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 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 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
   No N
   Go to Item 7, Screen 2

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 ☐

   No ☐

   Unknown ☐

   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 ☐
   Surgery ☐
   Radiation ☐
   Unknown ☐

10. Are you having hot flashes? .............. Yes ☐

    No ☐

    Unknown ☐

B. BIRTH CONTROL PILLS

11. Have you ever taken birth control pills? ............. Yes ☐

    No ☐

    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 ☐

    No ☐

    Go to Item 15

14. At what age did you stop taking them? .... ☐ ☐

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

   **Go to Item 45, Screen 8**

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

17. Name 1: ____________________________

18. Code 1: ____________________________

19. At what age did you start taking this hormone for the first time? 
   
20. Are you currently taking this hormone? 
   - Yes Y
   - No N
   - Unknown U

   **Go to Item 22**

21. At what age did you stop taking this hormone? 
   
22. For how many years altogether have you used this hormone? 
   
23. How many days do/did you take this hormone in a four week period? 

---

### REPRODUCTIVE HISTORY FORM (screen 5 of 8)

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**
REPRODUCTIVE HISTORY FORM (screen 6 of 8)

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

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? ________________ [ ] [ ]

REPRODUCTIVE HISTORY FORM (screen 7 of 8)

38. Name 4: ____________________________________________

39. Code 4: ___________________ [ ] [ ] [ ]

40. At what age did you start taking this hormone for the first time? ________ [ ] [ ]

41. Are you currently taking this hormone? [ ] Yes Y [ ] No N

42. At what age did you stop taking this hormone? ________________ [ ] [ ]

43. For how many years altogether have you used this hormone? ________________ [ ] [ ]

44. How many days do/did you take this hormone in a four week period? ________________ [ ] [ ]
D. GYNECOLOGIC SURGERY

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

No N

Unknown U

Go to Item 50

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

No N

Unknown U

Go to Item 48

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

E. ADMINISTRATIVE INFORMATION

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

Yes, both B

No N

Unknown U

Go to Item 50

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

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: .......
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... No

   Go to Item 7, Screen 2
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?  

7. Have you reached menopause?  
   Yes    No  Unknown
   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
   Surgery
   Radiation
   Unknown

10. Are you having hot flashes?  
   Yes    No  Unknown

B. BIRTH CONTROL PILLS

11. Have you ever taken birth control pills?  
   Yes    No
   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    No
   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 one (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? 

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

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). If the participant only reports ever taking one complete birth control pill cycle (21 or 28 days) in her lifetime, record "Yes". If the participant never completed even one (21 or 28 day) birth control pill cycle, record "No". (Consider a complete "mini-pill" regimen the same as a birth control pill cycle).

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.

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

19,26,33,40. 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.

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

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.

22,29,36,43. 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.

23,30,37,44. 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.
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. Name 2:</td>
<td></td>
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<tr>
<td>25. Code 2:</td>
<td></td>
</tr>
<tr>
<td>26. At what age did you start taking this hormone for the first time?</td>
<td></td>
</tr>
<tr>
<td>27. Are you currently taking this hormone?</td>
<td>Yes Y</td>
</tr>
<tr>
<td></td>
<td>Go to Item 29</td>
</tr>
<tr>
<td></td>
<td>No N</td>
</tr>
<tr>
<td>28. At what age did you stop taking this hormone?</td>
<td></td>
</tr>
<tr>
<td>29. For how many years altogether have you used this hormone?</td>
<td></td>
</tr>
<tr>
<td>30. How many days do/did you take this hormone in a four week period?</td>
<td></td>
</tr>
<tr>
<td>31. Name 3:</td>
<td></td>
</tr>
<tr>
<td>32. Code 3:</td>
<td></td>
</tr>
<tr>
<td>33. At what age did you start taking this hormone for the first time?</td>
<td></td>
</tr>
<tr>
<td>34. Are you currently taking this hormone?</td>
<td>Yes Y</td>
</tr>
<tr>
<td></td>
<td>Go to Item 36</td>
</tr>
<tr>
<td></td>
<td>No N</td>
</tr>
<tr>
<td>35. At what age did you stop taking this hormone?</td>
<td></td>
</tr>
<tr>
<td>36. For how many years altogether have you used this hormone?</td>
<td></td>
</tr>
<tr>
<td>37. How many days do/did you take this hormone in a four week period?</td>
<td></td>
</tr>
</tbody>
</table>
36. Name 4: ____________________________________________


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

41. Are you currently taking this hormone? .......................... Y

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

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

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

D. GYNECOLOGIC SURGERY

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

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

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: ... □ □ □