



Reproductive History Form

FORM CODE: RHX
VERSION A 11/29/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form should be completed for FEMALE participants only. It should be completed during the interview portion of 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.

A. MENSTRUAL HISTORY AND PREGNANCIES

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

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

If Never Menstruated, Enter "00" and Go to Item 12

2. How many times have you been pregnant?

If "00", Go to Item 4

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

4. Have you had any menstrual periods or bleeding during the past 2 years? Yes Y
No N

5. In what month and year was your last menstrual period or bleeding? /
m m y y y y

6. 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 [RC # 1]**
- | | | |
|-----------------|--|---|
| Natural periods | | N |
| Hormones | | H |
| Illness | | I |
| Other | | O |
| Don't know | | D |

7. **[IF RESPONSE TO ITEM 4 IS "NO," ENTER "99"]** In the past 2 years, how many periods did you miss?
- If "00", Go to Item 11

8. Have you reached menopause or the change of life? Yes Y
- | | | |
|---------------|--|---|
| | | No N |
| Go to Item 11 | | Don't know D |

9. At approximately what age did you stop having all menstrual periods or bleeding? age
- If still having occasional bleeding, enter "00"

10. Was your menopause natural or the result of surgery or radiation?
- | | | |
|------------|--|---|
| Natural | | N |
| Surgery | | S |
| Radiation | | R |
| Don't know | | D |

11. Are you having hot flashes?
- | | | |
|------------|--|---|
| Yes | | Y |
| No | | N |
| Don't know | | D |

B. BIRTH CONTROL PILLS

12. Have you ever taken birth control pills to prevent pregnancy? Yes Y

Go to Item 17 — No N

13. At what age did you start taking birth control pills for the first time?
age

14. Are you currently taking birth control pills? Yes Y — Go to Item 16
No N

15. At what age did you stop taking birth control pills?
age

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

C. HORMONE USE

17. Have you ever taken female hormone pills, skin patches, shots, or implants, including birth control pills for reasons other than preventing pregnancy? Yes Y

Go to Item 42 — No N
Don't know D

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

18a. Name 1:

Concentration 1 (mg or mcg units):

18b.
first hormone

18c.
second hormone (if any)

18d. Code 1:

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

20. Are you currently taking this hormone? Yes Y — Go to Item 22a
No N

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

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

22b.
months

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

24a. Have you also used a **second** female hormone? Yes Y
 Go to Item 42 — No N

24b. Name 2:

Concentration 2 (mg or mcg units):

24c.
first hormone

24d.
second hormone (if any)

24e. Code 2:

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

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

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

28. For how long altogether have you used this hormone? 28a. years

28b. months

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

30a. Have you also used a **third** female hormone? Yes Y
 — No N

30b. Name 3:

Concentration 3 (mg or mcg units):

30c.
first hormone

30d.
second hormone (if any)

30e. Code 3:

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

--	--

age

32. Are you currently taking this hormone? Yes Y —

Go to Item 34a

No N

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

--	--

age

34. For how long altogether have you used this hormone? 34a.

--	--

years

34b.

--	--

months

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

--	--

days

36a. Have you also used a **fourth** female hormone? Yes Y

Go to Item 42

 — No N

36b. Name 4:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Concentration 4 (mg or mcg units):

36c.

--	--	--	--	--	--

first hormone

36d.

--	--	--	--	--	--

second hormone (if any)

36e. Code 4:

--	--	--	--	--	--

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

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

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

40. For how long altogether have you used this hormone? 40a. years

40b. months

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

D. GYNECOLOGIC SURGERY

42. Have you had surgery to have your uterus (womb) or ovaries (egg sacs) removed? [THAT IS A PARTIAL OR TOTAL HYSTERECTOMY] Yes Y

— No N
 Don't know D

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

— No N
 Don't know D

44. How old were you when this operation was performed? age

45. Have you had either one or both ovaries removed? Yes, one O
 Yes, both B
 No N
 Don't know D

Go to Item 47

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

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age

E. ADMINISTRATIVE INFORMATION

47. Date of data collection:

		/			/				
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m m d d y y y y

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

49. Code number of person completing this form:

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