IOWA WOMEN'S HEALTH STUDY
UNIVERSITY OF MINNESOTA AND UNIVERSITY OF IOWA

MARKING DIRECTIONS

- Use a pencil only (DO NOT use pen).
- Darken completely the circle of the answer you choose.
- Erase cleanly any answer you wish to change.
- Make no stray marks of any kind.
- Written responses must stay within spaces provided.

ADDRESS LABEL

1. Mark one of the following three circles:
   - [ ] A. INDIVIDUAL LISTED ON THE ADDRESS LABEL NO LONGER LIVES AT THE GIVEN ADDRESS AND/OR I DO NOT KNOW THE INDIVIDUAL LISTED ABOVE.
   - [ ] B. INDIVIDUAL ON ADDRESS LABEL IS DECEASED.
     Date of death:
     Month [ ] 19 Year [ ]
     State Where Death Occurred:
   - [ ] C. NEITHER A OR B APPLIES.

2. Please correct any incorrect information on the label.
   CORRECT NAME
   CORRECT STREET ADDRESS
   CORRECT CITY, STATE, ZIP

Since February 1, 1986, were you diagnosed for the first time by a doctor as having:

5. HEART DISEASE OR ANGINA
   - [ ] NO [ ] YES
   - Jan. [ ] May [ ] Sep. [ ] 1986
     If "YES", please mark the month and year of diagnosis.
   - Jan. [ ] May [ ] Sep. [ ] 1986
     If "YES", please mark the month and year of diagnosis.

6. HEART ATTACK
   - [ ] NO [ ] YES
   - Jan. [ ] May [ ] Sep. [ ] 1986
     If "YES", please mark the month and year of diagnosis.
   - Jan. [ ] May [ ] Sep. [ ] 1986
     If "YES", please mark the month and year of diagnosis.

7. STROKE
   - [ ] NO [ ] YES
   - Jan. [ ] May [ ] Sep. [ ] 1986
     If "YES", please mark the month and year of diagnosis.
   - Jan. [ ] May [ ] Sep. [ ] 1986
     If "YES", please mark the month and year of diagnosis.

8. HIGH BLOOD PRESSURE (HYPERTENSION)
   - [ ] NO [ ] YES
   - Jan. [ ] May [ ] Sep. [ ] 1986
     If "YES", please mark the month and year of diagnosis.
   - Jan. [ ] May [ ] Sep. [ ] 1986
     If "YES", please mark the month and year of diagnosis.

9. BENIGN (NON-CANCEROUS) LUMPS OR CYSTS IN BREAST
   - [ ] NO [ ] YES
   - Jan. [ ] May [ ] Sep. [ ] 1986
     If "YES", please mark the month and year of diagnosis.
   - Jan. [ ] May [ ] Sep. [ ] 1986
     If "YES", please mark the month and year of diagnosis.

10. BREAST CANCER
    - [ ] NO [ ] YES
     - Jan. [ ] May [ ] Sep. [ ] 1986
       If "YES", please mark the month and year of diagnosis.
     - Jan. [ ] May [ ] Sep. [ ] 1986
       If "YES", please mark the month and year of diagnosis.

FOR OFFICE USE ONLY

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