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- Affix label here-

Clinical Center/ID: _____ - _____ - _____

First Name _____ M.I. _____

Last Name _____

1. Date of Interview: -- (M/D/Y)
2. Completed By:
3. Contact Type:
 - ₁ Phone
 - ₂ Mail
 - ₃ Visit
 - ₈ Other

4. Visit Type:
 - ₁ Screening #
 - ₂ Semi-Annual #
 - ₃ Annual #
 - ₄ Non-Routine

"Now I have some questions about the use of hormone medications."

"The first questions are about hormone replacement therapy, hormones that are taken around the time of menopause or after menopause. This does not include hormones used for birth control."

Hormone Replacement Therapy (HRT)

5. "Did you ever take any type of estrogen, such as Premarin, progesterone, such as Provera, testosterone, or any other hormone medications 1) for relief of menopausal symptoms such as hot flashes or night sweats, 2) following hysterectomy with removal of the ovaries, or 3) for prevention of disease such as bone loss? These hormones could include pills, vaginal creams or suppositories, injections, or skin patches."

___ No (If no, go on to Question 10.)

___ Yes

5.1. "Were these hormones (estrogen, progesterone or testosterone) in the form of a:"

	No	Yes	
1. "Pill?"	___	___	→
2. "Vaginal cream or suppository?"	___	___	→
3. "Skin patch?"	___	___	→
4. "Shot?"	___	___	→

(If No, go to Question 10.)
(If Yes, go to Question 5.2.)

5.2. "When you were taking these (hormones), did you take them for 3 straight months or more?"

No	Yes	
___	___	→ Complete 6.1. – 6.12.
___	___	→ Complete 7.1. – 7.12.
___	___	→ Complete 8.1. – 8.12.
___	___	→ Complete 9.1. – 9.12.

(If No, go to Question 10.)
(If Yes, read statement below and complete the indicated questions.)

"Now I'd like to ask you some details about your use of these hormones. First, see if you can recognize the specific type(s) you used from this chart."

[SHOW PHOTOS]

6. If Estrogen, Progesterone, or Testosterone Pills Reported:
Complete 6.1. - 6.12. for each episode of use.

	6.1. - 6.2.	6.3.	6.4. - 6.5.	6.6.	6.7.
	<p>"What is the name of the (first/next) hormone pill you took?"</p> <p><i>Enter complete name and code. Probe for frequency and unit of measure.</i></p> <p>[SHOW PHOTOS]</p>	<p>"Please tell me the reason you used this pill."</p> <p>[SHOW CARD]</p>	<p>"At what age did you (first/next) start taking this pill?"</p> <p>"At what age did you stop taking this pill?" <i>If still taking, record current age.</i></p>	<p>"How many total years and months between (ages in 6.4. and 6.5.) did you take this pill?"</p>	<p>"When you were taking this hormone between (ages in 6.4. and 6.5.), did you usually take it every day, or in cycles?"</p>
1st Pill	<p>Name: _____</p> <p>Code: _____</p> <p>_____ per <input type="checkbox"/> Day # Pills <input type="checkbox"/> Week</p>	<p>(Specify reason):</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/> Every day</p> <p><input type="checkbox"/> Every other day</p> <p><input type="checkbox"/> In cycles (Specify) _____</p> <p><input type="checkbox"/> Other (Specify) _____</p>
2nd Pill	<p>Name: _____</p> <p>Code: _____</p> <p>_____ per <input type="checkbox"/> Day # Pills <input type="checkbox"/> Week</p>	<p>(Specify reason):</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/> Every day</p> <p><input type="checkbox"/> Every other day</p> <p><input type="checkbox"/> In cycles (Specify) _____</p> <p><input type="checkbox"/> Other (Specify) _____</p>
3rd Pill	<p>Name: _____</p> <p>Code: _____</p> <p>_____ per <input type="checkbox"/> Day # Pills <input type="checkbox"/> Week</p>	<p>(Specify reason):</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/> Every day</p> <p><input type="checkbox"/> Every other day</p> <p><input type="checkbox"/> In cycles (Specify) _____</p> <p><input type="checkbox"/> Other (Specify) _____</p>
4th Pill	<p>Name: _____</p> <p>Code: _____</p> <p>_____ per <input type="checkbox"/> Day # Pills <input type="checkbox"/> Week</p>	<p>(Specify reason):</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/> Every day</p> <p><input type="checkbox"/> Every other day</p> <p><input type="checkbox"/> In cycles (Specify) _____</p> <p><input type="checkbox"/> Other (Specify) _____</p>
5th Pill	<p>Name: _____</p> <p>Code: _____</p> <p>_____ per <input type="checkbox"/> Day # Pills <input type="checkbox"/> Week</p>	<p>(Specify reason):</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/> Every day</p> <p><input type="checkbox"/> Every other day</p> <p><input type="checkbox"/> In cycles (Specify) _____</p> <p><input type="checkbox"/> Other (Specify) _____</p>

If hormone was estrogen, go to Question 6.8. Otherwise, go to next hormone.

6.8. "While you were taking estrogen pills, did you also take progesterone?"

No → Go to next hormone.

Yes → Go to Question 6.9.

6.9. - 6.10.

6.11. - 6.12.

<p>"What is the name of the progesterone that you took with this estrogen?" Enter complete name and code. Probe for frequency and unit of measure.</p> <p>[SHOW PHOTOS]</p>	<p>"During the (first/next) time when you were taking (estrogen) and (progesterone) in the same month, on which days did you usually take the estrogen and on which days did you usually take the progesterone?" Circle first and last dates of each. Then connect first to last with a line. Enter the Start Day and End Day for Estrogen (E) and Progesterone (P) and record total number of days on Estrogen (E), Progesterone (P) and Estrogen plus Progesterone (E+P).</p>																													
<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> Day</p> <p># Pills per _____ <input type="checkbox"/> Week</p>	<p>1 2 3 4 5 6 7</p> <p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Start Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>8 9 10 11 12 13 14</p> <p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>End Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>15 16 17 18 19 20 21</p> <p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Total Days</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p> <p>_____</p> <p>E+P</p>	<p>22 23 24 25 26 27 28</p> <p>E E E E E E E E</p> <p>P P P P P P P P</p>	<p>29 30 31</p> <p>E E E</p> <p>P P P</p> <p>6.12. "When you were taking this progesterone between (ages in 6.4. and 6.5.), how often did you take it?"</p> <p><input type="checkbox"/> ₉ Every month <input type="checkbox"/> ₁₂ Every 4th month</p> <p><input type="checkbox"/> ₁₀ Every other month <input type="checkbox"/> ₈ Other (Specify) _____</p> <p><input type="checkbox"/> ₁₁ Every three months _____</p>																									
<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> Day</p> <p>Pills per _____ <input type="checkbox"/> Week</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Start Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>End Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Total Days</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p> <p>_____</p> <p>E+P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p>	<p>E E E</p> <p>P P P</p> <p>6.12. "When you were taking this progesterone between (ages in 6.4. and 6.5.), how often did you take it?"</p> <p><input type="checkbox"/> ₉ Every month <input type="checkbox"/> ₁₂ Every 4th month</p> <p><input type="checkbox"/> ₁₀ Every other month <input type="checkbox"/> ₈ Other (Specify) _____</p> <p><input type="checkbox"/> ₁₁ Every three months _____</p>																									
<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> Day</p> <p>Pills per _____ <input type="checkbox"/> Week</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Start Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>End Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Total Days</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p> <p>_____</p> <p>E+P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p>	<p>E E E</p> <p>P P P</p> <p>6.12. "When you were taking this progesterone between (ages in 6.4. and 6.5.), how often did you take it?"</p> <p><input type="checkbox"/> ₉ Every month <input type="checkbox"/> ₁₂ Every 4th month</p> <p><input type="checkbox"/> ₁₀ Every other month <input type="checkbox"/> ₈ Other (Specify) _____</p> <p><input type="checkbox"/> ₁₁ Every three months _____</p>																									
<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> Day</p> <p># Pills per _____ <input type="checkbox"/> Week</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Start Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>End Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Total Days</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p> <p>_____</p> <p>E+P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p>	<p>E E E</p> <p>P P P</p> <p>6.12. "When you were taking this progesterone between (ages in 6.4. and 6.5.), how often did you take it?"</p> <p><input type="checkbox"/> ₉ Every month <input type="checkbox"/> ₁₂ Every 4th month</p> <p><input type="checkbox"/> ₁₀ Every other month <input type="checkbox"/> ₈ Other (Specify) _____</p> <p><input type="checkbox"/> ₁₁ Every three months _____</p>																									
<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> Day</p> <p># Pills per _____ <input type="checkbox"/> Week</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Start Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>End Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Total Days</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p> <p>_____</p> <p>E+P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p>	<p>E E E</p> <p>P P P</p> <p>6.12. "When you were taking this progesterone between (ages in 6.4. and 6.5.), how often did you take it?"</p> <p><input type="checkbox"/> ₉ Every month <input type="checkbox"/> ₁₂ Every 4th month</p> <p><input type="checkbox"/> ₁₀ Every other month <input type="checkbox"/> ₈ Other (Specify) _____</p> <p><input type="checkbox"/> ₁₁ Every three months _____</p>																									

7. If Vaginal Cream or Suppository Reported:

Complete 7.1. - 7.12. for each episode of use.

	7.1. - 7.2.	7.3.	7.4. - 7.5.	7.6.	7.6a.	7.7.
	<p>"What is the name of the (first/next) hormone vaginal cream or suppository you used?"</p> <p><i>Enter complete name and code. Probe for frequency and unit of measure.</i></p> <p>[SHOW PHOTOS]</p>	<p>"Please tell me the reason you used this vaginal cream or suppository."</p> <p>[SHOW CARD]</p>	<p>"At what age did you (first/next) start using this vaginal cream or suppository?"</p> <p>"At what age did you stop?" <i>If still using, record current age.</i></p>	<p>"How many total years and months between (ages in 7.4. and 7.5.) did you use this cream or suppository?"</p>	<p>"If using cream, how many applicator-fulls did you use each time?"</p>	<p>"When you were using the cream or suppository between (ages in 7.4. and 7.5.), did you use it every week or in cycles?"</p>
1st Crm./ Supp.	<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> 1 Day</p> <p># Times per: <input type="checkbox"/> 2 Week</p> <p><input type="checkbox"/> 3 Month</p> <p><input type="checkbox"/> 4 Year</p>	<p>(Specify reason):</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/> 5 1/4</p> <p><input type="checkbox"/> 1 1/2</p> <p><input type="checkbox"/> 2 1</p> <p><input type="checkbox"/> 3 1 1/2</p> <p><input type="checkbox"/> 4 2 or more</p> <p><input type="checkbox"/> 9 Unknown</p>	<p><input type="checkbox"/> 6 Every week</p> <p><input type="checkbox"/> 7 In cycles (Specify) _____</p> <p><input type="checkbox"/> 8 Other (Specify) _____</p>
2nd Crm./ Supp.	<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> 1 Day</p> <p># Times per: <input type="checkbox"/> 2 Week</p> <p><input type="checkbox"/> 3 Month</p> <p><input type="checkbox"/> 4 Year</p>	<p>(Specify reason):</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/> 5 1/4</p> <p><input type="checkbox"/> 1 1/2</p> <p><input type="checkbox"/> 2 1</p> <p><input type="checkbox"/> 3 1 1/2</p> <p><input type="checkbox"/> 4 2 or more</p> <p><input type="checkbox"/> 9 Unknown</p>	<p><input type="checkbox"/> 6 Every week</p> <p><input type="checkbox"/> 7 In cycles (Specify) _____</p> <p><input type="checkbox"/> 8 Other (Specify) _____</p>
3rd Crm./ Supp.	<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> 1 Day</p> <p># Times per: <input type="checkbox"/> 2 Week</p> <p><input type="checkbox"/> 3 Month</p> <p><input type="checkbox"/> 4 Year</p>	<p>(Specify reason):</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/> 5 1/4</p> <p><input type="checkbox"/> 1 1/2</p> <p><input type="checkbox"/> 2 1</p> <p><input type="checkbox"/> 3 1 1/2</p> <p><input type="checkbox"/> 4 2 or more</p> <p><input type="checkbox"/> 9 Unknown</p>	<p><input type="checkbox"/> 6 Every week</p> <p><input type="checkbox"/> 7 In cycles (Specify) _____</p> <p><input type="checkbox"/> 8 Other (Specify) _____</p>
4th Crm./ Supp.	<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> 1 Day</p> <p># Times per: <input type="checkbox"/> 2 Week</p> <p><input type="checkbox"/> 3 Month</p> <p><input type="checkbox"/> 4 Year</p>	<p>(Specify reason):</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/> 5 1/4</p> <p><input type="checkbox"/> 1 1/2</p> <p><input type="checkbox"/> 2 1</p> <p><input type="checkbox"/> 3 1 1/2</p> <p><input type="checkbox"/> 4 2 or more</p> <p><input type="checkbox"/> 9 Unknown</p>	<p><input type="checkbox"/> 6 Every week</p> <p><input type="checkbox"/> 7 In cycles (Specify) _____</p> <p><input type="checkbox"/> 8 Other (Specify) _____</p>
5th Crm./ Supp.	<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> 1 Day</p> <p># Times per: <input type="checkbox"/> 2 Week</p> <p><input type="checkbox"/> 3 Month</p> <p><input type="checkbox"/> 4 Year</p>	<p>(Specify reason):</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/> 5 1/4</p> <p><input type="checkbox"/> 1 1/2</p> <p><input type="checkbox"/> 2 1</p> <p><input type="checkbox"/> 3 1 1/2</p> <p><input type="checkbox"/> 4 2 or more</p> <p><input type="checkbox"/> 9 Unknown</p>	<p><input type="checkbox"/> 6 Every week</p> <p><input type="checkbox"/> 7 In cycles (Specify) _____</p> <p><input type="checkbox"/> 8 Other (Specify) _____</p>

If hormone was estrogen, go to Question 7.9. Otherwise, go to next hormone.

7.8. "While you were using estrogen (vaginal cream/suppository), did you also take progesterone?"

No → Go to next hormone.

Yes → Go to Question 7.9.

7.9. - 7.10.

7.11. - 7.12.

<p>"What is the name of the progesterone that you took with this estrogen cream or suppository?" Enter complete name and code. Probe for frequency and unit of measure.</p> <p>[SHOW PHOTOS]</p>	<p>"During the (first/next) time when you were taking (estrogen) and (progesterone) in the same month, on which days did you usually take the estrogen and on which days did you usually take the progesterone?" Circle first and last dates of each. Then connect first to last with a line. Enter the Start Day and End Day for Estrogen (E) and Progesterone (P) and record total number of days on Estrogen (E), Progesterone (P) and Estrogen plus Progesterone (E+P).</p>																														
<p>Name: _____</p> <p>Code: _____</p> <p># Pills per <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week</p>	<p>Start Day</p> <p>E</p> <p>P</p>							<p>End Day</p> <p>E</p> <p>P</p>							<p>Total Days</p> <p>E</p> <p>P E+P</p>							<p>7.12. "When you were taking this progesterone between (ages in 7.4. and 7.5.), how often did you take it?"</p> <p><input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month</p> <p><input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify)</p> <p><input type="checkbox"/> 11 Every three months</p>									
<p>Name: _____</p> <p>Code: _____</p> <p># Pills per <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week</p>	<p>Start Day</p> <p>E</p> <p>P</p>							<p>End Day</p> <p>E</p> <p>P</p>							<p>Total Days</p> <p>E</p> <p>P E+P</p>							<p>7.12. "When you were taking this progesterone between (ages in 7.4. and 7.5.), how often did you take it?"</p> <p><input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month</p> <p><input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify)</p> <p><input type="checkbox"/> 11 Every three months</p>									
<p>Name: _____</p> <p>Code: _____</p> <p># Pills per <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week</p>	<p>Start Day</p> <p>E</p> <p>P</p>							<p>End Day</p> <p>E</p> <p>P</p>							<p>Total Days</p> <p>E</p> <p>P E+P</p>							<p>7.12. "When you were taking this progesterone between (ages in 7.4. and 7.5.), how often did you take it?"</p> <p><input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month</p> <p><input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify)</p> <p><input type="checkbox"/> 11 Every three months</p>									
<p>Name: _____</p> <p>Code: _____</p> <p># Pills per <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week</p>	<p>Start Day</p> <p>E</p> <p>P</p>							<p>End Day</p> <p>E</p> <p>P</p>							<p>Total Days</p> <p>E</p> <p>P E+P</p>							<p>7.12. "When you were taking this progesterone between (ages in 7.4. and 7.5.), how often did you take it?"</p> <p><input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month</p> <p><input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify)</p> <p><input type="checkbox"/> 11 Every three months</p>									
<p>Name: _____</p> <p>Code: _____</p> <p># Pills per <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week</p>	<p>Start Day</p> <p>E</p> <p>P</p>							<p>End Day</p> <p>E</p> <p>P</p>							<p>Total Days</p> <p>E</p> <p>P E+P</p>							<p>7.12. "When you were taking this progesterone between (ages in 7.4. and 7.5.), how often did you take it?"</p> <p><input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month</p> <p><input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify)</p> <p><input type="checkbox"/> 11 Every three months</p>									

8. If Hormone Skin Patches Reported:

Complete 8.1. - 8.12. for each episode of use.

	8.1. - 8.2.	8.3.	8.4. - 8.5.	8.6.	8.7.
	<p>"What is the name of the (first/next) hormone skin patch you used?"</p> <p><i>Enter complete name and code. Probe for frequency and unit of measure.</i></p> <p>[SHOW PHOTOS]</p>	<p>"Please tell me the reason you used this skin patch."</p> <p>[SHOW CARD]</p>	<p>"At what age did you (first/next) start using these skin patches?"</p> <p>"At what age did you stop?" If <u>still</u> using, record current age.</p>	<p>"How many total years and months between (ages in 8.4. and 8.5.) did you use these skin patches?"</p>	<p>"When you were using these skin patches between (ages in 8.4. and 8.5.), did you use them every week or in cycles?"</p>
1st Patch Use	<p>Name: _____</p> <p>Code: _____</p> <p><input type="checkbox"/> Week</p> <p># Times per <input type="checkbox"/>_2_ Month</p>	<p><i>(Specify reason):</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/>_6_ Every week</p> <p><input type="checkbox"/>_7_ In cycles (Specify) _____</p> <p><input type="checkbox"/>_8_ Other (Specify) _____</p>
2nd Patch Use	<p>Name: _____</p> <p>Code: _____</p> <p><input type="checkbox"/> Week</p> <p># Times per <input type="checkbox"/>_2_ Month</p>	<p><i>(Specify reason):</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/>_6_ Every week</p> <p><input type="checkbox"/>_7_ In cycles (Specify) _____</p> <p><input type="checkbox"/>_8_ Other (Specify) _____</p>
3rd Patch Use	<p>Name: _____</p> <p>Code: _____</p> <p><input type="checkbox"/> Week</p> <p># Times per <input type="checkbox"/>_2_ Month</p>	<p><i>(Specify reason):</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/>_6_ Every week</p> <p><input type="checkbox"/>_7_ In cycles (Specify) _____</p> <p><input type="checkbox"/>_8_ Other (Specify) _____</p>
4th Patch Use	<p>Name: _____</p> <p>Code: _____</p> <p><input type="checkbox"/> Week</p> <p># Times per <input type="checkbox"/>_2_ Month</p>	<p><i>(Specify reason):</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/>_6_ Every week</p> <p><input type="checkbox"/>_7_ In cycles (Specify) _____</p> <p><input type="checkbox"/>_8_ Other (Specify) _____</p>
5th Patch Use	<p>Name: _____</p> <p>Code: _____</p> <p><input type="checkbox"/> Week</p> <p># Times per <input type="checkbox"/>_2_ Month</p>	<p><i>(Specify reason):</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/>_6_ Every week</p> <p><input type="checkbox"/>_7_ In cycles (Specify) _____</p> <p><input type="checkbox"/>_8_ Other (Specify) _____</p>

If hormone was estrogen, go to Question 8.8. Otherwise, go to next hormone.

3.8. "While you were using estrogen skin patches, did you also take progesterone?"

No → Go to next hormone.

Yes → Go to Question 8.9.

8.9. - 8.10.

8.11. - 8.12.

<p>"What is the name of the progesterone that you took with this skin patch?" Enter complete name and code. Probe for frequency and unit of measure.</p> <p>[SHOW PHOTOS]</p>	<p>"During the (first/next) time when you were taking (estrogen) and (progesterone) in the same month, on which days did you usually take the estrogen and on which days did you usually take the progesterone?" Circle first and last dates of each. Then connect first to last with a line. Enter the Start Day and End Day for Estrogen (E) and Progesterone (P) and record total number of days on Estrogen (E), Progesterone (P) and Estrogen plus Progesterone (E+P).</p>																														
	1 2 3 4 5 6 7	8 9 10 11 12 13 14	15 16 17 18 19 20 21	22 23 24 25 26 27 28	29 30 31																										
<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> 1 Day</p> <p># Pills per _____ <input type="checkbox"/> 2 Week</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Start Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>End Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Total Days</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p> <p>_____</p> <p>E+P</p>	<p>8.12. "When you were taking this progesterone between (ages in 8.4. and 8.5.), how often did you take it?"</p> <p><input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month</p> <p><input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify)</p> <p><input type="checkbox"/> 11 Every three months _____</p>																											
<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> 1 Day</p> <p># Pills per _____ <input type="checkbox"/> 2 Week</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Start Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>End Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Total Days</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p> <p>_____</p> <p>E+P</p>	<p>8.12. "When you were taking this progesterone between (ages in 8.4. and 8.5.), how often did you take it?"</p> <p><input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month</p> <p><input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify)</p> <p><input type="checkbox"/> 11 Every three months _____</p>																											
<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> 1 Day</p> <p># Pills per _____ <input type="checkbox"/> 2 Week</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Start Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>End Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Total Days</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p> <p>_____</p> <p>E+P</p>	<p>8.12. "When you were taking this progesterone between (ages in 8.4. and 8.5.), how often did you take it?"</p> <p><input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month</p> <p><input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify)</p> <p><input type="checkbox"/> 11 Every three months _____</p>																											
<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> 1 Day</p> <p># Pills per _____ <input type="checkbox"/> 2 Week</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Start Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>End Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Total Days</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p> <p>_____</p> <p>E+P</p>	<p>8.12. "When you were taking this progesterone between (ages in 8.4. and 8.5.), how often did you take it?"</p> <p><input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month</p> <p><input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify)</p> <p><input type="checkbox"/> 11 Every three months _____</p>																											
<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> 1 Day</p> <p># Pills per _____ <input type="checkbox"/> 2 Week</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Start Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>End Day</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p>	<p>E E E E E E E E</p> <p>P P P P P P P P</p> <p>Total Days</p> <p>_____</p> <p>E</p> <p>_____</p> <p>P</p> <p>_____</p> <p>E+P</p>	<p>8.12. "When you were taking this progesterone between (ages in 8.4. and 8.5.), how often did you take it?"</p> <p><input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month</p> <p><input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify)</p> <p><input type="checkbox"/> 11 Every three months _____</p>																											

9. If Estrogen, Progesterone, or Testosterone Shots Reported:

Complete 9.1. - 9.12. for each episode of use.

	9.1. - 9.2.	9.3.	9.4. - 9.5.	9.6.	9.7.
	<p>"What is the name of the (first/next) hormone shot you received?"</p> <p><i>Enter complete name and code. Probe for frequency and unit of measure.</i></p>	<p>"Please tell me the reason you received this hormone shot."</p> <p>[SHOW CARD]</p>	<p>"At what age did you (first/next) start receiving these hormone shots?"</p> <p>"At what age did you stop?" <i>If still using, record current age.</i></p>	<p>"How many total years and months between (ages in 9.4. and 9.5.) did you receive these hormone shots?"</p>	<p>"When you were receiving these hormone shots between (ages in 9.4. and 9.5.), did you receive them every month or in cycles?"</p>
1st Shot	<p>Name: _____</p> <p>Code: _____</p> <p>_____</p> <p># Times per: <input type="checkbox"/>₂ Week <input type="checkbox"/>₃ Month <input type="checkbox"/>₄ Year</p>	<p>(Specify reason):</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/>₆ Every week <input type="checkbox"/>₉ Every month <input type="checkbox"/>₇ In cycles (Specify) _____ <input type="checkbox"/>₈ Other (Specify) _____</p>
2nd Shot	<p>Name: _____</p> <p>Code: _____</p> <p>_____</p> <p># Times per: <input type="checkbox"/>₂ Week <input type="checkbox"/>₃ Month <input type="checkbox"/>₄ Year</p>	<p>(Specify reason):</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/>₆ Every week <input type="checkbox"/>₉ Every month <input type="checkbox"/>₇ In cycles (Specify) _____ <input type="checkbox"/>₈ Other (Specify) _____</p>
3rd Shot	<p>Name: _____</p> <p>Code: _____</p> <p>_____</p> <p># Times per: <input type="checkbox"/>₂ Week <input type="checkbox"/>₃ Month <input type="checkbox"/>₄ Year</p>	<p>(Specify reason):</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/>₆ Every week <input type="checkbox"/>₉ Every month <input type="checkbox"/>₇ In cycles (Specify) _____ <input type="checkbox"/>₈ Other (Specify) _____</p>
4th Shot	<p>Name: _____</p> <p>Code: _____</p> <p>_____</p> <p># Times per: <input type="checkbox"/>₂ Week <input type="checkbox"/>₃ Month <input type="checkbox"/>₄ Year</p>	<p>(Specify reason):</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/>₆ Every week <input type="checkbox"/>₉ Every month <input type="checkbox"/>₇ In cycles (Specify) _____ <input type="checkbox"/>₈ Other (Specify) _____</p>
5th Shot	<p>Name: _____</p> <p>Code: _____</p> <p>_____</p> <p># Times per: <input type="checkbox"/>₂ Week <input type="checkbox"/>₃ Month <input type="checkbox"/>₄ Year</p>	<p>(Specify reason):</p> <p>_____</p> <p>_____</p> <p>Code: _____</p>	<p>_____ Age start</p> <p>_____ Age stop</p>	<p>_____ Years # of</p> <p>and</p> <p>_____ Months # of</p>	<p><input type="checkbox"/>₆ Every week <input type="checkbox"/>₉ Every month <input type="checkbox"/>₇ In cycles (Specify) _____ <input type="checkbox"/>₈ Other (Specify) _____</p>

If hormone was estrogen, go to Question 9.8. Otherwise, go to next hormone.

9.8. "While you were taking estrogen shots, did you also take progesterone?"

No → Go to next hormone.

Yes → Go to Question 9.9.

9.9. - 9.10

9.11. - 9.12.

[SHOW PHOTOS]	1 2 3 4 5 6 7							8 9 10 11 12 13 14							15 16 17 18 19 20 21							22 23 24 25 26 27 28							29 30 31		
	<p>"What is the name of the progesterone that you took with this estrogen shot?" Enter complete name and code. Probe for frequency and unit of measure.</p> <p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> Day</p> <p># Pills per <input type="checkbox"/> Week</p>	<p>EEEEEEEEE PPPPPPP</p> <p>Start Day</p> <p>_____ E</p> <p>_____ P</p>							<p>EEEEEEEEE PPPPPPP</p> <p>End Day</p> <p>_____ E</p> <p>_____ P</p>							<p>EEEEEEEEE PPPPPPP</p> <p>Total Days</p> <p>_____ E</p> <p>_____ P</p> <p>_____ E+P</p>							<p>EEEEEEEEE PPPPPPP</p>							<p>EEEE PPP</p>	
	<p>9.12. "When you were taking this progesterone between (ages in 9.4 and 9.5.), how often did you take it?"</p> <p><input type="checkbox"/>₉ Every month <input type="checkbox"/>₁₂ Every 4th month</p> <p><input type="checkbox"/>₁₀ Every other month <input type="checkbox"/>₈ Other (Specify)</p> <p><input type="checkbox"/>₁₁ Every three months _____</p>																														
<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> Day</p> <p># Pills per <input type="checkbox"/> Week</p>	<p>EEEEEEEEE PPPPPPP</p> <p>Start Day</p> <p>_____ E</p> <p>_____ P</p>							<p>EEEEEEEEE PPPPPPP</p> <p>End Day</p> <p>_____ E</p> <p>_____ P</p>							<p>EEEEEEEEE PPPPPPP</p> <p>Total Days</p> <p>_____ E</p> <p>_____ P</p> <p>_____ E+P</p>							<p>EEEEEEEEE PPPPPPP</p>							<p>EEEE PPP</p>		
	<p>9.12. "When you were taking this progesterone between (ages in 9.4 and 9.5.), how often did you take it?"</p> <p><input type="checkbox"/>₉ Every month <input type="checkbox"/>₁₂ Every 4th month</p> <p><input type="checkbox"/>₁₀ Every other month <input type="checkbox"/>₈ Other (Specify)</p> <p><input type="checkbox"/>₁₁ Every three months _____</p>																														
<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> Day</p> <p># Pills per <input type="checkbox"/> Week</p>	<p>EEEEEEEEE PPPPPPP</p> <p>Start Day</p> <p>_____ E</p> <p>_____ P</p>							<p>EEEEEEEEE PPPPPPP</p> <p>End Day</p> <p>_____ E</p> <p>_____ P</p>							<p>EEEEEEEEE PPPPPPP</p> <p>Total Days</p> <p>_____ E</p> <p>_____ P</p> <p>_____ E+P</p>							<p>EEEEEEEEE PPPPPPP</p>							<p>EEEE PPP</p>		
	<p>9.12. "When you were taking this progesterone between (ages in 9.4 and 9.5.), how often did you take it?"</p> <p><input type="checkbox"/>₉ Every month <input type="checkbox"/>₁₂ Every 4th month</p> <p><input type="checkbox"/>₁₀ Every other month <input type="checkbox"/>₈ Other (Specify)</p> <p><input type="checkbox"/>₁₁ Every three months _____</p>																														
<p>Name: _____</p> <p>Code: _____</p> <p>_____ <input type="checkbox"/> Day</p> <p># Pills per <input type="checkbox"/> Week</p>	<p>EEEEEEEEE PPPPPPP</p> <p>Start Day</p> <p>_____ E</p> <p>_____ P</p>							<p>EEEEEEEEE PPPPPPP</p> <p>End Day</p> <p>_____ E</p> <p>_____ P</p>							<p>EEEEEEEEE PPPPPPP</p> <p>Total Days</p> <p>_____ E</p> <p>_____ P</p> <p>_____ E+P</p>							<p>EEEEEEEEE PPPPPPP</p>							<p>EEEE PPP</p>		
	<p>9.12. "When you were taking this progesterone between (ages in 9.4 and 9.5.), how often did you take it?"</p> <p><input type="checkbox"/>₉ Every month <input type="checkbox"/>₁₂ Every 4th month</p> <p><input type="checkbox"/>₁₀ Every other month <input type="checkbox"/>₈ Other (Specify)</p> <p><input type="checkbox"/>₁₁ Every three months _____</p>																														

"Now I have some questions about the use of other types of female hormones."

10. "Did you ever take birth control pills (oral contraceptives) for any reason?"

No (Go on to Question 11.)

₉₉₈ Yes ↘

10.1. "At what age did you start taking birth control pills?" Age start

10.2. "At what age did you stop taking birth control pills?" Age stop

10.3. "How many total years and months between (ages in 10.1. and 10.2.) did you take birth control pills?"

Years and Months
of # of

10.4. "Did you use birth control pills before your first full-term pregnancy?"

₂ Never had a full-term pregnancy } → (Go on to Question 11.)

₀ No

₁ Yes ↘

10.5. "How many total years and months did you use birth control pills before your first full-term pregnancy?"

Years and Months
of # of

11. "Did you ever take DES (diethylstilbestrol)?"

No (Go on to Question 12.)

₉₉₇ Yes ↘

11.1. "At what age did you start taking DES?" Age start

11.2. "At what age did you stop taking DES?" Age stop

11.3. "How many total years and months between (ages in 11.1. and 11.2.) did you take DES?"

Years and Months
of # of

12. "Did you ever take shots called depo-provera (DMPA) for birth control or for any other reason?"

No (Go on to Question 13.)

₉₉₆ Yes 

12.1. "When you were taking depo-provera shots, how often did you get a shot?"

every ₃ Month
 # Times ₅ 3 months (quarter)
₄ Year

12.2. "At what age did you start taking depo-provera shots?" Age start


12.3. "At what age did you stop taking depo-provera shots?" Age stop

12.4. "How many total years and months between (ages in 12.2. and 12.3.) did you take depo-provera shots?"

Years and Months
 # of # of

13. "Have you taken any other female hormone medications that we have not discussed?"

No (Go on to ending script.)

Yes 

13.1. "What was the name of the hormone?"

13.2. "What was the reason you took the hormone?"

13.3. "Was this hormone in the form of a:"


Pill

Vaginal cream or suppository

Skin patch

Shot

Other (Specify): _____

 Go to Questions 6 - 9 if the hormone was used for reasons listed in Question 5 (on page 1).

"That completes this interview on the use of female hormone medications.
 Thank you very much for your cooperation."

SHOW CARD

REASONS FOR TAKING HORMONE REPLACEMENT THERAPY
(ESTROGEN, PROGESTERONE, OR TESTOSTERONE)

- 01 - Menopause-related symptoms
(hot flashes, sweating, vaginal dryness, bladder problems)
- 02 - Depression, anxiety, emotional distress
- 03 - Replacement therapy after hysterectomy or oophorectomy (ovaries removed)
- 04 - Osteoporosis (bone loss), to prevent osteoporosis or bone loss (or thinning)
- 05 - Cardiovascular disease, to prevent cardiovascular disease
- 06 - Irregular menstrual periods, to regulate periods
- 07 - Treatment of disease (*Specify* _____)
- 08 - Prevention of disease (*Specify* _____)
- 09 - Anti-estrogen effect in a woman using menopausal estrogens
- 98 - Other (*Specify* _____)