

***** Initial Reproductive History *****

Record ID

Site: 39 ADCID

Subject ID: PTID

Form Date: (Y-M-D)

Visit Number: 1 Initial visit

Examiner's initials:
INITIALS

Data Entry Date: (Y-M-D)

Data Entry By:

Administered Status

- 1 Yes
- 95 - No, Physical Problem
- 96 - No, Cognitive/Behavior Program
- 97 - No, Other Problem
- 98 - No, Verbal Refusal
- 99 - Not Administered

Reproductive History (women only), initial visit

1. How old were you when you had your first menstrual period? (nearest 6 months; e.g. 11 1/2 or 12 or 12 1/2 years old, coded as 11.5, 12.0, or 12.5 years)

2. How many pregnancies have you had? (0/ 1/ 2/ 3/ 4/ 5 or more)
(Do not include induced abortions or spontaneous abortions (miscarriages) during the first or second trimester.)
(If the answer to #2 is 0 pregnancies, mark 0 for question #3 and skip to question #4.)

- 0 1 2 3 4 5 or more

3. How many live-born children have you had? (0/ 1/ 2/ 3/ 4/ 5 or more)

- 0 1 2 3 4 5 or more
-

4. Have you ever had one or both ovaries removed? (Y/N/DK)

- 0 No 1 Yes 9 Don't Know
-

4a. If YES, one or both? (one/two/DK)

- 1 2 9 Don't Know
-

4ai. If ONE or DON'T KNOW, what was your age when your ovary was removed? (years)

4aai. If TWO, both at the same time? (Y/N/DK)

- 0 No 1 Yes 9 Don't Know
-

4aii(A). If YES or DON'T KNOW, what was your age when your ovaries were removed? (years)

4aii(B1). If NO, what was your age when your first ovary was removed? (years)

4aii(B2). If NO, what was your age when your second ovary was removed? (years)

5. Have you ever had a hysterectomy (partial hysterectomy or total hysterectomy)? / (or, Have you ever had your uterus removed?) (Y/N/DK)

- 0 No 1 Yes 9 Don't Know
-

5a. If YES, how old were you when you had a hysterectomy? (years)

5b. (For women who answered YES to question #4 and question #5): If YES, was this at the same time that (your ovary was removed)/ (your ovaries were removed)? (Y/N/DK)

- 0 No 1 Yes 9 Don't Know
-

6. Are you currently using (hormonal) birth control? (Y/N/DK)

(Hormonal birth control refers to an estrogen or a progestin or both. These can be taken or delivered by mouth, by injection, by transdermal patch, by a vaginal ring, or by a subcutaneous implant. It does not include intrauterine devices or other forms of contraception. OK to assume "NO" for ages 60+.)

0 No 1 Yes 9 Don't Know

7. Have you ever taken hormone therapy (menopausal hormone therapy)? (Y/N/DK)

(Hormone therapy is an estrogen, with or without a progestogen, taken by mouth, or delivered by injection or transdermal patch. Include estrogen prescribed for migraine headache. Do not include vaginal (topical) estrogen.)

0 No 1 Yes 9 Don't Know

7a. If YES, are you currently taking hormone therapy? (Y/N/DK)

0 No 1 Yes 9 Don't Know

7b. If YES, how old were you when you most recently started (or most recently restarted) hormone therapy? (years)

8. Are you still menstruating?/ (or, Have you had a menstrual period within the past 12 months?) (Y/N/DK)

(DON'T KNOW may apply when a woman started hormone therapy prior to a final menstrual period.)

0 No 1 Yes 9 Don't Know

8a. If YES, have you had a menstrual period within the past 60 days? (Y/N/DK)

0 No 1 Yes 9 Don't Know

8b. If YES, would you describe your current menstrual cycle (menstrual periods) as 1) regular without a change in flow or length, 2) regular but with mild changes in flow or length, or 3) variable with a persistent, 7 or more day difference in the length of consecutive cycles (periods)? (Regular/ Mild changes/ Variable)

- 1 Regular: regular without a change in flow or length
 2 Mild changes: regular but with mild changes in flow or length
 3 Variable: variable with a persistent 7 or more day difference in the length of consecutive cycles
-

8c. If NO, how old were you when you had your last period? (years)
(This age must be at least 1 year less than the current age.)
