

Figure 4-18 Health Status Questionnaire

<b>Site</b>	<b>Screening ID</b>	<b>Study Period (Months) Check one box.</b>					
		0 <input type="checkbox"/>	12 <input type="checkbox"/>	24 <input type="checkbox"/>	36 <input type="checkbox"/>	48 <input type="checkbox"/>	72 <input type="checkbox"/>



# Health Status Questionnaire

Name: \_\_\_\_\_  
First Name
Last Name

Date: \_\_\_ / \_\_\_ / \_\_\_

**1** Have you been hospitalized overnight at any time during the past 2 years for other than your breast cancer treatment? ..... No   
 Yes  → If Yes, please briefly describe diagnosis \_\_\_\_\_  
diagnosis

**2** Are you pregnant? ..... No  Yes

**3** (a) How often are you being examined for recurrence of your breast cancer? Every 3 to 4 months .....   
 (Check only those that apply) Every 6 months .....   
 Yearly .....   
 Not followed .....   
 Other, please specify \_\_\_\_\_

(b) When was your last checkup? \_\_\_ / \_\_\_ / \_\_\_

(c) Have you had a recurrence of your breast cancer? ..... No  Yes

(d) Have you had a hysterectomy (removal of womb)? ..... No  Yes

(e) Have you had an oophorectomy (removal of ovaries)? ..... No  Yes

(f) Have you had a prophylactic mastectomy? ..... No  Yes

**4** Has a doctor told you that you *currently* have any of the following conditions? Please check all that apply.

- CONDITIONS/PROCEDURES**
- Hypoglycemia .....
  - Prediabetic (borderline high blood sugar) .....
  - Diabetes requiring insulin .....
  - Diabetes not requiring insulin .....
  - High cholesterol (requiring pills) .....
  - High blood pressure .....
  - Angina .....
  - Peripheral arterial disease .....
  - Other heart-related problems (not specified above) .....
  - Stomach or duodenal ulcer .....
  - Diverticulitis .....
  - Ulcerative colitis or Crohn's disease .....
  - Pancreatitis (inflamed pancreas) .....
  - Part of intestines taken out .....
  - Polyps of colon, intestine, bowel, or rectum .....
  - Irritable bowel syndrome (spastic colon) .....
  - Malabsorption syndrome (failure to absorb food) .....
  - Arthritis .....
  - Kidney or bladder stones (renal or urinary calculi) .....
  - Osteoporosis (weak, thin, or brittle bones) .....
  - Gallbladder disease (gallstones) .....
  - Cholecystectomy (removal of gallbladder) .....
  - Cirrhosis .....
  - Other (please specify) \_\_\_\_\_

**5** Are you routinely taking any of the following types of medications? Please check all that apply.

- MEDICATIONS**
- Insulin .....
  - Oral hypoglycemics (*blood sugar lowering pills*) .....
  - Cholesterol lowering drugs .....
  - Oral anticoagulants (*blood thinners, e.g. Coumadin*) .....
  - Diuretics ("water pills") .....
  - Other medications for heart .....
  - Medications for bowel disease .....
  - Ulcer medications .....
  - Pancreatic enzymes .....
  - Anti-diarrheal (*e.g. Lomotil, Imodium*) .....
  - Anti-spasmodics .....
  - Laxatives and stool softeners (*e.g. Metamucil*) .....
  - Corticosteroids .....
  - Anti-estrogens (*e.g. tamoxifen, raloxifene, etc.*) .....
  - Hormone replacement therapy .....
  - Hormonal contraceptives (*pills, injections, or implants*) .....