

April 30, 1999

Page 1 of 1

Center: Patient Initials:
Rand Number: Form completed
by: **A. VISIT INFORMATION**1. Visit: **I_VISIT** 01 1 month 03 3 month 06 6 month 12 12 month 18 18 month 24 24 month 30 30 month 36 36 month 42 42 month 99 Non-routine2. Date of contact: **I_VISDY** / /
Month Day Year**B. SAFETY INTERVIEW** (complete for every visit)1. Have you had any bleeding from your vagina since the last routine WAVE visit? **deleted**
(Bleeding after 6 months should be followed up and reported on form W18)Y₁ N₃a. If yes, have you had a hysterectomy since the last routine WAVE visit? **deleted**Y₁ N₃2. Have you noticed any changes in your breasts (new lumps, nipple discharge, or skin changes) since the last routine WAVE visit? **deleted**Y₁ N₃3. Since the last routine WAVE visit, have you been told you had:
(If any of 3a. through 3e. are answered Yes, complete form W09)a. breast cancer? **deleted**Y₁ N₃b. endometrial cancer? **deleted**Y₁ N₃c. endometrial hyperplasia? **deleted**Y₁ N₃d. blood clots in your legs or lungs? **deleted**Y₁ N₃e. gallbladder disease causing abdominal pain or indigestion? **Deleted**Y₁ N₃**I_SYMP = 1 if yes to ANY of Question B1, B2 or B3a-e****= 0 if ALL are no****C. ACTIONS** (complete for every visit)

1. As a result of this gynecologic evaluation, were any actions taken beyond reassuring the patient?

Y₁ N₃**I_ACTION***If Yes, answer questions a. through e. below. If No, leave questions a. through e. blank.
If follow up was recommended, complete form W18.*a. Were medications changed or stopped? (if so, complete form W06) **I_MEDCHG**Y₁ N₃b. Was the participant asked to return to clinic for evaluation? **I_RETURN**Y₁ N₃c. Was the consulting gynecologist notified? **I_GYN**Y₁ N₃d. Was the participant referred to her primary care physician? **I_PMDREF**Y₁ N₃e. Were there other actions? **I_OTHACT**Y₁ N₃

1) If yes, specify:

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