## Reproductive History Form

**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?**
   - Month
   - Year
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]]**

<table>
<thead>
<tr>
<th>Category</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural periods</td>
<td>N</td>
</tr>
<tr>
<td>Hormones</td>
<td>H</td>
</tr>
<tr>
<td>Illness</td>
<td>I</td>
</tr>
<tr>
<td>Other</td>
<td>O</td>
</tr>
<tr>
<td>Don't know</td>
<td>D</td>
</tr>
</tbody>
</table>

---

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? 

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Don't know</td>
</tr>
</tbody>
</table>

Go to Item 11

---

9. At approximately what age did you stop having all menstrual periods or bleeding? 

If still having occasional bleeding, enter "00"

---

10. Was your menopause natural or the result of surgery or radiation? 

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural</td>
</tr>
<tr>
<td>Surgery</td>
</tr>
<tr>
<td>Radiation</td>
</tr>
<tr>
<td>Don't know</td>
</tr>
</tbody>
</table>

---

11. Are you having hot flashes? 

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Don't know</td>
</tr>
</tbody>
</table>
B. BIRTH CONTROL PILLS

12. Have you ever taken birth control pills to prevent pregnancy? ......................................................... Yes Y
   No N
   \[Go to Item 17\]

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
   No N
   \[Go to Item 16\]

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
   No N
   \[Go to Item 42\]

   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? ..............

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? ..................................

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? ..........................................................

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: ........................................................................

Go to Item 22a
25. At what age did you start taking this hormone for the first time? ................................................................. age

26. Are you currently taking this hormone? ................................. Yes Y  Go to Item 28a
                                   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  Go to Item 42
                              No N

30b. Name 3: 

30c. Concentration 3 (mg or mcg units):

30d. first hormone

30e. second hormone (if any)

30e. Code 3: ...........................................................................
31. At what age did you start taking this hormone for the first time? ............................................................

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? ............................

34. For how long altogether have you used this hormone? .............. 34a. \[ \boxed{\text{years}} \]
34b. \[ \boxed{\text{months}} \]

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

36a. Have you also used a \textbf{fourth} female hormone? .................. Yes Y
Go to Item 42  No N

36b. Name 4:

36c. Concentration 4 (mg or mcg units):

36d. first hormone

36e. second hormone (if any)

36e. Code 4: ............................................................................

Go to Item 34a
37. At what age did you start taking this hormone for the first time? .................................................................

38. Are you currently taking this hormone? .............................. Yes Y Go to Item 40a
                No  N

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

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? .................................................................

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
                Go to Item 47
                No  N
                Don't know  D

43. Was your uterus (womb) removed? ................................. Yes Y
                Go to Item 45
                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

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

E. ADMINISTRATIVE INFORMATION

47. Date of data collection: .......................  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: ..........................

Go to Item 47