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Form 43 - Hormone Use

OMB # 0925-0414 Exp: 06/97

Public reporting for this collection of information is estimated to average 10 minutes, including the time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Rm. 721-B, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA; and to Office of Management and Budget, Paperwork Reduction Project (0925-0414) Washington, D.C. 20503. Do not return the completed form to either of these addresses.

- 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		5.2. **"When you were taking these (hormones), did you take them for 3 straight months or more?"** No	Yes		
1. **"Pill?"**	____	____	→	____	____	→	Complete 6.1. – 6.12.
2. **"Vaginal cream or suppository?"**	____	____	→	____	____	→	Complete 7.1. – 7.12.
3. **"Skin patch?"**	____	____	→	____	____	→	Complete 8.1. – 8.12.
4. **"Shot?"**	____	____	→	____	____	→	Complete 9.1. – 9.12.

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

(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]

K _____

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.
	"What is the name of the *(first/next)* **hormone pill you took?"** *Enter complete name and code. Probe for frequency and unit of measure.* **[SHOW PHOTOS]**	**"Please tell me the reason you used this** *pill.***"** **[SHOW CARD]**	**"At what age did you** *(first/next)* **start taking this** *pill***?"** **"At what age did you stop taking this** *pill***?"** *If still taking, record current age.*	**"How many total years and months between** *(ages in 6.4. and 6.5.)* **did you take this pill?"**	**"When you were taking this hormone between** *(ages in 6.4. and 6.5.)***, did you usually take it every day, or in cycles?"**
1st Pill	Name: _____ Code: ___ ___ per # Pills ☐1 Day ☐2 Week	*(Specify reason):* _____ _____ _____ Code: ___	___ Age start ___ Age stop	___ Years # of and ___ Months # of	☐4 Every day ☐5 Every other day ☐7 In cycles (Specify) _____ ☐8 Other (Specify) _____
2nd Pill	Name: _____ Code: ___ ___ per # Pills ☐1 Day ☐2 Week	*(Specify reason):* _____ _____ _____ Code: ___	___ Age start ___ Age stop	___ Years # of and ___ Months # of	☐4 Every day ☐5 Every other day ☐7 In cycles (Specify) _____ ☐8 Other (Specify) _____
3rd Pill	Name: _____ Code: ___ ___ per # Pills ☐1 Day ☐2 Week	*(Specify reason):* _____ _____ _____ Code: ___	___ Age start ___ Age stop	___ Years # of and ___ Months # of	☐4 Every day ☐5 Every other day ☐7 In cycles (Specify) _____ ☐8 Other (Specify) _____
4th Pill	Name: _____ Code: ___ ___ per # Pills ☐1 Day ☐2 Week	*(Specify reason):* _____ _____ _____ Code: ___	___ Age start ___ Age stop	___ Years # of and ___ Months # of	☐4 Every day ☐5 Every other day ☐7 In cycles (Specify) _____ ☐8 Other (Specify) _____
5th Pill	Name: _____ Code: ___ ___ per # Pills ☐1 Day ☐2 Week	*(Specify reason):* _____ _____ _____ Code: ___	___ Age start ___ Age stop	___ Years # of and ___ Months # of	☐4 Every day ☐5 Every other day ☐7 In cycles (Specify) _____ ☐8 Other (Specify) _____

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.

"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.* **[SHOW PHOTOS]**	**"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).*				
	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
Name: _____	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Code: ___	Start Day ___ E ___ P	End Day ___ E ___ P	Total Days ___ E ___ P ___ E+P	6.12. **"When you were taking this progesterone between** *(ages in 6.4. and 6.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
___ # Pills per ☐1 Day ☐2 Week					
Name: _____	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Code: ___	Start Day ___ E ___ P	End Day ___ E ___ P	Total Days ___ E ___ P ___ E+P	6.12. **"When you were taking this progesterone between** *(ages in 6.4. and 6.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
___ Pills per ☐1 Day ☐2 Week					
Name: _____	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Code: ___	Start Day ___ E ___ P	End Day ___ E ___ P	Total Days ___ E ___ P ___ E+P	6.12. **"When you were taking this progesterone between** *(ages in 6.4. and 6.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
___ Pills per ☐1 Day ☐2 Week					
Name: _____	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Code: ___	Start Day ___ E ___ P	End Day ___ E ___ P	Total Days ___ E ___ P ___ E+P	6.12. **"When you were taking this progesterone between** *(ages in 6.4. and 6.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
___ # Pills per ☐1 Day ☐2 Week					
Name: _____	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Code: ___	Start Day ___ E ___ P	End Day ___ E ___ P	Total Days ___ E ___ P ___ E+P	6.12. **"When you were taking this progesterone between** *(ages in 6.4. and 6.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
___ # Pills per ☐1 Day ☐2 Week					

7. **If Vaginal Cream or Suppository Reported:**
Complete 7.1. - 7.12. for each episode of use.

	7.1. - 7.2. "What is the name of the *(first/next)* hormone vaginal cream or suppository you used?" *Enter complete name and code. Probe for frequency and unit of measure.* [SHOW PHOTOS]	7.3. "Please tell me the reason you used this vaginal cream or suppository." [SHOW CARD]	7.4. - 7.5. "At what age did you *(first/next)* start using this vaginal cream or suppository?" "At what age did you stop?" *If still using, record current age.*	7.6. "How many total years and months between *(ages in 7.4. and 7.5.)* did you use this cream or suppository?"	7.6a. "If using cream, how many applicator-fulls did you use each time?"	7.7. "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?"
1st Crm./ Supp.	Name: _____ Code: ☐☐☐ ☐☐ # Times per: ☐1 Day ☐2 Week ☐3 Month ☐4 Year	*(Specify reason):* _____ _____ _____ Code: ☐☐	☐☐ Age start ☐☐ Age stop	☐☐ # of Years and ☐☐ # of Months	☐5 1/4 ☐1 1/2 ☐2 1 ☐3 1½ ☐4 2 or more ☐9 Unknown	☐6 Every week ☐7 In cycles (Specify)_____ ☐8 Other (Specify)_____
2nd Crm./ Supp.	Name: _____ Code: ☐☐☐ ☐☐ # Times per: ☐1 Day ☐2 Week ☐3 Month ☐4 Year	*(Specify reason):* _____ _____ _____ Code: ☐☐	☐☐ Age start ☐☐ Age stop	☐☐ # of Years and ☐☐ # of Months	☐5 1/4 ☐1 1/2 ☐2 1 ☐3 1½ ☐4 2 or more ☐9 Unknown	☐6 Every week ☐7 In cycles (Specify)_____ ☐8 Other (Specify)_____
3rd Crm./ Supp.	Name: _____ Code: ☐☐☐ ☐☐ # Times per: ☐1 Day ☐2 Week ☐3 Month ☐4 Year	*(Specify reason):* _____ _____ _____ Code: ☐☐	☐☐ Age start ☐☐ Age stop	☐☐ # of Years and ☐☐ # of Months	☐5 1/4 ☐1 1/2 ☐2 1 ☐3 1½ ☐4 2 or more ☐9 Unknown	☐6 Every week ☐7 In cycles (Specify)_____ ☐8 Other (Specify)_____
4th Crm./ Supp.	Name: _____ Code: ☐☐☐ ☐☐ # Times per: ☐1 Day ☐2 Week ☐3 Month ☐4 Year	*(Specify reason):* _____ _____ _____ Code: ☐☐	☐☐ Age start ☐☐ Age stop	☐☐ # of Years and ☐☐ # of Months	☐5 1/4 ☐1 1/2 ☐2 1 ☐3 1½ ☐4 2 or more ☐9 Unknown	☐6 Every week ☐7 In cycles (Specify)_____ ☐8 Other (Specify)_____
5th Crm./ Supp.	Name: _____ Code: ☐☐☐ ☐☐ # Times per: ☐1 Day ☐2 Week ☐3 Month ☐4 Year	*(Specify reason):* _____ _____ _____ Code: ☐☐	☐☐ Age start ☐☐ Age stop	☐☐ # of Years and ☐☐ # of Months	☐5 1/4 ☐1 1/2 ☐2 1 ☐3 1½ ☐4 2 or more ☐9 Unknown	☐6 Every week ☐7 In cycles (Specify)_____ ☐8 Other (Specify)_____

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. **"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.*	7.11. - 7.12. **"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).*				
[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
Name: _____	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Code: ___	Start Day ___ E ___ P	End Day ___ E ___ P	Total Days ___ E ___ P ___ E+P	7.12. **"When you were taking this progesterone between** *(ages in 7.4. and 7.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
___ # Pills per ☐1 Day ☐2 Week					
Name: _____	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Code: ___	Start Day ___ E ___ P	End Day ___ E ___ P	Total Days ___ E ___ P ___ E+P	7.12. **"When you were taking this progesterone between** *(ages in 7.4. and 7.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
___ # Pills per ☐1 Day ☐2 Week					
Name: _____	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Code: ___	Start Day ___ E ___ P	End Day ___ E ___ P	Total Days ___ E ___ P ___ E+P	7.12. **"When you were taking this progesterone between** *(ages in 7.4. and 7.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
F ___ # Pills per ☐1 Day ☐2 Week					
Name: _____	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Code: ___	Start Day ___ E ___ P	End Day ___ E ___ P	Total Days ___ E ___ P ___ E+P	7.12. **"When you were taking this progesterone between** *(ages in 7.4. and 7.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
___ # Pills per ☐1 Day ☐2 Week					
Name: _____	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Code: ___	Start Day ___ E ___ P	End Day ___ E ___ P	Total Days ___ E ___ P ___ E+P	7.12. **"When you were taking this progesterone between** *(ages in 7.4. and 7.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
___ # Pills per ☐1 Day ☐2 Week					

8. **If Hormone Skin Patches Reported:**

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

	8.1. - 8.2. **"What is the name of the** *(first/next)* **hormone skin patch you used?"** *Enter complete name and code. Probe for frequency and unit of measure.* **[SHOW PHOTOS]**	8.3. **"Please tell me the reason you used this skin patch."** **[SHOW CARD]**	8.4. - 8.5. **"At what age did you** *(first/next)* **start using these skin patches?"** **"At what age did you stop?"** *If still using, record current age.*	8.6. **"How many total years and months between** *(ages in 8.4. and 8.5.)* **did you use these skin patches?"**	8.7. **"When you were using these skin patches between** *(ages in 8.4. and 8.5.)*, **did you use them every week or in cycles?"**
1st Patch Use	Name: _____ Code: ___ # Times per ___ ☐2 Week ☐3 Month	*(Specify reason):* _____ _____ _____ Code: ___	___ Age start ___ Age stop	___ # of Years and ___ # of Months	☐6 Every week ☐7 In cycles (Specify)_____ ☐8 Other (Specify)_____
2nd Patch Use	Name: _____ Code: ___ # Times per ___ ☐2 Week ☐3 Month	*(Specify reason):* _____ _____ _____ Code: ___	___ Age start ___ Age stop	___ # of Years and ___ # of Months	☐6 Every week ☐7 In cycles (Specify)_____ ☐8 Other (Specify)_____
3rd Patch Use	Name: _____ Code: ___ # Times per ___ ☐2 Week ☐3 Month	*(Specify reason):* _____ _____ _____ Code: ___	___ Age start ___ Age stop	___ # of Years and ___ # of Months	☐6 Every week ☐7 In cycles (Specify)_____ ☐8 Other (Specify)_____
4th Patch Use	Name: _____ Code: ___ # Times per ___ ☐2 Week ☐3 Month	*(Specify reason):* _____ _____ _____ Code: ___	___ Age start ___ Age stop	___ # of Years and ___ # of Months	☐6 Every week ☐7 In cycles (Specify)_____ ☐8 Other (Specify)_____
5th Patch Use	Name: _____ Code: ___ # Times per ___ ☐2 Week ☐3 Month	*(Specify reason):* _____ _____ _____ Code: ___	___ Age start ___ Age stop	___ # of Years and ___ # of Months	☐6 Every week ☐7 In cycles (Specify)_____ ☐8 Other (Specify)_____

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

8.8. **"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.

"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.*

[SHOW PHOTOS]

"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).*

	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
	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Name: _____ Code: _____ _____ # Pills per ☐1 Day ☐2 Week	Start Day E P	End Day E P	Total Days E P E+P	8.12. **"When you were taking this progesterone between** *(ages in 8.4. and 8.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
Name: _____ Code: _____ _____ # Pills per ☐1 Day ☐2 Week	Start Day E P	End Day E P	Total Days E P E+P	8.12. **"When you were taking this progesterone between** *(ages in 8.4. and 8.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
Name: _____ Code: _____ _____ # Pills per ☐1 Day ☐2 Week	Start Day E P	End Day E P	Total Days E P E+P	8.12. **"When you were taking this progesterone between** *(ages in 8.4. and 8.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
Name: _____ Code: _____ _____ # Pills per ☐1 Day ☐2 Week	Start Day E P	End Day E P	Total Days E P E+P	8.12. **"When you were taking this progesterone between** *(ages in 8.4. and 8.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
Name: _____ Code: _____ _____ # Pills per ☐1 Day ☐2 Week	Start Day E P	End Day E P	Total Days E P E+P	8.12. **"When you were taking this progesterone between** *(ages in 8.4. and 8.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	

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

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.				
"What is the name of the progesterone that you took with this estrogen shot?" *Enter com-plete name and code. Probe for frequency and unit of measure.* **[SHOW PHOTOS]**	**"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).*				
	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
Name: _____	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Code: ___	Start Day ___ E ___ P	End Day ___ E ___ P	Total Days ___ E ___ P ___ E+P	9.12. **"When you were taking this progesterone between** *(ages in 9.4. and 9.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
___ ☐1 Day # Pills per ☐2 Week					
Name: _____	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Code: ___	Start Day ___ E ___ P	End Day ___ E ___ P	Total Days ___ E ___ P ___ E+P	9.12. **"When you were taking this progesterone between** *(ages in 9.4. and 9.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
___ ☐1 Day # Pills per ☐2 Week					
Name: _____	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Code: ___	Start Day ___ E ___ P	End Day ___ E ___ P	Total Days ___ E ___ P ___ E+P	9.12. **"When you were taking this progesterone between** *(ages in 9.4. and 9.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
___ ☐1 Day # Pills per ☐2 Week					
Name: _____	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Code: ___	Start Day ___ E ___ P	End Day ___ E ___ P	Total Days ___ E ___ P ___ E+P	9.12. **"When you were taking this progesterone between** *(ages in 9.4. and 9.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
___ ☐1 Day # Pills per ☐2 Week					
Name: _____	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E E E E E P P P P P P P	E E E P P P
Code: ___	Start Day ___ E ___ P	End Day ___ E ___ P	Total Days ___ E ___ P ___ E+P	9.12. **"When you were taking this progesterone between** *(ages in 9.4. and 9.5.)*, **how often did you take it?"** ☐9 Every month ☐12 Every 4th month ☐10 Every other month ☐8 Other (Specify) ☐11 Every three months _____	
___ ☐1 Day # Pills per ☐2 Week					

"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?"**

___ # of Years and ___ # of Months

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

☐ 2 Never had a full-term pregnancy
☐ 0 No
→ *(Go on to Question 11.)*
☐ 1 Yes

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

___ # of Years and ___ # of Months

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?"**

___ # of Years and ___ # of Months

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?"**

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

12.2. **"At what age did you <u>start</u> taking depo-provera shots?"** ___ Age start

12.3. **"At what age did you <u>stop</u> taking depo-provera shots?"** ___ Age stop

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

___ # of Years and ___ # of Months

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

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

___ Other (*Specify*):_____

"That completes this interview on the use of female hormone medications. Thank you <u>very</u> 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* _____*)*