

SECTION J. MENSTRUATION AND MENOPAUSE HISTORY

The next questions are about your menstrual periods.

J1. In what month and year did you have your first menstrual period?

|_|_|/|_|_| OR |_|_|
MONTH YEAR AGE
NEVER 00 (J9)
DK 98

BOX J-1

READ: Now let's record on the calendar (the/an) approximate date for your first menstrual period.

- IF MONTH AND YEAR ARE GIVEN: RECORD DIRECTLY ON CALENDAR;
- IF ONLY AGE IS GIVEN: ADD YEAR OF BIRTH AND AGE; OR
- IF AGE IS "DK": ADD YEAR OF BIRTH AND "12" YEARS.

RECORD "FMP" ON CALENDAR SIX MONTHS AFTER THE MONTH OF BIRTH IN THE APPROPRIATE YEAR (UNLESS A DIFFERENT MONTH/YEAR ARE SPECIFIED).

J2. At what age did your menstrual periods become regular, that is, you could usually predict about when they would start?

|_|_|
AGE
NEVER BECAME REGULAR 00 (J5)

J3. Did your periods become regular naturally, because of taking birth control pills, or in some other way?

NATURALLY 1 (J5)
BIRTH CONTROL PILLS 2
SOME OTHER WAY 3 (J5)

J4. Have your periods ever been regular when you were not taking birth control pills or shots?

YES 1
NO 2

J5. Looking at the calendar, what was the date of your last menstrual period before (REFERENCE DATE)?

|_|_|/|_|_|
MONTH YEAR

PUT
LMP
ON
CAL

Let's now record the last menstrual period on the calendar.

BOX J-2

CHECK CALENDAR. IF SUBJECT IS CURRENTLY PREGNANT (A4=08)
OR NURSING (A10=95), SKIP TO J9. OTHERWISE, CONTINUE.

J6. Did you ever have hot flashes, night sweats, or other symptoms of menopause before (REFERENCE DATE)?

YES 1
NO 2 (J8)

J7. How old were you when you first had these symptoms?

|_|_|
AGE

J8. What was your menstrual status in (REFERENCE DATE MINUS ONE MONTH)?

SHOW
CARD
J8

- A. STILL HAVING PERIODS AND NOT GOING THROUGH MENOPAUSE OR THE CHANGE OF LIFE 01
 - B. STILL HAVING PERIODS BUT POSSIBLY BEGINNING MENOPAUSE OR THE CHANGE OF LIFE 02
 - C. STILL HAVING PERIODS AND ON HORMONE REPLACEMENT THERAPY 03
 - D. GOING THROUGH MENOPAUSE OR THE CHANGE OF LIFE 04
 - E. PERIODS STOPPED BY THEMSELVES OR NATURAL MENOPAUSE 05
 - F. PERIODS STOPPED BY SURGERY REMOVING UTERUS OR WOMB OR BOTH OVARIES 06
 - G. PERIODS STOPPED BY RADIATION OR CHEMOTHERAPY 07
 - H. OTHER (SPECIFY) 96
-
-

MENSTRUAL CONDITIONS

Now I would like to ask you about certain reproductive-related diseases, conditions, and surgeries you may have had. Most of these conditions are rare and you may not have heard of them.

ASK J9-J11 FOR ONE CONDITION BEFORE ASKING ABOUT NEXT CONDITION.

J9. Before (REFERENCE DATE), did a doctor or other health professional ever tell you that you had (CONDITION)?	J10. At what age did a doctor or other health professional <u>first</u> tell you that you had (CONDITION)?	J11. Have you ever been hospitalized, had surgery or other procedures, or been prescribed medication for this condition? (CIRCLE ALL THAT APPLY.)
<p>a. Polycystic ovaries or Stein-Leventhal syndrome</p> <p>YES 1 NO 2 (J9b) DK 8 (J9b)</p>	<p> _ _ AGE</p>	<p>HOSPITALIZED 01 SURGERY 02 PRESCRIBED MEDICATION 03 NO TREATMENT 04 OTHER (SPECIFY) _____ 96</p> <hr/>
<p>b. Any other cysts on the ovary</p> <p>YES 1 NO 2 (J9c) DK 8 (J9c)</p>	<p> _ _ AGE</p>	<p>HOSPITALIZED 01 SURGERY 02 PRESCRIBED MEDICATION 03 NO TREATMENT 04 OTHER (SPECIFY) _____ 96</p> <hr/>
<p>c. Fibroids, fibroid tumors, or uterine fibroids</p> <p>YES 1 NO 2 (J9d) DK 8 (J9d)</p>	<p> _ _ AGE</p>	<p>HOSPITALIZED 01 SURGERY 02 PRESCRIBED MEDICATION 03 NO TREATMENT 04 OTHER (SPECIFY) _____ 96</p> <hr/>
<p>d. Endometriosis (Endometriosis occurs when the lining of the uterus is found in other pelvic organs.)</p> <p>YES 1 NO 2 (J9e) DK 8 (J9e)</p>	<p> _ _ AGE</p>	<p>HOSPITALIZED 01 SURGERY 02 PRESCRIBED MEDICATION 03 NO TREATMENT 04 OTHER (SPECIFY) _____ 96</p> <hr/>
<p>e. Pelvic inflammatory disease or PID</p> <p>YES 1 NO 2 (BOX J-3) DK 8 (BOX J-3)</p>	<p> _ _ AGE</p>	<p>HOSPITALIZED 01 SURGERY 02 PRESCRIBED MEDICATION 03 NO TREATMENT 04 OTHER (SPECIFY) _____ 96</p> <hr/>

BOX J-3

IF J8=01 OR 02, OR SUBJECT IS CURRENTLY PREGNANT (A4=08) OR NURSING (A10=95), GO TO J14. OTHERWISE, CONTINUE.

J12. Before (REFERENCE DATE), did you have a hysterectomy, -- that is, did you have your womb or uterus removed?

YES 1
NO 2 (J14)

J13. During what month and year did you have your hysterectomy?

|_|_|/|_|_|
MONTH YEAR

PUT
HYS
ON
CAL

Let's now record this operation on the calendar.

J14. Before (REFERENCE DATE), did you ever have any surgery involving removal, either partial or total, of one or both of your ovaries? Please include (any surgery on your ovaries at the time of your hysterectomy) wedge resections on the ovaries and cysts removed from the ovaries.

YES 1
NO 2 (SECTION K)

I would like to ask you some additional information about (each of these operations/this operation).

(ASK J15 - J16 FOR EACH OPERATION IN J14.)

	J15. In what month and year did you have the (first/next) operation?	J16. What exactly was removed during that operation? (CIRCLE ALL THAT APPLY)
1ST	_ _ / _ _ MONTH YEAR	ONE OVARY (TOTAL)..... 1 ONE OVARY (PARTIAL)..... 2 BOTH OVARIES (TOTAL) 3 BOTH OVARIES (PARTIAL) 4 BOTH OVARIES (ONE TOTAL, ONE PARTIAL)..... 5 UNKNOWN OVARIAN STATUS 8
2ND	_ _ / _ _ MONTH YEAR	ONE OVARY (TOTAL)..... 1 ONE OVARY (PARTIAL)..... 2 BOTH OVARIES (TOTAL) 3 BOTH OVARIES (PARTIAL) 4 BOTH OVARIES (ONE TOTAL, ONE PARTIAL)..... 5 UNKNOWN OVARIAN STATUS 8
3RD	_ _ / _ _ MONTH YEAR	ONE OVARY (TOTAL)..... 1 ONE OVARY (PARTIAL)..... 2 BOTH OVARIES (TOTAL) 3 BOTH OVARIES (PARTIAL) 4 BOTH OVARIES (ONE TOTAL, ONE PARTIAL)..... 5 UNKNOWN OVARIAN STATUS 8

J17. Just to check again, before (REFERENCE DATE) how many ovaries did you have left after all your surgeries?

- NONE 0
- ONE OVARY (TOTAL) 1
- ONE OVARY (PARTIAL) 2
- BOTH OVARIES (TOTAL) 3
- BOTH OVARIES (PARTIAL) 4
- BOTH OVARIES (ONE TOTAL, ONE PARTIAL) 5