

June 14, 1997

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Center: Patient Initials:
Rand Number: Form completed by:

INSTRUCTIONS: Please complete this form to the best of your knowledge. If you are unsure about how to answer a question, ask the WAVE coordinator for help. If you can't remember the answer to a question, please leave it blank.

A. PATIENT INFORMATION

1. Date of birth: **deleted**

/ /
Month Day Year

Recorded as B_AGERAND = age at randomization

2. Racial/ethnic background: *(check one of the following)* **deleted**

1 American Indian or Alaskan native

2 Black or African-American

3 White not of Hispanic origin

4 Asian or Pacific islander

5 Hispanic/Latino

6 Other

Recorded as RACE = 1 if white, 0 otherwise

3. Current marital status: *(check one)* **deleted**

1 Never married

3 Married

5 Separated

7 Divorced

9 Widowed

Recorded as B_MARR = 1 if Married, 0 otherwise

4. Highest level of education you have completed: *(check one)* **deleted**

1 Didn't go to school

3 Middle school

5 College/University

2 Grade school

4 High school

6 Graduate School

Recorded as B_EDUC = 1 if < HS, 2 if HS, 3 if > HS

5. Do you usually pay for your medical care through insurance? **deleted**

*Circle either
Y or N*

Y N 3

If Yes, do you usually pay through:

a. Medicare? **deleted**

Y N 3

b. Medicaid? **deleted**

Y N 3

c. An HMO (Health Maintenance Organization) for which you see your primary health care provider at the HMO building? **deleted**

Y N 3

d. A PPO (Preferred Provider Organization) for which you must choose your health provider from a list, but those providers may work in private offices? **deleted**

Y N 3

e. Other private insurance (e.g. Blue Cross) for which you may choose any health provider, although you may have to pay part of the fee if they are not on a preferred provider list? **deleted**

Y N 3

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B. CARDIOVASCULAR HISTORY

1. Have you had a cardiac arrest (your heart stopped and had to be restarted)? **deleted** Y₁ N₃
2. Have you had heart failure or congestive heart failure? **B_CHF** Y₁ N₃
3. Have you had atrial fibrillation (a type of irregular heartbeat)? **B_AFIB** Y₁ N₃
4. Have you had any other type of cardiac arrhythmia (irregular heartbeat)? **B_ARRHYT** Y₁ N₃
5. Has a doctor ever told you that you had a heart attack? **B_MI** Y₁ N₃
 - a. If Yes, when did the most recent attack occur? **deleted** _____ / _____
Month Year

Recoded as B_MIYR = years from most recent event to randomization

6. Have you had an aortic aneurysm? **deleted** Y₁ N₃
7. Have you had a stroke? **B_STROKE** Y₁ N₃
8. Have you ever had chest pain? **deleted** Y₁ N₃
 - a. If Yes, did a doctor ever say you had angina? **deleted** Y₁ N₃

9. In the past 4 weeks have you had any chest discomfort? **B_CPAIN4** Y₁ N₃

If Yes,

- a. does this usually occur with exercise, such as walking, climbing stairs, carrying something, or sexual activity? **B_STAIRS** Y₁ N₃
- b. does this usually occur with emotion, such as excitement, stress, tension, or anger? **B_EMOTE** Y₁ N₃
- c. does this awaken you from sleep? **B_AWAKEN** Y₁ N₃
- d. did you have any chest discomfort at rest? **B_CDREST** Y₁ N₃

- e. Choose one of the following descriptions of the typical level of your discomfort over the past 4 weeks (*check one*) **B_LEVEL**

- 1 Ordinary physical activity does not cause angina, or angina only with strenuous or rapid or prolonged exertion.
- 3 Slight limitation of ordinary activity. Walking or climbing stairs rapidly, walking uphill, walking or stair climbing after meals, or in cold, may cause angina.
- 5 Marked limitation of ordinary physical activity. Walking one to two blocks on the level and climbing one flight of stairs under normal conditions and at normal pace may cause angina.
- 7 Inability to carry on physical activity without angina or chest pain.

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10. Did your mother or any full-blooded sister have a heart attack at or before they were 65 years of age? **B_FRELMI** Y₁ N₃
11. Did your father or any full-blooded brother have a heart attack at or before they were 55 years of age? **B_MRELMI** Y₁ N₃
12. Did you ever have a coronary angioplasty, PTCA, stent, atherectomy or other coronary intervention? **B_CORINT** Y₁ N₃
- a. If Yes, when did the most recent one occur? **deleted** /
Month Year
- Recoded as B_CORIYR = years from most recent event to randomization**

C. PERIPHERAL ARTERY DISEASE HISTORY

1. Did a doctor ever say you had claudication or peripheral arterial disease (poor blood flow to the legs or blocked or narrowed arteries to the legs)? Do not include varicose veins or phlebitis. **B_PCLAUD** Y₁ N₃
- If Yes, have you ever had:
- a. angiography (dye in the arteries of the legs)? **deleted** Y₁ N₃
- b. angioplasty (balloon catheter or device to open blockage in your legs)? **deleted** Y₁ N₃
- c. surgery to improve blood flow to your legs? (not including surgery for varicose veins) **deleted** Y₁ N₃
2. Did you ever have a carotid angioplasty (opening of the arteries of the neck with a balloon or other device)? **deleted** Y₁ N₃
3. Have you had carotid endarterectomy (operation for blockage or narrowing of the arteries in the neck)? **deleted** Y₁ N₃

Questions 1a-c, 2 and 3 above recoded as
B_NCINTV = 1 if yes to any of these questions
= 0 otherwise

D. GYNECOLOGICAL HISTORY

1. How old were you when you had your first menstrual period? **B_FSTMP** yrs
2. How old were you when you last had *regular* menstrual bleeding? **B_LREGMP** yrs
3. How old were you when you last had *any* menstrual bleeding? **B_LMP** yrs
4. Have you ever been pregnant? **deleted** Y₁ N₃
- If you have,
- a. how many times have you been pregnant? **deleted**

b. how many pregnancies resulted in live births? **deleted**

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5. Did you ever have an operation to remove one or both of your ovaries? **B_OVSUR** Y₁ N₃

If Yes,

a. did the operation affect both ovaries? **B_BOTHOV** Y₁ N₃

b. what year did you have the operation? **deleted** 19____
Year

Recoded as B_OVSYR = years from operation to randomization

6. Have you had a hysterectomy (an operation to remove the uterus or womb)? **B_HYST** Y₁ N₃

a. If Yes, year of the hysterectomy: **deleted** 19____
Year

Recoded as B_HYSTYR = years from date of randomization

7. Did you ever take birth control pills for at least 3 consecutive months? **B_BCPILL** Y₁ N₃

a. If Yes, for how many total months and years? **deleted** ____ / ____
Months Years

Recoded as B_BCPLYR = number of year taking birth control pills

E. HISTORY OF HIGH BLOOD PRESSURE

1. Did a doctor ever tell you that you had high blood pressure? (*do not include high blood pressure that you only had during pregnancy*) **B_HTN** Y₁ N₃

F. HISTORY OF DIABETES

1. Did a doctor ever tell you that you had diabetes or high blood sugar? (*do not include diabetes that you only had during pregnancy*) **B_DIAB** Y₁ N₃

G. CANCER HISTORY

Has a doctor ever told you that you had:

1. Endometrial cancer (cancer of the lining of uterus or womb)? **deleted** Y₁ N₃

2. Melanoma? **deleted** Y₁ N₃

3. Other cancer (excluding skin cancers other than melanoma)? **deleted** Y₁ N₃

H. ABDOMINAL PROBLEMS

1. Did a doctor ever say you had gallbladder disease or gallstones? **B_GAL** Y₁ N₃

If Yes,

a. do you now have gallbladder disease or gallstones? **B_GALNOW** Y₁ N₃

b. did you ever have a procedure to remove gallstones? **B_GALSUR** Y₁ N₃

c. did you have your gallbladder removed? **B_GALREM** Y₁ N₃

2. Did a doctor ever say you had kidney stones or bladder stones? **B_STONES**

Y₁ N₃

3. Did a doctor ever say you had pancreatitis? **B_PANCR**

Y₁ N₃

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I. BONE PROBLEMS

1. After age 55, did a health care provider ever say you had a broken, fractured or crushed bone? **B_FX**

Y₁ N₃

If Yes,

a. Was the most recent fracture in connection with a fall or an accident? **B_FXFALL**

Y₁ N₃

b. Was the most recent fracture located in:

1) the hip? **B_FXHIP**

Y₁ N₃

2) the spine? **B_FXSPNE**

Y₁ N₃

3) another location? **B_FXOTH**

Y₁ N₃

a) If Yes, specify: **deleted** _____

J. HEALTH HABITS

1. Have you smoked at least 100 cigarettes in your entire life? **B_100CIG**

Y₁ N₃

If Yes,

a. on average, during all the years you smoked, how many cigarettes did you smoke per day? **deleted**

b. do you smoke cigarettes now? **B_CIGNOW**

Y₁ N₃

c. except for the times you quit, how many years have you smoked cigarettes? **deleted**

Years

Recorded as B_PCKYRS = (Question 1a / 20) * Question 1c

2. During your entire life, have you had at least 12 drinks of any kind of alcoholic beverage? **B_ETOH**

Y₁ N₃

If Yes, how many do you currently drink **deleted**

**Recorded as B_CURRDRK = 1 if answer in (3,5,7,9)
= 0 if answer is 1**

- 1 I no longer drink alcohol
- 3 less than one drink of an alcoholic beverage/month
- 5 1-4 drinks of an alcoholic beverage/month or 1/week
- 7 8-16 drinks of an alcoholic beverage/month or 2-4/week

9 more than 4 drinks of an alcoholic beverage/week

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3. How often each week (7 days) do you usually do the exercises below?

a. Strenuous or very hard exercise

You work up a sweat and your heart beats fast. For example, aerobics, aerobic dancing, jogging, tennis, swimming laps.

1) How many days per week? (write 0 for none) **B_EX3DYS**

Days/Week

2) How long do you usually exercise like this at one time? **B_EX3MIN**

1 < 20min

3 20-39min

5 40-59min

7 1 hour or more

b. Moderate exercise

Not exhausting. For example, biking outdoors, using a stationary bike or treadmill, easy swimming, calisthenics, popular or folk dancing.

1) How many days per week? (write 0 for none) **B_EX2DYS**

Days/Week

2) How long do you usually exercise like this at one time? **B_EX2MIN**

1 < 20min

3 20-39min

5 40-59min

7 1 hour or more

c. Mild exercise

For example slow dancing, walking, bowling or golf.

1) How many days per week? (write 0 for none) **B_EX1DYS**

Days/Week

2) How long do you usually exercise like this at one time? **B_EX1MIN**

1 < 20min

3 20-39min

5 40-59min

7 1 hour or more

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K. ESTROGEN HISTORY

1. Other than birth control pills, have you ever taken estrogen and/or progesterone pills, patches, cream or injections? **B_ESTRO**

Y₁ N₃

If Yes,

(If you are unsure which medication you took, check with the WAVE study coordinator)

a. Estrogens	b. Used?	c. Average days per month	d. Total months and years taken
1. Premarin pill B_PREMU, B_PREMF, B_PREMM / B_PREMY	Y ₁ N ₃	___	___ / ___ Month Years
2. Synthetic estrogen pill B_SYNEU, B_SYNEF, B_SYNEM / B_SYNEY	Y ₁ N ₃	___	___ / ___ Month Years
3. Natural estrogen pill B_NATEU, B_NATEF, B_NATEM / B_NATEY	Y ₁ N ₃	___	___ / ___ Month Years
4. Estrogen patch B_EPATU, B_EPATF, B_EPATM / B_EPATY	Y ₁ N ₃	___	___ / ___ Month Years
5. Estrogen vaginal cream B_VAGCU, B_VAGCF, B_VAGCM / B_VAGCY	Y ₁ N ₃	___	___ / ___ Month Years
6. Estrogen injection or implant B_EINJU, B_EINJF, B_EINJM / B_EINJY	Y ₁ N ₃	___	___ / ___ Month Years

e. Progestins	f. Used?	g. Average days per month	h. Total months and years taken
1. Synthetic progesterone pill B_SYNPU, B_SYNPF, B_SYNPM / B_SYNPY	Y ₁ N ₃	___	___ / ___ Month Years
2. Micronized natural progesterone pill B_MPROU, B_MPROF, B_MPROM / B_MPROY	Y ₁ N ₃	___	___ / ___ Month Years
3. Progesterone injection or implant B_PINJU, B_PINJF, B_PINJM / B_PINJY	Y ₁ N ₃	___	___ / ___ Month Years

i. Combinations	j. Used?	k. Average days per month	l. Total months and years taken
1. Premphase B_PPHAU, B_PPHAF, B_PPHAM / B_PPHAY	Y ₁ N ₃	___	___ / ___ Month Years
2. Prempro B_PPROU, B_PPROF, B_PPROM / B_PPROY	Y ₁ N ₃	___	___ / ___ Month Years
3. Other B_OTHCU, B_OTHCF,	Y ₁ N ₃	___	___ / ___

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L. VITAMIN HISTORY

1. Did you ever take vitamin C pills at least 3 times/week for at least 3 consecutive months? **B_VITC**

Y₁ N₃

If Yes,

- a. for how many total months and years? **deleted**

____ / ____
Months Years

Recorded as B_VITCYR = number of years taking vitamin C pills

2. Did you ever take vitamin E pills at least 3 times/week for at least 3 consecutive months? **B_VITE**

Y₁ N₃

If Yes,

- a. for how many total months and years? **deleted**

____ / ____
Months Years

Recorded as B_VITEYR = number of years taking vitamin E pills