



Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

4.2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**The next question asks for your Social Security Number. You are not required to give us your number. If you give us your Social Security Number, we will use it to help us keep in contact with you throughout the study. This information is being requested under Section 301 of the Public Health Services Act, 42 U.S.C. 241.**

5. What is your Social Security Number?

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**The next few questions about your background are important to help describe, in general terms, the women who are part of this study.**

6. What is the highest grade in school you finished? **(Mark one.)**

- <sub>1</sub> Didn't go to school
- <sub>2</sub> Grade school (1-4 years)
- <sub>3</sub> Grade school (5-8 years)
- <sub>4</sub> Some high school (9-11 years)
- <sub>5</sub> High school diploma or G.E.D.
- <sub>6</sub> Vocational or training school after high school graduation
- <sub>7</sub> Some college or Associate Degree
- <sub>8</sub> College graduate or Baccalaureate Degree
- <sub>9</sub> Some college or professional school after college graduation
- <sub>10</sub> Master's Degree
- <sub>11</sub> Doctoral Degree (Ph.D., M.D., J.D., etc.)

7. What is your current job status? **(Mark the one that best describes you. If more than one describes you, mark both.)**

- <sub>1</sub> Not working
- <sub>2</sub> Retired
- <sub>3</sub> Homemaker, raising children, care of others
- <sub>4</sub> Employed (full-time or part-time)
- <sub>5</sub> Disabled, unable to work





11. What was the total family income (before taxes) from all sources within your household in the last year? (**Mark the one that is the best guess.** This information is important for describing the women in the study as a group and is kept strictly confidential.)

- <sub>1</sub> Less than \$10,000
- <sub>2</sub> \$10,000 to \$19,999
- <sub>3</sub> \$20,000 to \$34,999
- <sub>4</sub> \$35,000 to \$49,999
- <sub>5</sub> \$50,000 to \$74,999
- <sub>6</sub> \$75,000 to \$99,999
- <sub>7</sub> \$100,000 to \$149,999
- <sub>8</sub> \$150,000 or more
- <sub>9</sub> Don't know

**Your Health Care Providers**

12. Do you have a clinic, doctor, nurse, or physician assistant who gives you your usual medical care?

- <sub>0</sub> No
- <sub>1</sub> Yes



12.1. What is the name, address, and phone number of the clinic, doctor, nurse, or physician assistant? (If you don't know the address, leave that part blank).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City
State
Zip Code

Phone Number: \_\_\_\_\_

12.2. When did you last visit this clinic or person? (**Please give your best guess.**)

-   
 month      year



**Go to the next page.**



15. Have you ever had a test called a "uterus biopsy," "endometrial aspiration," or a "D and C"? (This is done in a doctor's office or clinic where a small part of the lining of the uterus or womb is tested. These tests are different from a Pap smear or a colposcopy.)

<sub>0</sub> No                      <sub>1</sub> Yes



<p>15.1. When did you have your last uterus biopsy, endometrial aspiration, or D and C? (Please give your <b>best</b> guess.)</p> <p>_____ - _____  month                      year</p> <p>15.2. If your last one was done in the past 12 months, what is the full name and address of the doctor, clinic, or hospital where the test was done?</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: center;">City    State    Zip Code</p>
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The next question is being asked to look at how women in the study usually get their medical care paid for and how this might affect their health.

16. Which category or categories below best describe how you usually pay for your medical care? (Mark all that apply.)

- <sub>1</sub> Pre-paid private insurance (for example: Health Maintenance Organization, Kaiser Permanente, or other Group Health-type plan)
- <sub>2</sub> Other private insurance (for example: Blue Cross, Aetna, etc.)
- <sub>3</sub> Medicare
- <sub>4</sub> Medicaid (for example: Medical Assistance or DPA)
- <sub>5</sub> Military or Veterans Administration-sponsored
- <sub>6</sub> No insurance
- <sub>8</sub> Other

17. Have you served in the U.S. armed forces on active duty for a period of 180 days or more?

<sub>0</sub> No

<sub>1</sub> Yes →

<p>17.1. Have you ever made use of a VA Medical Center?</p> <p><input type="checkbox"/><sub>0</sub> No                      <input type="checkbox"/><sub>1</sub> Yes</p>
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18. What is the date you finished this form?

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
month                      day                      year

**Thank you. Please take a moment to review any questions you may have missed. Feel free to write any comments here:**

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OFFICE USE ONLY	
Form Administration	
<input type="checkbox"/>	1 Self
<input type="checkbox"/>	2 Group
<input type="checkbox"/>	3 Interview
<input type="checkbox"/>	4 Assistance