

## BI-ANNUAL HOSPITALIZATION HISTORY

Dear

The goal of AHS-2 research is to match diet and lifestyle to physical health (especially cancer and heart disease). To do this, we need to know about **ALL** hospital admissions that occur **AFTER** members became part of the Adventist Health Study.

We would greatly appreciate you taking a few minutes to **complete** the following brief form. Please then **return it** in the **enclosed postage-paid envelope**.

**Please begin by filling ONE circle below at the \*.**

If you have **not** been **admitted** to the hospital since joining AHS-2, you only need to **fill the first circle** below, and then **complete questions 7-10**.

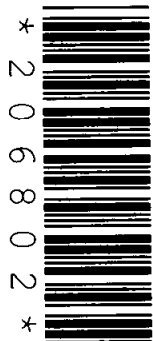
If you have had at least one such hospital stay, even if only overnight, please fill the **second circle** and then start at **question 1**.

\* I have had NO hospitalizations since 10/24/2005 . If none, you can skip to question 7.

I have been admitted to a hospital at least once, even if just overnight, since I enrolled in AHS-2 ( 10/24/2005 )

Please answer the questions below about these hospitalizations, but first read the following statement:

We want you to know that there is a small chance that we may need to view some hospital records that you list below. If that becomes necessary, we will ask your permission before looking at the record, and of course guarantee absolute confidentiality.



### **1** First Hospital Stay since joining AHS-2.

a) Name of Hospital

b) Address of Hospital

(Street)

(City)

(State)

(Zip code)

c) Approximate date you were admitted

(Month)

(Year)

d) What was the main medical condition that caused this admission?

(Print)



## 2 Second Hospital Stay since joining AHS-2.

a) Name of Hospital

b) Address of Hospital

(Street)

(City)

(State)

(Zip code)

c) Approximate date you were admitted

(Month)

(Year)

d) What was the main medical condition that caused this admission?

(Print)

## 3 Third Hospital Stay since joining AHS-2.

a) Name of Hospital

b) Address of Hospital

(Street)

(City)

(State)

(Zip code)

c) Approximate date you were admitted

(Month)

(Year)

d) What was the main medical condition that caused this admission?

(Print)



## 4

If you had four or more hospital stays during this time, use an extra sheet of paper to describe them. Use the questions above to guide you in giving the necessary information.

(Fill circles to give your answers.)

## 5

Did you have any cancers or tumors diagnosed or treated during any of the hospitalizations that you listed above?

No

Yes → During which of the hospitalizations that you listed above?

The first

The second

The third

Another hospitalization



6

During the hospitalizations that you listed previously, did you have a heart attack, or have treatments to stop a heart attack such as clot-busting medicines or the balloon or a stent?

No

Yes → During which of the hospitalizations that you listed above?

- The first
- The second
- The third
- Another hospitalization

(Fill circles to give your answers.)

7

Did you have any cancer or tumor diagnosed over the last two years that did **NOT** require a hospital stay?

No

Yes → Which part of your body was affected? (Please print)

Date of diagnosis: (Month). (Year).

Name and Address of the doctor who cared for you then.

Name:

Address:

(Street)

(City)

(State)

(Zip code)

8

If you have more than one cancer or tumor that did **NOT** require a hospital stay, please use an extra sheet of paper to describe these additional instances. Use question 7 above as a guide to give us the necessary information.

(Fill circles to give your answers.)

9

During the last two years, have you:

a) developed the following conditions for the **FIRST TIME**:

Diabetes

Fracture of the hip (broken hip bone)

Stroke

Fracture of the wrist (broken wrist bone)

I have not developed any of these conditions during the last two years.

b) had the following tests:

Men

A PSA test with an abnormally high value

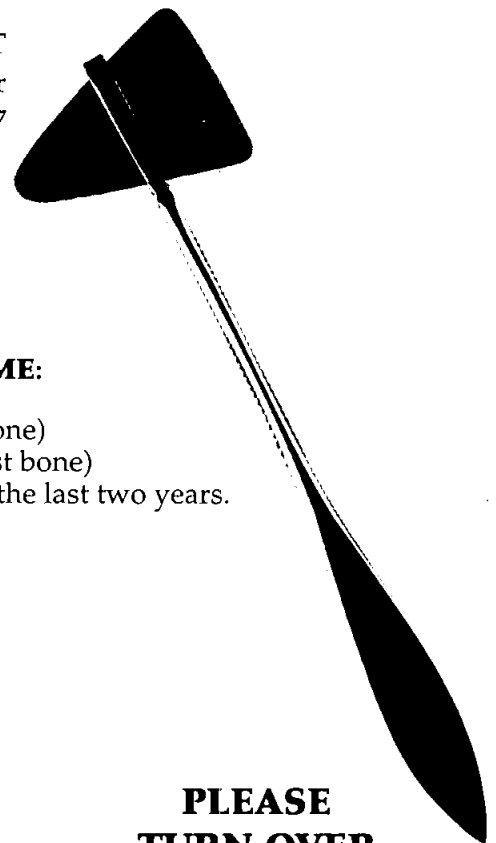
A prostate biopsy

Women

A breast biopsy

A cone biopsy of the cervix

I have not had any of these tests in the last two years.



**PLEASE  
TURN OVER**

**10**

Please print the name of the State where you were born.  
Or fill in this circle if you were not born in the U.S.

**You are now finished.**

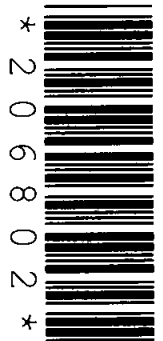
Please mail this form in the enclosed postage paid envelope to us at Adventist Health Study-2, Room 203, Evans Hall, Loma Linda University, Loma Linda, CA 92350.

**DO NOT FOLD**

**Thank you again for your  
continued support of AHS-2**



**Adventist  
Health Study 2**



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