it? | Mark one |
| 7.3 | Use estrogen skin cream? | No/Yes |
| 7.3.1 | For how many months did you use it? | Mark one |
| 7.4 | Have estrogen shots? | No/Yes |
| 7.4.1 | For how many months did you use it? | Mark one |
| 7.5 | Use vaginal estrogen? | No/Yes |
| 7.5.1 | For how many months did you use it? | Mark one |
| 8. | Use progesterone or progestin prescribed by doctor other than in Q.5 in past year? | No/Yes/Don't know |
| 8.1 | Use progesterone or progestin pill? | No/Yes |
| 8.1.1 | For how many months did you use it? | Mark one |
| 8.1.2 | What kind? | Mark one |
| 8.1.3 | For how many days per month did you use it? | Mark one |
| 8.2 | Use progesterone or progestin skin cream? | No/Yes |
| 8.2.1 | For how many months did you use it? | Mark one |
| 8.3 | Have progesterone or progestin shots? | No/Yes |
| 8.3.1 | For how many months did you use it? | Mark one |
| 8.4 | Use vaginal progesterone or progestin? | No/Yes |
| 8.4.1 | For how many months did you use it? | Mark one |
| 8.5 | Use intrauterine progestin device? | No/Yes |
| 8.5.1 | For how many months did you use it? | Mark one |

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