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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?" If still taking, record current age.</p>	<p>"How many total years and months 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 _____ and _____ Months # of _____</p>	<p><input type="checkbox"/> Every day <input type="checkbox"/> Every other day <input type="checkbox"/> In cycles (Specify) _____ <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 _____ and _____ Months # of _____</p>	<p><input type="checkbox"/> Every day <input type="checkbox"/> Every other day <input type="checkbox"/> In cycles (Specify) _____ <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 _____ and _____ Months # of _____</p>	<p><input type="checkbox"/> Every day <input type="checkbox"/> Every other day <input type="checkbox"/> In cycles (Specify) _____ <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 _____ and _____ Months # of _____</p>	<p><input type="checkbox"/> Every day <input type="checkbox"/> Every other day <input type="checkbox"/> In cycles (Specify) _____ <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 _____ and _____ Months # of _____</p>	<p><input type="checkbox"/> Every day <input type="checkbox"/> Every other day <input type="checkbox"/> In cycles (Specify) _____ <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>1 2 3 4 5 6 7</p>							<p>8 9 10 11 12 13 14</p>							<p>15 16 17 18 19 20 21</p>							<p>22 23 24 25 26 27 28</p>							<p>29 30 31</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>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"/> Every month <input type="checkbox"/> Every 4th month</p> <p><input type="checkbox"/> Every other month <input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/> 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>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"/> Every month <input type="checkbox"/> Every 4th month</p> <p><input type="checkbox"/> Every other month <input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/> 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>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"/> Every month <input type="checkbox"/> Every 4th month</p> <p><input type="checkbox"/> Every other month <input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/> 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>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"/> Every month <input type="checkbox"/> Every 4th month</p> <p><input type="checkbox"/> Every other month <input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/> 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>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"/> Every month <input type="checkbox"/> Every 4th month</p> <p><input type="checkbox"/> Every other month <input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/> 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.
	"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]	"Please tell me the reason you used this vaginal cream or suppository." [SHOW CARD]	"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.	"How many total years and months between (ages in 7.4. and 7.5.) did you use this cream or suppository?"	"If using cream, how many applicator-fulls did you use each time?"	"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: <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year	(Specify reason): _____ _____ Code: _____	_____ Age start _____ Age stop	_____ Years # of _____ and _____ Months # of _____	<input type="checkbox"/> 5 1/4 <input type="checkbox"/> 1 1/2 <input type="checkbox"/> 2 1 <input type="checkbox"/> 3 1 1/2 <input type="checkbox"/> 4 2 or more <input type="checkbox"/> 9 Unknown	<input type="checkbox"/> 6 Every week <input type="checkbox"/> 7 In cycles (Specify) _____ <input type="checkbox"/> 8 Other (Specify) _____
2nd Crm./ Supp.	Name: _____ Code: _____ # Times per: <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year	(Specify reason): _____ _____ Code: _____	_____ Age start _____ Age stop	_____ Years # of _____ and _____ Months # of _____	<input type="checkbox"/> 5 1/4 <input type="checkbox"/> 1 1/2 <input type="checkbox"/> 2 1 <input type="checkbox"/> 3 1 1/2 <input type="checkbox"/> 4 2 or more <input type="checkbox"/> 9 Unknown	<input type="checkbox"/> 6 Every week <input type="checkbox"/> 7 In cycles (Specify) _____ <input type="checkbox"/> 8 Other (Specify) _____
3rd Crm./ Supp.	Name: _____ Code: _____ # Times per: <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year	(Specify reason): _____ _____ Code: _____	_____ Age start _____ Age stop	_____ Years # of _____ and _____ Months # of _____	<input type="checkbox"/> 5 1/4 <input type="checkbox"/> 1 1/2 <input type="checkbox"/> 2 1 <input type="checkbox"/> 3 1 1/2 <input type="checkbox"/> 4 2 or more <input type="checkbox"/> 9 Unknown	<input type="checkbox"/> 6 Every week <input type="checkbox"/> 7 In cycles (Specify) _____ <input type="checkbox"/> 8 Other (Specify) _____
4th Crm./ Supp.	Name: _____ Code: _____ # Times per: <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year	(Specify reason): _____ _____ Code: _____	_____ Age start _____ Age stop	_____ Years # of _____ and _____ Months # of _____	<input type="checkbox"/> 5 1/4 <input type="checkbox"/> 1 1/2 <input type="checkbox"/> 2 1 <input type="checkbox"/> 3 1 1/2 <input type="checkbox"/> 4 2 or more <input type="checkbox"/> 9 Unknown	<input type="checkbox"/> 6 Every week <input type="checkbox"/> 7 In cycles (Specify) _____ <input type="checkbox"/> 8 Other (Specify) _____
5th Crm./ Supp.	Name: _____ Code: _____ # Times per: <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year	(Specify reason): _____ _____ Code: _____	_____ Age start _____ Age stop	_____ Years # of _____ and _____ Months # of _____	<input type="checkbox"/> 5 1/4 <input type="checkbox"/> 1 1/2 <input type="checkbox"/> 2 1 <input type="checkbox"/> 3 1 1/2 <input type="checkbox"/> 4 2 or more <input type="checkbox"/> 9 Unknown	<input type="checkbox"/> 6 Every week <input type="checkbox"/> 7 In cycles (Specify) _____ <input type="checkbox"/> 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.

7.11. - 7.12.

"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.	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: _____ Code: _____ _____ Day # Pills per _____ Week	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?" <input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month <input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify) _____ <input type="checkbox"/> 11 Every three months									
Name: _____ Code: _____ _____ Day # Pills per _____ Week	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?" <input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month <input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify) _____ <input type="checkbox"/> 11 Every three months									
Name: _____ Code: _____ _____ Day # Pills per _____ Week	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?" <input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month <input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify) _____ <input type="checkbox"/> 11 Every three months									
Name: _____ Code: _____ _____ Day # Pills per _____ Week	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?" <input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month <input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify) _____ <input type="checkbox"/> 11 Every three months									

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.
	"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]	"Please tell me the reason you used this skin patch." [SHOW CARD]	"At what age did you (first/next) start using these skin patches?" "At what age did you stop?" If still using, record current age.	"How many total years and months between (ages in 8.4. and 8.5.) did you use these skin patches?"	"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: _____ _____ <input type="checkbox"/> Week # Times per <input type="checkbox"/> Month	(Specify reason): _____ _____ Code: _____	_____ Age start _____ Age stop	_____ Years # of _____ and _____ Months # of _____	<input type="checkbox"/> Every week <input type="checkbox"/> In cycles (Specify) _____ <input type="checkbox"/> Other (Specify) _____
2nd Patch Use	Name: _____ Code: _____ _____ <input type="checkbox"/> Week # Times per <input type="checkbox"/> Month	(Specify reason): _____ _____ Code: _____	_____ Age start _____ Age stop	_____ Years # of _____ and _____ Months # of _____	<input type="checkbox"/> Every week <input type="checkbox"/> In cycles (Specify) _____ <input type="checkbox"/> Other (Specify) _____
3rd Patch Use	Name: _____ Code: _____ _____ <input type="checkbox"/> Week # Times per <input type="checkbox"/> Month	(Specify reason): _____ _____ Code: _____	_____ Age start _____ Age stop	_____ Years # of _____ and _____ Months # of _____	<input type="checkbox"/> Every week <input type="checkbox"/> In cycles (Specify) _____ <input type="checkbox"/> Other (Specify) _____
4th Patch Use	Name: _____ Code: _____ _____ <input type="checkbox"/> Week # Times per <input type="checkbox"/> Month	(Specify reason): _____ _____ Code: _____	_____ Age start _____ Age stop	_____ Years # of _____ and _____ Months # of _____	<input type="checkbox"/> Every week <input type="checkbox"/> In cycles (Specify) _____ <input type="checkbox"/> Other (Specify) _____
5th Patch Use	Name: _____ Code: _____ _____ <input type="checkbox"/> Week # Times per <input type="checkbox"/> Month	(Specify reason): _____ _____ Code: _____	_____ Age start _____ Age stop	_____ Years # of _____ and _____ Months # of _____	<input type="checkbox"/> Every week <input type="checkbox"/> In cycles (Specify) _____ <input type="checkbox"/> Other (Specify) _____

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.

"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.	8.9. - 8.10.							8.11. - 8.12.																											
[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						
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 P						
Code: _____	Start Day							End Day							Total Days							8.12. "When you were taking this progesterone between (ages in 8.4. and 8.5.), how often did you take it?"													
<input type="text"/> Day <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week	E							E							E							<input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month <input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify) <input type="checkbox"/> 11 Every three months													
# Pills per	P							P							P E+P																				
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 P						
Code: _____	Start Day							End Day							Total Days							8.12. "When you were taking this progesterone between (ages in 8.4. and 8.5.), how often did you take it?"													
<input type="text"/> Day <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week	E							E							E							<input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month <input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify) <input type="checkbox"/> 11 Every three months													
# Pills per	P							P							P E+P																				
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 P						
Code: _____	Start Day							End Day							Total Days							8.12. "When you were taking this progesterone between (ages in 8.4. and 8.5.), how often did you take it?"													
<input type="text"/> Day <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week	E							E							E							<input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month <input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify) <input type="checkbox"/> 11 Every three months													
# Pills per	P							P							P E+P																				
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 P						
Code: _____	Start Day							End Day							Total Days							8.12. "When you were taking this progesterone between (ages in 8.4. and 8.5.), how often did you take it?"													
<input type="text"/> Day <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week	E							E							E							<input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month <input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify) <input type="checkbox"/> 11 Every three months													
# Pills per	P							P							P E+P																				
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 P						
Code: _____	Start Day							End Day							Total Days							8.12. "When you were taking this progesterone between (ages in 8.4. and 8.5.), how often did you take it?"													
<input type="text"/> Day <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Week	E							E							E							<input type="checkbox"/> 9 Every month <input type="checkbox"/> 12 Every 4th month <input type="checkbox"/> 10 Every other month <input type="checkbox"/> 8 Other (Specify) <input type="checkbox"/> 11 Every three months													
# Pills per	P							P							P E+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.
	"What is the name of the (first/next) hormone shot you received?" <i>Enter complete name and code. Probe for frequency and unit of measure.</i>	"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: <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year	(Specify reason): _____ _____ _____ Code: _____	_____ Age start _____ Age stop	_____ Years # of _____ and _____ Months # of _____	<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) _____
2nd Shot	Name: _____ Code: _____ _____ # Times per: <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year	(Specify reason): _____ _____ _____ Code: _____	_____ Age start _____ Age stop	_____ Years # of _____ and _____ Months # of _____	<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) _____
3rd Shot	Name: _____ Code: _____ _____ # Times per: <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year	(Specify reason): _____ _____ _____ Code: _____	_____ Age start _____ Age stop	_____ Years # of _____ and _____ Months # of _____	<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) _____
4th Shot	Name: _____ Code: _____ _____ # Times per: <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year	(Specify reason): _____ _____ _____ Code: _____	_____ Age start _____ Age stop	_____ Years # of _____ and _____ Months # of _____	<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) _____
5th Shot	Name: _____ Code: _____ _____ # Times per: <input type="checkbox"/> 2 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 4 Year	(Specify reason): _____ _____ _____ Code: _____	_____ Age start _____ Age stop	_____ Years # of _____ and _____ Months # of _____	<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) _____

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 complete name and code. Probe for frequency and unit of measure.	"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: _____ Code: _____ _____ Day # Pills per _____ Week	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?" <input type="checkbox"/> _9 Every month <input type="checkbox"/> _12 Every 4th month <input type="checkbox"/> _10 Every other month <input type="checkbox"/> _8 Other (Specify) <input type="checkbox"/> _11 Every three months _____									
Name: _____ Code: _____ _____ Day # Pills per _____ Week	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?" <input type="checkbox"/> _9 Every month <input type="checkbox"/> _12 Every 4th month <input type="checkbox"/> _10 Every other month <input type="checkbox"/> _8 Other (Specify) <input type="checkbox"/> _11 Every three months _____									
Name: _____ Code: _____ _____ Day # Pills per _____ Week	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?" <input type="checkbox"/> _9 Every month <input type="checkbox"/> _12 Every 4th month <input type="checkbox"/> _10 Every other month <input type="checkbox"/> _8 Other (Specify) <input type="checkbox"/> _11 Every three months _____									
Name: _____ Code: _____ _____ Day # Pills per _____ Week	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?" <input type="checkbox"/> _9 Every month <input type="checkbox"/> _12 Every 4th month <input type="checkbox"/> _10 Every other month <input type="checkbox"/> _8 Other (Specify) <input type="checkbox"/> _11 Every three months _____									
Name: _____ Code: _____ _____ Day # Pills per _____ Week	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?" <input type="checkbox"/> _9 Every month <input type="checkbox"/> _12 Every 4th month <input type="checkbox"/> _10 Every other month <input type="checkbox"/> _8 Other (Specify) <input type="checkbox"/> _11 Every three months _____									

"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

☐₀ No

☐₁ Yes 


 (Go on to Question 11.)

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.)

☐ Yes 

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

every
Times

☐ ₃ Month

☐ 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
of

and

Months
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* _____)