



# Form 150 – Hormone Use Update WHI Extension



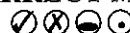
## MARKING INSTRUCTIONS

- Use a pencil only.
- Darken the circle completely next to the answer you choose.
- Erase cleanly any marks you wish to change.
- Do not make any stray marks on this form.

CORRECT MARK



INCORRECT MARKS



This form asks about any medications that you've had in the last year. This information is important for understanding more about women's health after they stop taking hormone study pills.

### OFFICE USE ONLY

AFFIX LABEL BETWEEN LINES  
BAR CODE HERE

1. Date Received:

Month Day Year

Month Day Year

2. Reviewed By:

\_\_\_\_\_

3. Contact Type:

- 1 Phone
- 2 Mail
- 8 Other

4. Language:

- 1 E
- 2 S

FCA     OU1     OU2



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PLEASE MAKE NO MARKS IN THIS AREA

1. In the past year, have you used any medications that you get with a doctor's prescription to treat or prevent osteoporosis or other bone conditions? Examples are Fosamax, Miacalcin, and Actonel. (Do not include use of female hormones or selective estrogen receptor modulators (SERMs), such as raloxifene (Evista), which are covered in Question 2.)

- 0 No
- 9 Don't know
- 1 Yes

1.1. In the past year, which one(s) did you use? (Mark all that apply.)

<input type="radio"/> 1 Alendronate (Fosamax)	<input type="radio"/> 5 Zolendronate (Zometa)
<input type="radio"/> 2 Calcitonin (Miacalcin)	<input type="radio"/> 6 Parathyroid hormone (PTH, Forteo)
<input type="radio"/> 3 Residronate (Actonel)	<input type="radio"/> 8 Other (Specify: _____)
<input type="radio"/> 4 Pamidronate (Aredia)	<input type="radio"/> 9 Don't know

2. In the past year, did you use any selective estrogen receptor modulators (SERMs)? (These may be prescribed to prevent osteoporosis and breast cancer and are sometimes called "designer estrogens". Examples are raloxifene [Evista] and tamoxifen [Nolvadex].)

- 0 No
- 9 Don't know
- 1 Yes

2.1. In the past year, what SERMs did you take? (Mark all that apply.)

<input type="radio"/> 1 Raloxifene (Evista)	<input type="radio"/> 8 Other (Specify: _____)
<input type="radio"/> 2 Tamoxifen (Nolvadex)	<input type="radio"/> 9 Don't know

The next questions are about female hormones (estrogen or progesterone [also called progestin]) that you might have used during the past year. Women's use of hormones has been changing—these questions help us understand patterns of use.

Question 3 is about hormones you can get without a doctor's prescription.

3. In the past year, did you use any “natural” hormones that you can get without a doctor's prescription? These are usually made from plants or herbs and often obtained from health food stores or by mail order. They may be in the form of a pill, vaginal cream or suppository, skin cream, or soy-enriched foods.

- 0 No  
 9 Don't know  
 1 Yes

3.1. In the past year, what types of “natural” hormones have you used? (Do not include hormone preparations that need a doctor's prescription.) **(Mark all that apply.)**

<p><input type="radio"/> 1 Wild yam cream</p> <p><input type="radio"/> 2 Wild yam pills</p> <p><input type="radio"/> 10 Progesterone cream</p> <p><input type="radio"/> 3 Progesterone suppositories</p> <p><input type="radio"/> 4 DHEA pills (dehydroepiandrosterone)</p>	<p><input type="radio"/> 5 Phytoestrogen pills or powder (soy or flax)</p> <p><input type="radio"/> 6 Phytoestrogen creams (soy or flax)</p> <p><input type="radio"/> 7 Phytoestrogen-enriched foods (tofu, soybeans)</p> <p><input type="radio"/> 8 Other (<b>Specify:</b> _____)</p> <p><input type="radio"/> 9 Don't know</p>
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The next questions are about female hormones you got with a doctor's prescription in the last year, even if you are not taking them right now.

4. In the past year, did you use any female hormones (ESTROGEN or PROGESTERONE [also called PROGESTIN]) that were prescribed by a doctor? (These may have been in the form of a pill, skin patch, shot, cream, vaginal ring or suppository, or bio-identical compound.)

- 0 No  
 9 Don't know  
 1 Yes

**You are finished with this form.**  
Please review any questions you may have missed.

4.1. What were your reasons for taking this hormone prescription? **(Mark all that apply.)**

<p><input type="radio"/> 1 To treat symptoms</p> <p><input type="radio"/> 2 To look better</p> <p><input type="radio"/> 3 To feel better</p> <p><input type="radio"/> 4 To treat or prevent osteoporosis</p> <p><input type="radio"/> 5 To treat or prevent other diseases</p> <p><input type="radio"/> 6 Advice from family or friend</p>	<p><input type="radio"/> 7 Advice from health care provider</p> <p><input type="radio"/> 8 Information on the Internet (World Wide Web)</p> <p><input type="radio"/> 9 Results from saliva, urine, or blood test</p> <p><input type="radio"/> 10 Information in the media (for example, newspaper, magazine, or television)</p> <p><input type="radio"/> 88 Other reason (<b>Specify:</b> _____)</p>
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5. In the past year, did you use female hormone PILLs or PATCHES prescribed by a doctor containing both ESTROGEN and PROGESTERONE (PROGESTIN) COMBINED in the same pill, patch, package (for example, Prempro, Premphase), vaginal ring, or bio-identical compound? (Do not include the use of two separate estrogen and progesterone pills taken at the same time.)

- 0 No
- 9 Don't know
- 1 Yes

5.1. Did you use a pill combination?

0 No  
 1 Yes →

5.1.1. For how many months did you use the pill combination?

1 Less than 1 month       3 7-10 months  
 2 1-6 months                 4 11-12 months

5.2. Did you use a patch combination?

0 No  
 1 Yes →

5.2.1. For how many months did you use the patch combination?

1 Less than 1 month       3 7-10 months  
 2 1-6 months                 4 11-12 months

5.3. Did you use some other combination that was not a pill or patch?

0 No  
 1 Yes →

5.3.1. For how many months did you use the other combination?

1 Less than 1 month       3 7-10 months  
 2 1-6 months                 4 11-12 months

6. In the past year, did you use female hormone PILLs prescribed by a doctor containing both ESTROGEN and TESTOSTERONE COMBINED in the same pill (for example, Estratest)?

- 0 No
- 9 Don't know
- 1 Yes

6.1. In the past year, how many months did you use COMBINED female hormone pills containing both ESTROGEN and TESTOSTERONE?

1 Less than 1 month       3 7-10 months  
 2 1-6 months                 4 11-12 months

6.2. In the past year, what type of COMBINED ESTROGEN and TESTOSTERONE pills did you use longest?

1 Estratest or Estratest HS       9 Don't know  
 8 Other (Specify: \_\_\_\_\_)

7. In the past year, did you use any ESTROGEN that was prescribed by a doctor (other than the combinations described in Questions 5 and 6)? (These may have been in the form of a pill, skin patch, shot, skin cream, bio-identical compound, or vaginal cream, ring, tablet, or suppository.)

<sup>1</sup> Yes

<sup>0</sup> No

<sup>9</sup> Don't know



Go to Question 8 on the next page.

7.1. Did you use an oral estrogen pill that you take by mouth?

<sup>0</sup> No

<sup>1</sup> Yes



7.1.1. For how many months did you use the oral estrogen pills?

<sup>1</sup> Less than 1 month

<sup>2</sup> 1-6 months

<sup>3</sup> 7-10 months

<sup>4</sup> 11-12 months

7.1.2. What kind did you take? (Mark the one used the longest if you used more than one kind.)

<sup>1</sup> Conjugated equine estrogens (Premarin)

<sup>2</sup> Estradiol (Estrace)

<sup>3</sup> Estropipate (Ogen)

<sup>4</sup> Esterified estrogens (Estratab)

<sup>8</sup> Other (Specify: \_\_\_\_\_)

<sup>9</sup> Don't know

7.2. Did you use an estrogen skin patch?

<sup>0</sup> No

<sup>1</sup> Yes



7.2.1. For how many months did you use the patch?

<sup>1</sup> Less than 1 month

<sup>2</sup> 1-6 months

<sup>3</sup> 7-10 months

<sup>4</sup> 11-12 months

7.3. Did you use an estrogen skin cream?

<sup>0</sup> No

<sup>1</sup> Yes



7.3.1. For how many months did you use the skin cream?

<sup>1</sup> Less than 1 month

<sup>2</sup> 1-6 months

<sup>3</sup> 7-10 months

<sup>4</sup> 11-12 months

7.4. Did you have estrogen shots?

<sup>0</sup> No

<sup>1</sup> Yes



7.4.1. For how many months did you have the shots?

<sup>1</sup> Less than 1 month

<sup>2</sup> 1-6 months

<sup>3</sup> 7-10 months

<sup>4</sup> 11-12 months

7.5. Did you use an estrogen vaginal cream, ring, capsule, or suppository?

<sup>0</sup> No

<sup>1</sup> Yes



7.5.1. For how many months did you use any of these vaginal forms of estrogen?

<sup>1</sup> Less than 1 month

<sup>2</sup> 1-6 months

<sup>3</sup> 7-10 months

<sup>4</sup> 11-12 months



These next questions are about **PROGESTERONE OR PROGESTIN** that was prescribed by a doctor. If you did not use any **PROGESTERONE**, you are finished with this form. Please review any questions you may have missed.

8. In the past year, did you use any **PROGESTERONE** or **PROGESTIN** that was prescribed by a doctor (other than the combinations described in Question 5)? (These may have been in the form of a pill, skin cream, shot, vaginal cream, vaginal capsule or suppository, IUD [intra-uterine device], or bio-identical compound.)

<sup>1</sup> Yes      <sup>0</sup> No      <sup>9</sup> Don't know      **You are finished with this form.**  
**Please review any questions you may have missed.**

8.1. Did you use a progesterone or progestin pill?

<sup>0</sup> No  
<sup>1</sup> Yes →

8.1.1. For how many months did you use the pill?

<sup>1</sup> Less than 1 month      <sup>3</sup> 7-10 months  
<sup>2</sup> 1-6 months      <sup>4</sup> 11-12 months

8.1.2. What kind did you take?

<sup>1</sup> Medroxyprogesterone acetate (MPA, Provera, Cycrin, Amen)  
<sup>3</sup> Micronized progesterone (Prometrium)  
<sup>8</sup> Other (Specify: \_\_\_\_\_)  
<sup>9</sup> Don't know

8.1.3. How many days per month did you use it?

<sup>1</sup> Less than 1 day      <sup>4</sup> 13-18 days  
<sup>2</sup> 1-9 days      <sup>5</sup> 19-27 days  
<sup>3</sup> 10-12 days      <sup>6</sup> 28 or more days

8.2. Did you use a progesterone or progestin skin cream?

<sup>0</sup> No  
<sup>1</sup> Yes →

8.2.1. For how many months did you use the skin cream?

<sup>1</sup> Less than 1 month      <sup>3</sup> 7-10 months  
<sup>2</sup> 1-6 months      <sup>4</sup> 11-12 months



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8.3. Did you have progesterone or progestin shots?

- 0 No  
 1 Yes →

8.3.1. For how many months did you have the shots?

- 1 Less than 1 month                       3 7-10 months  
 2 1-6 months                                       4 11-12 months

8.4. Did you use a progesterone or progestin vaginal cream or vaginal capsule?

- 0 No  
 1 Yes →

8.4.1. For how many months did you use the vaginal cream or vaginal capsule?

- 1 Less than 1 month                       3 7-10 months  
 2 1-6 months                                       4 11-12 months

8.5. Did you use an intrauterine progestin device (IUD)?

- 0 No  
 1 Yes →

8.5.1. For how many months did you use the IUD?

- 1 Less than 1 month                       3 7-10 months  
 2 1-6 months                                       4 11-12 months

**Thank you.**

**Please take a few minutes to review this form for any questions you may have missed.**

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