

REPRODUCTIVE HISTORY FORM (screen 2 of 8)

<p>6. In the past 2 years, how many periods did you miss? <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">If "0", Go to Item 10</div> <p>7. Have you reached menopause? Yes Y</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">Go to Item 11, Screen 3</div> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;">Unknown U</p> <p>8. At approximately what age did menopause begin? <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p>	<p>9. Was your menopause natural or the result of surgery or radiation?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Natural</td> <td style="width: 20%;">N</td> </tr> <tr> <td>Surgery</td> <td>S</td> </tr> <tr> <td>Radiation</td> <td>R</td> </tr> <tr> <td>Unknown</td> <td>U</td> </tr> </table> <p>10. Are you having hot flashes? Yes Y</p> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;">Unknown U</p>	Natural	N	Surgery	S	Radiation	R	Unknown	U
Natural	N								
Surgery	S								
Radiation	R								
Unknown	U								

REPRODUCTIVE HISTORY FORM (screen 3 of 8)

<p>B. BIRTH CONTROL PILLS</p> <p>11. Have you ever taken birth control pills? Yes Y</p> <p style="margin-left: 100px;">No N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">Go to Item 16, Screen 4</div> <p>12. At what age did you start taking them for the first time? <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>13. Are you currently taking them? Yes Y</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">Go to Item 15</div> <p style="margin-left: 100px;">No N</p>	<p>14. At what age did you stop taking them? <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>15. For how many years altogether have you used birth control pills? <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p>
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REPRODUCTIVE HISTORY FORM (screen 4 of 8)

<p>C. HORMONE USE</p> <p>16. Have you ever taken female hormone pills, shots, or implants, not including birth control pills? Yes Y</p> <p style="margin-left: 100px;">No N</p> <p style="margin-left: 100px;">Unknown U</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 20px;">Go to Item 45, Screen 8</div> <p style="margin-left: 100px;">"Please give me the name of all female hormones you are using or have used, starting with the most recent one."</p> <p>17. Name 1: _____</p> <p>18. Code 1: </p>	<p>19. At what age did you start taking this hormone for the first time? </p> <p>20. Are you currently taking this hormone? Yes Y</p> <p style="margin-left: 100px;">No N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 20px;">Go to Item 22</div> <p>21. At what age did you stop taking this hormone? </p> <p>22. For how many years altogether have you used this hormone? </p> <p>23. How many days do/did you take this hormone in a four week period? </p>
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REPRODUCTIVE HISTORY FORM (screen 5 of 8)

<p>24. Name 2: _____</p> <p>25. Code ..: </p> <p>26. At what age did you start taking this hormone for the first time? </p> <p>27. Are you currently taking this hormone? Yes Y</p> <p style="margin-left: 100px;">No N</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 20px;">Go to Item 29</div>	<p>28. At what age did you stop taking this hormone? </p> <p>29. For how many years altogether have you used this hormone? </p> <p>30. How many days do/did you take this hormone in a four week period? </p>
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REPRODUCTIVE HISTORY FORM (screen 6 of 8)

<p>31. Name 3: _____</p> <p>32. Code 3: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>33. At what age did you start taking this hormone for the first time? <input type="text"/> <input type="text"/></p> <p>34. Are you currently taking this hormone? Yes Y <input type="checkbox"/> No N <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">Go to Item 36</div></p>	<p>35. At what age did you stop taking this hormone? <input type="text"/> <input type="text"/></p> <p>36. For how many years altogether have you used this hormone? <input type="text"/> <input type="text"/></p> <p>37. How many days do/did you take this hormone in a four week period? <input type="text"/> <input type="text"/></p>
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REPRODUCTIVE HISTORY FORM (screen 7 of 8)

<p>38. Name 4: _____</p> <p>39. Code 4: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>40. At what age did you start taking this hormone for the first time? <input type="text"/> <input type="text"/></p> <p>41. Are you currently taking this hormone? Yes Y <input type="checkbox"/> No N <div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">Go to Item 43</div></p>	<p>42. At what age did you stop taking this hormone? <input type="text"/> <input type="text"/></p> <p>43. For how many years altogether have you used this hormone? <input type="text"/> <input type="text"/></p> <p>44. How many days do/did you take this hormone in a four week period? <input type="text"/> <input type="text"/></p>
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REPRODUCTIVE HISTORY FORM (screen 8 of 8)

D. GYNECOLOGIC SURGERY

45. Have you had surgery to have your uterus or ovaries removed? (That is, a partial or total hysterectomy.) Yes Y

Go to Item 50 — No N
 Unknown U

46. Was your uterus (womb) removed? Yes Y

Go to Item 48 — No N
 Unknown U

47. How old were you when this operation was performed?

48. Have you had either one or both ovaries removed? Yes, one O

Yes, both B
 No N
 Unknown U

Go to Item 50 —

49. How old were you when this operation was performed?

E. ADMINISTRATIVE INFORMATION

50. Date of data collection: ... - -
 Month Day Year

51. Method of Data Collection: Computer C
 Paper Form P

52. Code number of person completing this form: ...

REPRODUCTIVE HISTORY FORM INSTRUCTIONS

I. GENERAL INSTRUCTIONS

The Reproductive History Form should be completed during the interview portion of the participant's clinic visit. It is to be administered to female participants only. The interviewer must be certified and should be familiar with and understand the document titled "General Instructions For Completing Paper Forms" prior to completing this form. ID Number, Contact Year, and Name should be completed as described in that document.

The questionnaire is divided into 4 sections. Section A deals with menstrual history and pregnancy. Section B provides information on past and present use of birth control pills (BCP's), and Section C on past and present use of hormone preparations (the survey allows for the coding of past and present frequency information for four different hormones). Section D deals with history of gynecological surgery.

The exact wording and order of the questions should be followed to ensure standardization. Questions should not be skipped unless indicated by the skip pattern instructions. Because there are many skip patterns in this survey, the interviewer should be very familiar with the flow of the survey to insure smooth administration with a conversational tone.

NOTE: The participant may view this material as very sensitive. The interviewer should be aware of the sensitive nature of the information and make the participant feel comfortable. If required, the interviewer should explain that these are characteristics that can explain why some women develop heart disease. Beyond this, however, no specific information should be mentioned to the participant.

II. DETAILED INSTRUCTIONS FOR VARIOUS QUESTIONS

A. Menstrual History and Pregnancies

1. The exact age in years should be recorded. If the participant reports the time in school grades, probe for years. A "best estimate" is acceptable if the interviewer feels confident that a thoughtful estimate is provided. If the participant is unsure of at what age her first menstrual period occurred, probe by asking about possible other associated life events which she may recall more clearly. If she still does not know, draw 2 horizontal lines through the boxes.

If the participant says that she has never menstruated, enter "0" and skip to item 11.

2. Include pregnancies resulting in miscarriage and abortion. If the participant was uncertain of a pregnancy do not include it in the total. If not known, draw 2 horizontal lines through the boxes.

3. If not known, draw 2 horizontal lines through the boxes.

4. Even if the participant has had only one menstrual period in the past 2 years, or reports any bleeding in the past 2 years, answer "Yes" to item 4. Consider regular bleeding induced by medicine as a menstrual period. If the participant reports that she has not had any menstrual periods during the past 2 years, skip to item 7 to determine whether the participant has reached menopause.

A. MENSTRUAL HISTORY AND PREGNANCIES

"Next we would like to ask a few questions about your reproductive and menstrual history."

1. Approximately how old were you when your menstrual periods started?

If Never Menstruated, Enter "0" and Go to Item 11, Screen 3

2. How many times have you been pregnant? ...

If "0", Go to Item 4

3. How many live-born children have you had?

4. Have you had any menstrual periods during the past 2 years? Yes Y

Go to Item 7, Screen 2

No N

5. In what month and year was your last menstrual period? .. -
Month Year

6. In the past 2 years, how many periods did you miss?

If "0", Go to Item 10

7. Have you reached menopause? Yes Y
No N
Unknown U

Go to Item 11, Screen 3
}

8. At approximately what age did menopause begin?

9. Was your menopause natural or the result of surgery or radiation? Natural N
Surgery S
Radiation R
Unknown U

10. Are you having hot flashes? Yes Y
No N
Unknown U

B. BIRTH CONTROL PILLS

11. Have you ever taken birth control pills? Yes Y
No N

Go to Item 16, Screen 4
}

12. At what age did you start taking them for the first time?

13. Are you currently taking them? Yes Y
No N

Go to Item 15

14. At what age did you stop taking them?

5. If the participant cannot remember when she had her last menstrual period, draw 2 horizontal lines through the boxes.

6. This question determines the number of periods missed over the last 2 years. If the participant has not missed any periods over the last 2 years, skip to item 10. If not known, draw 2 horizontal lines through the boxes.

7. If the term "menopause" is not immediately understood, ask: "Have your periods stopped for at least 6 months?" If the participant hesitates or is unsure, record "unknown" as her response and skip to question 11. If she reports with certainty that she has not reached menopause, answer "no" to question 7 and skip to question 11.

8. The age at which menopause began should be defined as the age at which "periods stopped permanently." If not known, draw 2 horizontal lines through the boxes.

9. If the participant reports that she had already reached menopause before she had gynecological surgery, record the response as "natural".

10. If the participant is unsure of having hot flashes, suggest that a hot flash is "an intense sensation of warmth or feeling flushed all over, lasting anywhere from a few seconds to a few minutes."

B. Birth Control Pills

11. Only include birth control pills used for family planning purposes (or both family planning and non-family planning purposes). Birth control pills used exclusively for non-family planning purposes should be noted in Section C (Hormone Use). If the participant only reports ever taking one complete birth control pill cycle (21 or 28 day) in her lifetime, record "Yes". If the participant never completed even 1 (21 or 28 day) birth control pill cycle, record "No". (Consider a complete "mini-pill" regimen the same as a birth control pill cycle.)

12. If the participant has started taking birth control pills several times, record the age of the first time. If not known, draw 2 horizontal lines through the boxes.

13. "Current" refers to the time of the interview.

14. Record the age when birth control pills were stopped for the last time. If not known, draw 2 horizontal lines through the boxes.

Note: A participant using 21-day cycle birth control pills might answer "no" to Question 13 if she is currently menstruating and not "currently taking" a daily pill for that week. Probe for this situation if the participant hesitates or acts surprised when you ask Question 14.

15. For how many years altogether have you used birth control pills?

15. Enter the total number of years of usage. If the participant has used the birth control pill more than once, enter the total number of years used, not counting the intervening periods of non-use. This requires all the time intervals of usage to be summed and then the total rounded off to the nearest year. Round partial year amounts of 1 to 6 months down; round partial year amounts of more than 6 full months up. (Example: If 2 years, 6 1/2 months is the total reported, record this as "3 years".) If the total "years" of usage is less than 6 full months, enter "0". (Example: If 5 1/2 months, record "0"; if 6 1/2 months, record "01"). If not known, draw 2 horizontal lines through the boxes.

C. HORMONE USE

16. Have you ever taken female hormone pills, shots, or implants, not including birth control pills? Yes Y

No N

 Unknown U

C. Hormone Use

16. If necessary, emphasize that this does not include birth control pills for family planning use. However, birth control pills prescribed for other therapeutic indications should be included in this section (e.g., for control of symptoms of a painful pelvic condition called "endometriosis"; for control of too frequent or too irregular menstrual periods). 11. If the participant only reports ever taking one complete birth control pill cycle (21 or 28 day) in her lifetime, record "Yes". If the participant never completed even 1 (21 or 28 day) birth control pill cycle, record "No". (Consider a complete "mini-pill" regimen the same as a birth control pill cycle).

"Please give me the name of all female hormones you are using or have used, starting with the most recent one."

17. Name 1: _____

17,24,31,38. Record the name of the hormone. Print clearly. If the name is not known, draw two horizontal lines here and through the boxes for medication code, but attempt to complete the remaining questions.

18. Code 1:

18,25,32,39. Record the 5-digit medication code number of the hormone just recorded. If not known, this item may be temporarily skipped and completed later.

19. At what age did you start taking this hormone for the first time?

19,26,33,40. If the participant started taking the specified hormone more than once, enter the age of the first time. If not known, draw 2 horizontal lines through the boxes.

20. Are you currently taking this hormone? Yes Y

No N

20,27,34,41. "Current" refers to the time of the interview.

21. At what age did you stop taking this hormone?

21,28,35,42. Enter the age of the last time she stopped taking the specified hormone. If not known, draw 2 horizontal lines through the boxes.

22. For how many years altogether have you used this hormone?

22,29,36,43. Add together all the years between starting and stopping use of the specified hormone. If the participant has used the hormone more than once, enter the total number of years used, not counting the intervening periods of non-use. Follow the rules given for item 15.

23. How many days do/did you take this hormone in a four week period?

23,30,37,44. Enter the usual or most representative figure if it has varied over time. If not known, draw 2 horizontal lines through the boxes.

Note: Space is allowed for four different hormones, starting with the most recent one. If more than four were used, only record the four which were most recent.

24. Name 2: _____

25. Code 2:

26. At what age did you start taking this hormone for the first time?

27. Are you currently taking this hormone? Yes Y
No N
 Go to Item 29

28. At what age did you stop taking this hormone?

29. For how many years altogether have you used this hormone?

30. How many days do/did you take this hormone in a four week period?

31. Name 3: _____

32. Code 3:

33. At what age did you start taking this hormone for the first time?

34. Are you currently taking this hormone? Yes Y
No N
 Go to Item 36

35. At what age did you stop taking this hormone?

36. For how many years altogether have you used this hormone?

37. How many days do/did you take this hormone in a four week period?

24. Repeat for second most recent hormone. If none, skip to item 45. (Use "Next Field" or "Next Screen" key when skipping on computer.)

31. Repeat for third most recent hormone. If none, skip to item 45. (Use "Next Field" or "Next Screen" key when skipping on computer.)

48. Have you had either one or both ovaries removed? Yes, one O
Yes, both B
No N
Unknown U

Go to Item 50

49. How old were you when this operation was performed?

E. ADMINISTRATIVE INFORMATION

50. Date of data collection: ... - -
Month Day Year

51. Method of Data Collection: Computer C
Paper Form P

52. Code number of person completing this form: ...

48. The interviewer should probe to determine whether only one or both ovaries were removed. Also note that with a vaginal hysterectomy (when the uterus is removed through the vagina and no abdominal incision is made), the ovaries are not removed.

49. If more than one operation was performed, record the age of the most recent one. If not known, draw 2 horizontal lines through the boxes.

E. Administrative Information

50. Record the date on which the interview took place.

51. Record "C" if the form was completed on the computerized data entry system, or "P" if the paper form was used.

52. The person at the clinic who has performed the interview and completed the form must enter his/her code number in the boxes provided.