



BIENNIAL HOSPITALIZATION HISTORY

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** your hospital admissions after you last completed a form like this on . If you are not sure of dates, please tell us anyway.

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 *.

Please shade bubbles like this → ●
Not like this → ☒ ☓

If you have **not** been **admitted** to the hospital since , you only need to **fill the first circle** below, and then **complete questions 7-14**.

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 . If none, you can skip to question 7.
 I have been admitted to a hospital at least once, even if just overnight, since

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 the date noted above in the

- 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) _____

PLEASE DO NOT WRITE IN THIS AREA



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(Fill circles to give your answers.)

7 Did you have a new cancer or tumor that did **NOT** require a hospital stay and was diagnosed after the date in the **blue box** on the front page?

- 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.

SUNLIGHT EXPOSURE - Summer

Vitamin D is largely formed in the skin during sunlight exposure. It may protect against cancer.

9 Clothing. What parts of your body do you usually leave UNCOVERED when outside in the sunshine during the summer?

Typical Weekday (Mon-Fri)

- Face
- Arms
- Legs
- Upper body

Typical Saturday

- Face
- Arms
- Legs
- Upper body

Typical Sunday

- Face
- Arms
- Legs
- Upper body

10 Length of Time you Spent outside in the **Sunshine** during recent **summers**.

a) EARLY MORNING (9 a.m.-11 a.m.) in SUMMER

Typical Weekday (Mon-Fri)

- 0 Mins
- Up to 29 mins
- 30-59 mins
- 1-2 hours

Typical Saturday

- 0 Mins
- Up to 29 mins
- 30-59 mins
- 1-2 hours

Typical Sunday

- 0 Mins
- Up to 29 mins
- 30-59 mins
- 1-2 hours

b) MIDDLE OF THE DAY (11 a.m.-3 p.m.) in SUMMER

Typical Weekday (Mon-Fri)

- 0 Mins
- Up to 14 mins
- 15-29 mins
- 30-59 mins
- 1-1.9 hrs
- 2-4 hrs

Typical Saturday

- 0 Mins
- Up to 14 mins
- 15-29 mins
- 30-59 mins
- 1-1.9 hrs
- 2-4 hrs

Typical Sunday

- 0 Mins
- Up to 14 mins
- 15-29 mins
- 30-59 mins
- 1-1.9 hrs
- 2-4 hrs

c) LATE AFTERNOON (3 p.m.-5 p.m.) in SUMMER

Typical Weekday (Mon-Fri)

- 0 Mins
- Up to 29 mins
- 30-59 mins
- 1-2 hours

Typical Saturday

- 0 Mins
- Up to 29 mins
- 30-59 mins
- 1-2 hours

Typical Sunday

- 0 Mins
- Up to 29 mins
- 30-59 mins
- 1-2 hours

PLEASE TURN OVER

SUNLIGHT EXPOSURE - Winter

11 MIDDLE OF DAY (10 a.m.-2 p.m.) during recent WINTERS—Time spent outside in the Sunshine.

Typical Weekday (Mon-Fri)

- 0 Mins
- Up to 29 mins
- 30-59 mins
- 1-2 hours
- 3-4 hours

Typical Saturday

- 0 Mins
- Up to 29 mins
- 30-59 mins
- 1-2 hours
- 3-4 hours

Typical Sunday

- 0 Mins
- Up to 29 mins
- 30-59 mins
- 1-2 hours
- 3-4 hours

12 Clothing. What parts of your body do you usually leave UNCOVERED when outside in the sunshine during the winter?

Typical Weekday (Mon-Fri)

- Face
- Arms
- Legs
- Upper body

Typical Saturday

- Face
- Arms
- Legs
- Upper body

Typical Sunday

- Face
- Arms
- Legs
- Upper body

13 Please respond to this question only if there is a large asterisk printed here → , otherwise skip to Q14.

In the first AHS-2 questionnaire you did not give your social security number. We hope that you may be willing to give just the **last four digits** of that number (although this is optional). This does not place you at any risk but would help us greatly when tracing any future cancers that you may experience. For instance, if your social security number is 123-45-6789 then it is the 6789 that would help us. PLEASE PRINT CLEARLY

The last 4 digits of your Social Security Number

Thank you

14 Please check your contact details printed below to the left. Make corrections or updates in the space to the right. It is important that we can keep in contact with you. We again promise that your details are kept absolutely confidential.



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.

Thank you again for your continued support of AHS-2

DO NOT FOLD

PLEASE DO NOT WRITE IN THIS AREA



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