



REPRODUCTIVE HISTORY FORM

ID NUMBER:

CONTACT YEAR: 0 7 FORM CODE: R H X VERSION: B 03-11-93

LAST NAME:

INITIALS:

Public reporting burden for this collection of information is estimated to average 3 minutes, including the time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have comments regarding this burden, please send them to Attention: PRA Reports Clearance Officer, PHS, 721-B Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201, and to the Paperwork Reduction Project (0925-0281), Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

INSTRUCTIONS: This form is administered to females only and should be completed during the participant's visit. ID Number, Contact Year and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

REPRODUCTIVE HISTORY FORM (RHXB screen 1 of 8)

A. REPRODUCTIVE HISTORY

1. Did the participant have menstrual periods within 2 years prior to her last visit? [See PIN sheet] Yes Y

No N
 Unknown U
 Go to Item 10, Screen 2

2. Have you had any menstrual periods or bleeding during the last 2 years? Yes Y

No N
 Go to Item 6

3. In what month and year was your last menstrual period or bleeding?

/
 month year

4. Was this a natural period, or was it due to the use of hormones, or to some other cause? [HAND RESPONSE CARD TO PARTICIPANT AND READ EACH RESPONSE CATEGORY.]

- Natural periods N
- Hormones Only H
- Illness I
- Other O
- Don't Know D

5. In the past 2 years, how many periods did you miss? [If "00" go to item 9]

6. Have you reached menopause? Yes Y

No N
 Go to Item 10, Screen 2
 Unknown U

REPRODUCTIVE HISTORY FORM (RHXB screen 2 of 8)

7. At approximately what age did menopause begin?

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

9. Are you having hot flashes? Yes Y
No N

10. Since your last ARIC visit on (date) have you taken or used any female hormone pills, skin patches, shots, or implants? Yes Y

Go to Item 35, Screen 7 No N
Unknown U

"Please give me the names of all female hormones you have used since that exam, starting with any you may be taking currently or with the most recent one. Please exclude hormone creams."

11. Name 1:
a. _____

Concentration (mg or mcg units):

b.
first hormone

12. Code 1:

REPRODUCTIVE HISTORY FORM (RHXB screen 3 of 8)

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

14. Are you currently taking this hormone? Yes Y
No N

Go to Item 16

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

16. For how long altogether since your last ARIC exam have you used this hormone?

a. years b. months

17.a. Do(Did) you take this hormone by mouth? Yes Y

Go to Item 18, Screen 4 No N

b. How many days do(did) you take this hormone in a 4 week period?

days

REPRODUCTIVE HISTORY FORM (RHXB screen 6 of 8)

29.a. Do(did) you take this hormone by mouth?

Yes Y

Go to Item 30 ————— No N

b. How many days do(did) you take this hormone in a 4 week period?

days

c. On a typical day when you take(took) this hormone, how many pills do(did) you take?

per day
Go to Item 35, Screen 7

30. How did/do you use this hormone?
[READ EACH RESPONSE]

Patch P

Go to Item 32 ————— Shot S

Go to Item 33, Screen 7 ————— Implant I

31. On a typical day when you have(had) a patch on, how many do(did) you use?

————— Go to Item 35, Screen 7

32. How often do(did) you receive your shot?

a. per Week W
b. Month M
Other O

Go to Item 35, Screen 7

REPRODUCTIVE HISTORY FORM (RHXB screen 7 of 8)

33. Where is(was) your implant placed?
[READ EACH RESPONSE]

Upper Arm A

Uterus [womb] W

Other O

34. On a typical day when you have(had) your implant in place, how many do(did) you have in place?

35. Did participant have a partial or total hysterectomy or oophorectomy at the time of her last visit? Yes Y
[See PIN sheet]

Go to Item 37 ————— No N
Unknown U

36. At your last visit on (date), you reported prior surgery to have your uterus or ovaries removed. Have you had additional surgery on your uterus or ovaries?

Go to Item 38 ————— Yes Y

Go to Item 42, Screen 8 ————— No N

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

Go to Item 42, Screen 8 ————— No N
Unknown U

38. Has your uterus (womb) been removed? Yes Y

No N
 Unknown U
 Go to Item 40

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

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

No N
 Unknown U
 Go to Item 42

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

B. ADMINISTRATIVE INFORMATION

42. Date of data collection: / /
 month day year

43. Method of data collection: Computer C
 Paper form P

44. Code number of person completing this form:

