



The following questions ask about your monthly periods (menses) and child bearing history. We are very interested in this information so that we can understand more about women's reproductive lives and their health. Some of the questions ask you to give ages when certain things happened. If you're not sure about the exact age, please give your best guess.

1. How old were you when you had your first menstrual period (menses)?

- 9 or less                      10                      11                      12                      13                      14                      15                      16                      17 or older
- ①                              ②                              ③                              ④                              ⑤                              ⑥                              ⑦                              ⑧                              ⑨

2. During most of your life, were your periods regular; that is, did they occur about once a month? (Do not include any time when you were pregnant or taking birth control pills.)

- ① No
- ② Yes
- ③ Sometimes regular, sometimes irregular

2.1. How old were you when your periods first became regular? (Your best guess.)

- 9 or less                      10                      11                      12                      13                      14                      15                      16                      17 or older
- ①                              ②                              ③                              ④                              ⑤                              ⑥                              ⑦                              ⑧                              ⑨

3. How old were you when you last had regular menstrual bleeding (a period)? (Your best guess.) (If you are still having regular bleeding or periods, enter your current age.)

years old
 

10	20	30	40	50	60	70	80	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
1	2	3	4	5	6	7	8	9
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Between the time you had your first period and your last period, did you ever go without any periods for at least one year? (**Do not count times when you were pregnant or breastfeeding.**)

No

Yes



4.1. Between your first menstrual period and your last, all together, about how long did you go without having your period? (**Again, do not count times when you were pregnant or breastfeeding.**) (Mark one oval.)

Less than 12 months

12 to 23 months

24 months (2 years) to 48 months (4 years)

More than 4 years

5. How old were you when you last had any menstrual bleeding? (**If you are still having menstrual bleeding or periods, enter your current age.**)

years old

10	20	30	40	50	60	70	80	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
1	2	3	4	5	6	7	8	9
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Have you ever had menopausal symptoms, such as hot flashes or night sweats? (**Your best guess.**)

No

Yes



6.1. How old were you when you first had symptoms such as hot flashes or night sweats? (**Your best guess.**)

years old

10	20	30	40	50	60	70	80	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
1	2	3	4	5	6	7	8	9
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6.2. How old were you when you last had symptoms such as hot flashes or night sweats? (**If you are still having symptoms such as hot flashes or night sweats, enter your current age.**)

years old

10	20	30	40	50	60	70	80	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
1	2	3	4	5	6	7	8	9
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PLEASE MAKE NO MARKS IN THIS AREA	

7. Have you ever been pregnant? It is very important that we know about all of your pregnancies, including live births, stillbirths, miscarriages, tubals (ectopics), and abortions.

No

Yes

7.1. How many times have you been pregnant?

- |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8 or more             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7.2. Did you ever have a pregnancy that lasted at least 6 months?

No

Yes

7.3. How many of these pregnancies did you have?

- |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8 or more             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7.4. How old were you at the end of the first of these pregnancies?

- |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Less than 20          | 20-24                 | 25-29                 | 30-34                 | 35-39                 | 40-44                 | 45 or older           |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7.5. How old were you at the end of the last of these pregnancies?

- |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Less than 20          | 20-24                 | 25-29                 | 30-34                 | 35-39                 | 40-44                 | 45 or older           |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Go on to Question 7.6.

For these next questions, please mark "None" if they don't apply to you.

7.6. How many live births did you have?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| None                  | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8 or more             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7.7. How many stillbirths (from a pregnancy lasting 6 months or more) did you have?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| None                  | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8 or more             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7.8. How many spontaneous miscarriages did you have?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| None                  | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8 or more             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7.9. How many tubal (ectopic) pregnancies did you have?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| None                  | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8 or more             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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8. Have you ever tried to become pregnant for more than 1 year without becoming pregnant?

- No
- Yes
- Don't know

8.1. Did you visit a doctor or clinic because you didn't get pregnant?

- No
- Yes

8.2. Was a reason found for why you did not become pregnant?

- No
- Yes
- Don't know

8.3. What was the reason you did not become pregnant?  
(Mark all that apply.)

- Problem with your hormones or ovulation  
(producing eggs)
- Problem with your tubes or uterus
- Endometriosis
- Other problem with you (Specify): \_\_\_\_\_  
\_\_\_\_\_
- Problem in your partner
- Don't know

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9. Did you breastfeed or nurse any children for at least one month?

No

Yes

9.1. How many children did you breastfeed?

1	2	3	4	5	6	7	8 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.2. How old were you when you first breastfed a child?

Less than 20	20-24	25-29	30-34	35-39	40-44	45 or older
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.3. How old were you when you last breastfed a child?

Less than 20	20-24	25-29	30-34	35-39	40-44	45 or older
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.4. Thinking about all the children you breastfed, how many months total did you breastfeed? (Your best guess.)

<input type="radio"/> 1-3 months	<input type="radio"/> 13-23 months
<input type="radio"/> 4-6 months	<input type="radio"/> 2-4 years (24-48 months)
<input type="radio"/> 7-12 months	<input type="radio"/> More than 4 years

10. Did you ever have an operation to have one or both of your ovaries taken out? (Mark one oval.)

No

- Yes, one was taken out
- Yes, both were taken out
- Yes, unknown number taken out
- Yes, part of an ovary was taken out
- Don't know

10.1. How old were you when you had your last operation to remove an ovary?

Less than 30	30-34	35-39	40-44	45-49	50-54	55-59	60 or older
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Did you ever have an operation to have your tubes tied to prevent pregnancy?

No

Yes

11.1. How old were you when you had your tubes tied?

Less than 30	30-34	35-39	40-44	45 or older
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PLEASE MAKE NO MARKS IN THIS AREA	

12. Have you ever had a needle aspiration (where a doctor puts a needle in a lump in your breast and withdraws fluid or material)?

No

Yes

12.1. How many of these needle aspirations have you had?

1	2	3	4 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Have you ever had a breast biopsy (where a doctor removes part or all of a breast lump to check for cancer)?

No

Yes

13.1. How many of these biopsies have you had?

1	2	3	4 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Did you ever have an operation to increase your breast size (breast augmentation) or have breast reconstruction using a breast implant?

No

Yes

14.1. How old were you when you first had that operation?

Less than 30	30-34	35-39	40-44	45-49	50-54	55 or older
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14.2. Was this operation for the right breast, left breast, or both?

- Right breast
- Left breast
- Both breasts

14.3. What type of breast implant did you receive?

- Silicone or silicone gel-filled
- Saline-filled
- Other (Specify): \_\_\_\_\_
- Don't know

Go to the next page.

