## **Frequency of Data Collection**

|           |  |         |         | ening   |         |           |        |         |         |        |         |        |         |        | (       | СТ     |         |        |         |        |         |        |         |        |         |              |   | os       | S  |         |
|-----------|--|---------|---------|---------|---------|-----------|--------|---------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------------|---|----------|----|---------|
| Form<br># | Form Name  | SV<br>0 | SV<br>1 | SV<br>2 | SV<br>3 | 4-6<br>wk | 6<br>m | 1<br>Yr | 4<br>wk | 6<br>m | 2<br>Yr | 6<br>m | 3<br>Yr | 6<br>m | 4<br>Yr | 6<br>m | 5<br>Yr | 6<br>m | 6<br>Yr | 6<br>m | 7<br>Yr | 6<br>M | 8<br>Yr | 6<br>m | 9<br>Yr | Close<br>Out |   | 3<br>Yr  | _  | 9<br>Yr |
| 2         | Eligibility Screen                                 | X       |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   |          |    |         |
| 4         | HRT Washout  |         | Н       |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   | <u> </u> |    |         |
| 10        | HT Manage/Safety Interview                         |         |         |         |         | Н         | Н      | Н       |         | Н      | Н       | Н      | Н       | Н      | Н       | Н      | Н       | Н      | Н       | Н      | Н       | Н      | Н       | Н      | Н       | Н            |   |          |    |         |
| 17        | CaD Manage/Safety Interview                        |         |         |         |         |           |        |         | С       | С      | С       | С      | С       | С      | С       | С      | С       | С      | С       | C      | С       | С      | С       | C      | С       | С            |   |          |    |         |
| 20        | Personal Information                               |         | X       | X       | X       |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   | <u> </u> |    |         |
| 25        | Participant Treatment Assignment – HT <sup>1</sup> |         |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   |          |    |         |
| 28        | Participant Treatment Assignment – CaD             |         |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         | X            |   |          |    |         |
| 30        | Medical History                                    |         | X       |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   |          |    |         |
| 31        | Reproductive History                               |         |         | X       |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   | ı        |    |         |
| 32        | Family History                                     |         |         |         | X       |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   | 1        |    |         |
| 33        | Medical History Update                             |         |         |         |         |           | X      | X       |         | X      | X       | X      | X       | X      | X       | X      | X       | X      | X       | X      | X       | X      | X       | X      | X       | X            | X | 1        |    |         |
| 34        | Personal Habits                                    |         |         |         | X       |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   | ı        |    |         |
| 35        | Personal Habits Update                             |         |         |         |         |           |        | X       |         |        |         |        | X       |        |         |        |         |        | X       |        |         |        |         |        | X       |              |   | i        |    |         |
| 37        | Thoughts & Feelings                                |         |         | X       |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         | X            |   |          |    |         |
| 38        | Daily Life   |         |         |         |         |           |        | X       |         |        |         |        | %       |        |         |        |         |        | %       |        |         |        |         |        | %       |              |   | X        |    |         |
| 39        | Cognitive Assessment                               |         |         |         | %H      |           |        | %Н      |         |        |         |        | %Н      |        |         |        |         |        | %Н      |        |         |        |         |        | %Н      |              |   | l        |    |         |
| 40        | Addendum to Medical History <sup>1</sup>           |         |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   |          |    |         |
| 41        | Addendum to Personal Info <sup>1</sup>             |         |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   |          |    |         |
| 42        | OS Questionnaire <sup>1</sup>                      |         |         | О       |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   | l        |    |         |
| 43        | Hormone Use Interview                              |         | X       |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   |          |    |         |
| 44        | Current Medications                                |         | X       |         |         |           |        | X       |         |        |         |        | X       |        |         |        |         |        | X       |        |         |        |         |        | X       |              |   | X        |    |         |
| 45        | Current Supplements                                |         | X       |         |         |           |        | X       |         |        |         |        | X       |        |         |        |         |        | X       |        |         |        |         |        | X       |              |   | X        |    |         |
| 48        | OS Follow-Up Questionnaire <sup>1</sup>            |         |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   |          |    |         |
| 49        | E+P Survey <sup>1</sup>                            |         |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   | <u> </u> |    |         |
| 55        | E-Alone Survey <sup>1</sup>                        |         |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   | <u> </u> |    |         |
| 60        | Food Questionnaire                                 |         | X       |         |         |           |        | D       |         |        | %D      |              |   | X        |    |         |
| 80        | Physical Measures                                  |         | X       |         |         |           |        | X       |         |        | X       |        | X       |        | X       |        | X       |        | X       |        | X       |        | X       |        | X       |              |   | X        | BD |         |
| 80        | Waist/Hip Measures                                 |         | X       |         |         |           |        | X       |         |        |         |        | %       |        |         |        |         |        | %       |        |         |        |         |        | %       |              |   | X        |    |         |
| 81        | Pelvic   |         |         | Н       |         |           |        | Н       |         |        | Н       |        | Н       |        | Н       |        | Н       |        | Н       |        | Н       |        | Н       |        | Н       |              |   |          |    |         |
| 82        | Endometrial Aspiration                             |         |         | Н       |         |           |        |         |         |        |         |        | %Н      |        |         |        |         |        | %Н      |        |         |        |         |        | %Н      |              |   |          |    |         |
| 83        | Transvaginal Uterine Ultrasound <sup>1</sup>       |         |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |              |   | ł        |    |         |

|           |   |         |         | eening  | •       |           |        |         |         |        |         |        |         |        | (       | СТ     |         |        |         |        |         |        |         |        |    |              |   | os      |    |
|-----------|---|---------|---------|---------|---------|-----------|--------|---------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|----|--------------|---|---------|----|
| Form<br># | Form Name                               | SV<br>0 | SV<br>1 | SV<br>2 | SV<br>3 | 4-6<br>wk | 6<br>m | 1<br>Yr | 4<br>wk | 6<br>m | 2<br>Yr | 6<br>m | 3<br>Yr | 6<br>m | 4<br>Yr | 6<br>m | 5<br>Yr | 6<br>m | 6<br>Yr | 6<br>m | 7<br>Yr | 6<br>M | 8<br>Yr | 6<br>m |    | Close<br>Out |   |         |    |
| 84        | Clinical Breast Exam                    |         |         | HD      |         |           |        | Н       |         |        | Н       |        | Н       |        | Н       |        | Н       |        | Н       |        | Н       |        | Н       |        | Н  |              |   |         |    |
| 85        | Mammogram                               |         |         | HD      |         |           |        | Н       |         |        | X       |        | Н       |        | X       |        | Н       |        | X       |        | Н       |        | X       |        | Н  | Н            |   |         |    |
| 86        | ECG                                     |         |         | HD      |         |           |        |         |         |        |         |        | X       |        |         |        |         |        | X       |        |         |        |         |        | X  |              |   |         |    |
| 87        | Bone Density                            |         | BD      |         |         |           |        | BD      |         |        |         |        | BD      |        |         |        |         |        |         |        |         |        |         |        | BD | BD           | E | BD BE   | BD |
| 90        | Functional Status                       |         |         |         | %HD     |           |        | %       |         |        |         |        | %       |        |         |        |         | ВГ     | %       |        |         |        |         |        | %  |              |   |         |    |
| 92        | Pap                                     |         |         | Н       |         |           |        |         |         |        |         |        | Н       |        |         |        |         |        | Н       |        |         |        |         |        | Н  |              |   |         |    |
| 100       | Blood Collection                        |         | X       |         |         |           |        | X       |         |        |         |        | %       |        |         |        |         |        |         |        |         |        |         |        | %  |              |   | X       |    |
| 101       | Urine Collection                        |         | BD      |         |         |           |        | BD      |         |        |         |        | BD      |        |         |        |         | %      |         |        |         |        |         |        | BD |              | E | BD      | BD |
| 143       | OS Follow-up (Year 3)                   |         |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         | , ,    |         |        |         |        |         |        |    |              |   |         |    |
| 144       | OS Follow-up (Year 4) <sup>1</sup>      |         |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |    |              | X |         |    |
| 145       | OS Follow-up (Year 5) <sup>1</sup>      |         |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |    |              |   |         |    |
| 146       | OS Follow-up (Year 6)                   |         |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |    |              |   | X       |    |
| 147       | OS Follow-up (Year 7) <sup>1</sup>      |         |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |    |              |   |         |    |
| 148       | OS Follow-up (Year 8) <sup>1</sup>      |         |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |    |              |   |         |    |
| 149       | Supplement to OS Follow-up <sup>1</sup> |         |         |         |         |           |        |         |         |        |         |        |         |        |         |        |         |        |         |        |         |        |         |        |    |              |   | $\perp$ |    |

 $<sup>^{\</sup>rm 1}\,\mathrm{See}$  description in Baseline and Follow-up Variables table for timing of data collection.

**Key:** X = All Participants

D = DM

H = HRT

C = CaD

O = OS

% = Percentage (subsample) of participants

BD = Bone Density sites

## **Baseline and Follow-Up Variables**

| Form and variables  | Timing and Subsample Notes (See table above for frequency of collection)  |
|---|---|
| Form 2 - Eligibility Screen name; mailing address; telephone numbers and best times to call; date of birth; residing in area for next three years; current involvement in other research studies; history of cancer (site, diagnosis in past 10 years); ethnicity; recruitment source; hormone use (present, in last three months); osteoporosis-related fracture and hormone use as treatment; hysterectomy history; last menstrual bleeding; number of meals prepared away from home; special diets (type); history of diabetes, deep vein thrombosis, pulmonary embolus, stroke, transient ischemic attack, myocardial infarction; history of sickle cell anemia, heart failure, liver disease, bleeding problem; loss of 15 pounds in last six months; renal failure requiring hemodialysis; other chronic illness; emotional or mental problems; ability to get to clinical center; interest in DM; interest in HRT (willingness to stop current hormone medications). | Updated at final screening contact.   |
| <b>Form 4 - HRT Washout</b> date stopped hormones; assessment of symptoms after stopping (HT for those on hormones at initial contact).   |   |
| <b>Form 10 - HRT Management and Safety Interview</b> presence and amount of vaginal bleeding; changes in breasts; currently taking medications, or have symptoms, worries, or health changes that might require stopping study pills; pill-taking behaviors.  | Required semi-annually and at non-routine contracts initiated by participant while HRT participants were taking study pills, and for two semi-annual contacts after stopping study pills. |
| <b>Form 17 - CaD Management and Safety Interview</b> presence of gastrointestinal symptoms, currently taking medications, or have symptoms, concerns, or health changes that might require stopping study pills; pill-taking behaviors.   | Required semi-annually and at non-routine contracts initiated by participant while CaD participants were taking study pills, and for one semi-annual contact after stopping study pills.  |
| <b>Form 20 - Personal Information</b> education; employment status; occupation; marital status; partner's education, employment status, occupation; total family income; recent history of mammogram, pelvic exam, endometrial aspiration; insurance coverage; serve in armed services.   |   |
| Form 25 – Participant Treatment Assignment: Estrogen plus Progesterone/E-Alone – date stopped study pills; symptoms when stopped; guess on treatment assignment and reasons.  | For E+P, when intervention stopped July 9, 2002. For E-Alone, when intervention stopped in February 2004.   |
| Form 28 – Participant Treatment Assignment CaD when stopped study pills, guess on treatment assignment and reasons.   | At CaD study close-out October 2004-March 2005.   |
| Form 30 - Medical History Questionnaire hospitalization history; history of medical conditions; history of heart, circulatory, or coagulation problems; history of arthritis, gallbladder disease, thyroid disease, hypertension, angina, peripheral arterial disease and related procedures, colonoscopy or sigmoidoscopy, stool guaiac; history of cancers (site, age at diagnosis); recent history of falls or syncopal episodes; history of fractures (site, age, number).  |   |

| Form and variables  | Timing and Subsample Notes (See table above for frequency of collection)                                 |
|---|--|
| <b>Form 31 - Reproductive History</b> age at menarche; history of menstrual irregularity and amenorrhea; history of menopausal symptoms; history of pregnancy, pregnancy outcomes, infertility; history of breast feeding; history of gynecologic and breast surgeries.   |  |
| <b>Form 32 - Family History Questionnaire</b> number of full-blooded sisters and brothers, daughters, and sons; parental age or date of death; relatives' history of' diabetes, myocardial infarction, stroke, cancers; fractures in parents (site, age).   |  |
| Form 33 - Medical History Update hospitalization since last contact; hospitalization for heart, circulatory, or coagulation problems; stroke or transient ischemic attack, number of falls or syncopal episodes, fractures update; cancer (type, where diagnosed, hospitalization); mammogram; breast biopsy, needle aspiration, or lumpectomy; tests and procedures; electrocardiogram; diagnosis of new conditions; hip or other joint replacement.   |  |
| <b>Form 34 - Personal Habits Questionnaire</b> coffee consumption; smoking history; alcohol history; weight change; special diets; history of physical activity and exercise (frequency, duration).   |  |
| <b>Form 35 - Personal Habits Update</b> —physical activity and exercise; alcohol consumption; current cigarette smoking.  |  |
| <b>Form 37 - Thoughts and Feelings</b> social support; social integration; care giving; social strain; optimism; negative emotional expressiveness; hostility; Form 38 – Daily Life items: quality of life; symptoms; life events; depression; sleep disturbance; urinary incontinence; sexual functioning.   |  |
| Form 38 - Daily Life quality of life; symptoms; life events; depression; sleep disturbance; urinary incontinence; sexual functioning.   | 6% CT cohort subsample (8.6% HT and 4.3% DM; same as Form 80 [for hip/waist] and Form 100-Blood cohort). |
| Form 39 - Cognitive Assessment expanded mini mental status examination.   | HT cohort aged 65 and over.  |
| Form 40 - Addendum to Medical History Update family history of DVT and PE. (2002)   | Initiated in 2002 and collected once from all CT and OS participants at next routine contact.            |
| Form 41 - Addendum to Personal Information racial/ethnic background using 2000 Census questions. (2002)   | Initiated in 2002 and collected once from all CT and OS participants at next routine contact.            |
| Form 42 - Observational Study Questionnaire birth weight, birth status, breast feeding at birth; coffee/tea consumption; alcohol history; smoking history; history of breast examination, history of benign breast disease, recent history of mammogram; history of the use of powders in genital area or on sanitary napkins; history of diaphragm; history electric blanket use; religious affiliation; recent history of physical activity and exercise (frequency, duration); occupational history; height and weight history, weight change; state of residence history. |  |
| Form 43 - Hormone Use Interview— current and past hormone replacement (duration, frequency); history of oral contraceptive, diethylstilbestrol, depo-provera use.   |  |

| Form and variables  | Timing and Subsample Notes (See table above for frequency of collection)  |
|---|---|
| Form 44 – Current Medications –.current medication name, form, strength, duration.  |   |
| <b>Form 45 – Current Supplements</b> –.current supplement name; vitamin and mineral type, dose, frequency, duration.  |   |
| Form 48 – OS Follow-up Questionnaire (Year 1) current weight, recent weight change; current food and beverage consumption at meal or snack times, recent use of fats or oils, recent wine consumption; current smoking habits; recent history of hormone replacement; history of insecticide exposure; history of living with pets; history of computer use (frequency, duration); history of hand-held hair dryer use (frequency, duration). |   |
| <b>Form 49 - Estrogen Plus Progestin Survey</b> – date stopped; take hormones since stopped and reasons; take hormones now; current symptoms and severity; how manage symptoms; depression scale; sexual functioning; current medications, natural hormones; quality of life.   | For E+P participants on study through July 8, 2002, when intervention was; administration began in March 2003.  |
| <b>Form 55 - Estrogen-Alone Survey</b> – current symptoms; how manage symptoms; sexual functioning; current medications, natural hormones; take hormones since stopped and reasons; take hormones or SERMS now.   | For all E-Alone participants; administered twice: first in Jan. 2004 before the intervention was stopped on February 28, 2004, and again at close-out visit.  |
| Form 60 – Food Questionnaire 145 item Food Frequency Questionnaire.   | Year 2: 30% cross sectional; Year 3,6: 4.3% cohort (same as blood subsample) and 5.7% repeated cross-sectional; Year 4,5,7: 10% cross-sectional. In 2000 implemented subsample so each DM participant received a FFQ at least once every 3 years. |
| <b>Form 80 - Physical Measurements</b> – resting pulse and blood pressure; height, weight; waist and hip circumference.   | Waist and hip measurements at Year 3,6, and 9 in 6% CT cohort subsample (8.6% HT and 4.3% DM; same as Form 38-Daily Life and Form 100-Blood cohort). For BD sites, height at OS Year 6.   |
| <b>Form 81 - Pelvic Exam</b> – physical exam results; presence of cystocele, rectocele; uterine presence, size, prolapse; adnexae; follow-up results.   | Not required for E+P participants after July 9, 2002, when intervention was stopped.  |
| Form 82 - Endometrial Aspiration – uterine depth; aspiration results; follow-up results.  | 5% E+P participants with uterus at indicated contacts, and at other contacts to manage unexpected bleeding. Not required after July 9, 2002, when intervention was stopped.   |
| Form 83 – Transvaginal Uterine Ultrasound – endometrial thickness; pathology results; endometrial cavity fluid; follow-up results.  | Done only if endometrial aspiration could not be done or was refused.   |

| Form and variables   | Timing and Subsample Notes (See table above for frequency of collection)   |
|--|--|
| <b>Form 84 - Clinical Breast Exam</b> – nipple discharge; skin, axillary, or breast mass; mass size, mobility, number; follow-up results.  | Optional for DM participants.  |
| Form 85 - Mammogram summary results, follow-up results.  |  |
| Form 86 – ECG – 12 lead ECG  |  |
| Form 87 – Bone Density Scan – hip, spine, and whole body scan  | Collected only at 3 Bone Density sites; not required on enhanced recruitment participants at these sites. Collected at close-out if did not reach Year 9.  |
| Form 90 - Functional Status grip strength; chair stand; 6 meter timed walk.  | 25% CT cohort aged 65 and over.  |
| Form 92 - Pap Smear type cells present; pathology results; follow-up results.  | HT women with cervix.  |
| <b>Form 100 - Blood Collection and Processing</b> hematocrit, white blood cell count, platelet count, fasting triglycerides (for HT participants if serum lipemic); fasting serum, plasma (citrate and EDTA), buffy coat, RBCs for storage; time since ate; physical exercise and aspirin use before blood drawn; time drawn, centrifuged, removed from cells, frozen.   | 6% CT cohort subsample (8.6% HT and 4.3% DM; same as Form 38-Daily Life and Form 80 [for hip/waist] cohort). Hct, platelet count, WBC done only at screening on CT and OS participants; triglyceride done on HT participants if serum lipemic. |
| <b>Form 101 - Urine collection and Processing</b> – first morning void urine for storage; time collected, centrifuged, removed to vials, frozen.   | Collected only at 3 Bone Density sites; not required on enhanced recruitment participants.   |
| Form 143 - OS Follow-Up Questionnaire (Year 3) recent weight change, figure (weight) identification; current physical activity and exercise (frequency, duration); usual activities; past strenuous physical activity by age (frequency); recent alcohol consumption, change in alcohol consumption habits; recent coffee/tea/water/diet drinks consumption; recent use of fats or oils; current smoking, current smoking exposure; current employment status, current marital status, partner's current employment status; total family income; existence and recent use of usual medical care provider, change in usual medical provider; choice options in current health insurance coverage, type(s) of current health insurance coverage and payment mechanism; recent use of hormone replacement therapy; diagnoses of new medical conditions. | OS Follow-Up Questionnaire not done at Year 2.   |
| Form 144 - OS Follow-Up Questionnaire (Year 4) current weight, recent weight change; current physical activity and exercise (frequency, duration); exposure and sensitivity to sunlight; current smoking; past and present use of artificial sweeteners; recent use of hormone replacement therapy; diagnoses of new medical conditions; current marital status.   |  |
| Form 145 – OS Follow-Up Questionnaire (Year 5) current weight, recent weight change; current physical activity and exercise (frequency, duration); current smoking; video, video display terminal exposure; depression scale; frequency religious practices; recent use of alternative medical treatments; current dental health, frequency of professional dental care; recent use of hormone replacement therapy;  |  |

| diagnoses of new medical conditions; current marital status.   |  |
|--|--|
| Form and variables   | Timing and Subsample Notes (See table above for frequency of collection) |
| Form 146 – OS Follow-Up Questionnaire (Year 6) current weight, recent weight change; current physical activity and exercise (frequency, duration); usual activities; coffee, tea, soft drink, alcohol consumption; current smoking; smoking exposure; existence and recent use of medical care provider, status and types of health insurance; use of natural hormones; use of osteoporosis prescription medications; recent use of hormone replacement therapy; diagnoses of new medical conditions; family history of Alzheimer's; current employment status; current marital status; family finances. |  |
| Form 147 – OS Follow-Up Questionnaire (Year 7) current weight; recent weight change; current physical activity and exercise (frequency, duration); use of weight loss medications; recent use of hormone replacement therapy; diagnoses of new medical conditions; family history of breast cancer; life events; parents' birthplace; current marital status.  |  |
| Form 148 – OS Follow-Up Questionnaire (Year 8) current weight; recent weight change; current physical activity and exercise (frequency, duration); current smoking status; use of weight loss medications; coffee, tea, soft drink consumption; recent use SERMS, recent use of hormone replacement therapy; diagnoses of new medical conditions; family history of senile dementia; current marital status.   |  |
| Form 149 – Supplement to OS Follow-Up Questionnaire (Year 9) care giving responsibilities; life events; breast cancer; use of weight loss medications; parents' birthplace.  | For OS participants who did not reach Year 7 by time of closeout.        |

|             |  | Data C         | ollection    | Schedule             | for Exte     | nsion Stu | dies    |         |                      |         |                 |
|-------------|--|----------------|--------------|----------------------|--------------|-----------|---------|---------|----------------------|---------|-----------------|
|             |  |                | F            | - Ct. d. 20          | 2010         |           |         | Forton  | -i 2010              | 2015    |                 |
|             |  | 2005-6         | 2006-7       | n Study 20<br>2007-8 | 2008-9       | 2009-10   | 2010-11 | 2011-12 | sion 2010<br>2012-13 | 2014-15 |                 |
| Form #      | Data collection                                      | 2003-6<br>Yr 1 | Yr 2         | Yr 3                 | Yr 4         | Yr 5      | Yr 1    | Yr 2    | Yr 3                 | Yr 4    | 2014-15<br>Yr 5 |
| 101111111   | Re-consent and Personal                              |                |              | 5                    |              | 5         |         |         | 5                    | 11.4    | 5               |
|             | Information Update                                   | Х              |              |                      |              |           | Х       |         |                      |         |                 |
| 33          | Medical History Update                               | Х              | Х            | Х                    | Х            | Х         | Х       | Х       | Х                    | Х       | Х               |
| 150         | Hormone Use Update                                   | HT             | HT           | HT                   | HT           | HT        |         |         |                      |         |                 |
| 85          | Mammogram  | HT             | HT           |                      |              |           |         |         |                      |         |                 |
| 134         | Addendum to Medical History Update                   | Х              |              |                      |              |           |         |         |                      |         |                 |
| 151         | Activities of Daily Life (ADL)                       | Х              | Х            | Х                    | Х            | Х         | Х       |         | Х                    | Х       | Х               |
| 155         | Lifestyle Questionnaire (includes ADL)               |                |              |                      |              |           |         | х       |                      |         |                 |
| 153         | Medication and Supplement Inventory                  |                |              |                      | х            |           |         |         | MRC                  |         |                 |
| 154         | Breast Health Supplement to the Medication Inventory |                |              |                      | В            |           |         |         |                      |         |                 |
|             | 24-Hour Recall                                       |                | %DM          |                      |              | %DM       |         |         |                      |         |                 |
|             | Long Life (home visit) data collection               |                |              |                      |              |           |         | HV      | HV                   |         |                 |
| X = all Ext | tension participants                                 |                |              |                      |              |           |         |         |                      |         |                 |
|             | ious Hormone Trial participants                      |                |              |                      |              |           |         |         |                      |         |                 |
|             | evious Hormone Trial participants an                 | nd all Africa  | an America   | n and Hispa          | anic partici | pants     |         |         |                      |         |                 |
| B = all par | ticipants who previously reported dia                | agnosis of b   | reast cance  | r                    |              |           |         |         |                      |         |                 |
| % DM = 4    | .6% of Dietary Modification Trial pa                 | rticipants,    | with half in | n first part         |              |           |         |         |                      |         |                 |
| HV = All p  | participants who consented to the                    | e Home Vi      | sit (18 mo   | nth perioc           | l)           |           |         |         |                      |         |                 |