Date Received: ☐☐-☐☐-☐☐ (M/D/Y) Reviewed By: ☐☐☐	**- Affix label here-** Clinical Center/ID: __ __ __ __ - ___ ___ ___ - __ First Name _____M.I._____ Last Name _____

Contact Type:	Visit Type:	Form Administration:
☐1 Phone ☐2 Mail ☐3 Visit ☐8 Other	☐2 Semi-Annual # ☐☐ ☐3 Annual # ☐☐ ☐4 Non-Routine	☐1 Self ☐2 Group ☐3 Interview ☐4 Assistance

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This questionnaire asks about your symptoms and feelings, how you have managed them, and use of medicines since we asked you to stop your WHI hormone study pills in July 2002. These questions may be similar to questions you have answered on other forms in the past. Whether you were taking active or placebo study pills, the information you provide is important for helping us learn more about the experiences of women after they stop hormones. There is some space at the end of this form for any comments that you would like to share.

1. On what date did you stop your study pills? (*If you do not remember the exact date, please give your best estimate.*)

☐☐ - ☐☐☐☐
Month Year

The questions on this form ask you to think about different lengths of time, such as since you stopped your study pills, during the past 4 weeks, or during the past week. Please read each question carefully--the length of time to think about for your answer is underlined.

2. Did you take any female hormones **since you stopped your study pills**? (These may have been in the form of a pill, skin patch, shot, cream, suppository tablet, or vaginal ring.)

☐0 No ⟶ Go to Question 3 on the next page.

☐1 Yes

2.1. If you started or continued to take hormones **since you stopped your study pills**, what were your reasons? (**Mark all that apply**.)

☐1 Deal with symptoms
☐2 To look better
☐3 To feel better
☐4 To treat or prevent colorectal cancer
☐5 To treat or prevent osteoporosis
☐6 To prevent Alzheimer's disease or dementia
☐7 Advice from family or friends
☐8 Advice from health care provider
☐9 Information on the Internet (World Wide Web)
☐10 Information in the media (for example, newspaper, magazine, or television)
☐88 Other reason (*Specify*):_____
_____

3. **Currently**, are you using 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, suppository tablet, or vaginal ring.) (**Mark all that apply**).

☐ 0 No
☐ 1 Yes, hormone pills
☐ 2 Yes, hormone patches
☐ 3 Yes, vaginal form (cream, tablet, ring)
☐ 4 Yes, other forms (*Specify*):_____
☐ 9 Don't know

4. **Below is a list of symptoms people sometimes have. For each item, mark the one box that best describes how bothersome the symptom was since you stopped your study pills. Be sure to mark one box on each line.** (Please mark any symptoms you had, even if you do not think they were related to taking or stopping study pills.)

If you did not have the problem, please mark the box under "symptom did not occur." If you had the symptom, use the following key to indicate how bothersome it was:

Mild = symptom did not interfere with usual activities
Moderate = symptom interfered somewhat with usual activities
Severe = symptom was so bothersome that usual activities could not be performed.

	Symptom did not occur	Symptom occurred and was: Mild	Moderate	Severe
4.1. Bloating or gas	☐ 0	☐ 1	☐ 2	☐ 3
4.2. Constipation (difficulty having bowel movements)	☐ 0	☐ 1	☐ 2	☐ 3
4.3. Night sweats	☐ 0	☐ 1	☐ 2	☐ 3
4.4. General aches or pains	☐ 0	☐ 1	☐ 2	☐ 3
4.5. Breast tenderness	☐ 0	☐ 1	☐ 2	☐ 3
4.6. Hot flashes	☐ 0	☐ 1	☐ 2	☐ 3
4.7. Diarrhea	☐ 0	☐ 1	☐ 2	☐ 3
4.8. Mood swings	☐ 0	☐ 1	☐ 2	☐ 3
4.9. Nausea	☐ 0	☐ 1	☐ 2	☐ 3
4.10. Dizziness	☐ 0	☐ 1	☐ 2	☐ 3
4.11. Feeling tired	☐ 0	☐ 1	☐ 2	☐ 3
4.12. Forgetfulness	☐ 0	☐ 1	☐ 2	☐ 3
4.13. Increased appetite	☐ 0	☐ 1	☐ 2	☐ 3
4.14. Heart racing or skipping beats	☐ 0	☐ 1	☐ 2	☐ 3
4.15. Tremors (shakes)	☐ 0	☐ 1	☐ 2	☐ 3
4.16. Heartburn	☐ 0	☐ 1	☐ 2	☐ 3
4.17. Restless or fidgety	☐ 0	☐ 1	☐ 2	☐ 3
4.18. Low back pain	☐ 0	☐ 1	☐ 2	☐ 3

	Symptom did not occur	Symptom occurred and was: Mild	Moderate	Severe
4.19. Neck pain	☐ 0	☐ 1	☐ 2	☐ 3
4.20. Skin dryness or scaling	☐ 0	☐ 1	☐ 2	☐ 3
4.21. Headaches or migraines	☐ 0	☐ 1	☐ 2	☐ 3
4.22. Clumsiness	☐ 0	☐ 1	☐ 2	☐ 3
4.23. Any trouble seeing that is uncorrected by lenses	☐ 0	☐ 1	☐ 2	☐ 3
4.24. Vaginal or genital irritation or itching	☐ 0	☐ 1	☐ 2	☐ 3
4.25. Difficulty concentrating	☐ 0	☐ 1	☐ 2	☐ 3
4.26. Joint pain or stiffness	☐ 0	☐ 1	☐ 2	☐ 3
4.27. Decreased appetite	☐ 0	☐ 1	☐ 2	☐ 3
4.28. Hearing loss	☐ 0	☐ 1	☐ 2	☐ 3
4.29. Swelling of hands or feet	☐ 0	☐ 1	☐ 2	☐ 3
4.30. Vaginal or genital dryness	☐ 0	☐ 1	☐ 2	☐ 3
4.31. Upset stomach or belly pain or discomfort	☐ 0	☐ 1	☐ 2	☐ 3
4.32. Pain or burning while urinating	☐ 0	☐ 1	☐ 2	☐ 3
4.33. Cough or wheezing	☐ 0	☐ 1	☐ 2	☐ 3
4.34. Vaginal or genital discharge	☐ 0	☐ 1	☐ 2	☐ 3
4.35. Vaginal spotting or bleeding	☐ 0	☐ 1	☐ 2	☐ 3
4.36. Uncontrolled leaking of urine	☐ 0	☐ 1	☐ 2	☐ 3
4.37. Irritability	☐ 0	☐ 1	☐ 2	☐ 3
4.38. Difficulty sleeping	☐ 0	☐ 1	☐ 2	☐ 3
4.39. Changes in my hair or nails	☐ 0	☐ 1	☐ 2	☐ 3
4.40. Weight gain	☐ 0	☐ 1	☐ 2	☐ 3
4.41. Weight loss	☐ 0	☐ 1	☐ 2	☐ 3
4.42. Other (*Specify*):_____	☐ 0	☐ 1	☐ 2	☐ 3

5. If you had any symptoms, what kinds of things did you do since you stopped your study pills to try to deal with these symptoms? We are also interested in how well these worked.

5.1. ☐0 Did not have any symptoms ⟶ Go to Question 6 on the next page.

		Tried this and it:		
	Did not try or not applicable	Helped	Did not help	Made things worse
5.2. Changed my diet	☐0	☐1	☐2	☐3
5.3. Drank more fluids	☐0	☐1	☐2	☐3
5.4. Started or increased exercising	☐0	☐1	☐2	☐3
5.5. Smoked more	☐0	☐1	☐2	☐3
5.6. Smoked less	☐0	☐1	☐2	☐3
5.7. Drank more caffeine	☐0	☐1	☐2	☐3
5.8. Drank less caffeine	☐0	☐1	☐2	☐3
5.9. Drank more alcohol	☐0	☐1	☐2	☐3
5.10. Drank less alcohol	☐0	☐1	☐2	☐3
5.11. Took herbal/natural hormones	☐0	☐1	☐2	☐3
5.12. Took Vitamin E	☐0	☐1	☐2	☐3
5.13. Took prescription hormones	☐0	☐1	☐2	☐3
5.14. Used vaginal lubricants	☐0	☐1	☐2	☐3
5.15. Used protection for leaking urine	☐0	☐1	☐2	☐3
5.16. Took depression medicine	☐0	☐1	☐2	☐3
5.17. Took sleeping medicine	☐0	☐1	☐2	☐3
5.18. Took other medicine	☐0	☐1	☐2	☐3
5.19. Used layered or cotton clothing	☐0	☐1	☐2	☐3
5.20. Used fans or air conditioners	☐0	☐1	☐2	☐3
5.21. Tried self-help techniques (like yoga, meditation, breathing exercises)	☐0	☐1	☐2	☐3
5.22. Tried alternative medical techniques (like acupuncture, massage, chiropractic)	☐0	☐1	☐2	☐3
5.23. Socialized more	☐0	☐1	☐2	☐3
5.24. Socialized less	☐0	☐1	☐2	☐3
5.25. Talked to my health care provider	☐0	☐1	☐2	☐3
5.26. Other (*Specify*):_____	☐0	☐1	☐2	☐3

6. These questions are about your feelings during the <u>past week</u>. For each of the statements, please indicate the choice that tells how often you felt that way.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
6.1. You felt depressed (blue or down)	☐ 0	☐ 1	☐ 2	☐ 3
6.2. Your sleep was restless	☐ 0	☐ 1	☐ 2	☐ 3
6.3. You enjoyed life	☐ 0	☐ 1	☐ 2	☐ 3
6.4. You had crying spells	☐ 0	☐ 1	☐ 2	☐ 3
6.5. You felt sad	☐ 0	☐ 1	☐ 2	☐ 3
6.6. You felt that people disliked you	☐ 0	☐ 1	☐ 2	☐ 3

7. **<u>In the past year</u>**, have you had two weeks or more during which you felt sad, blue, depressed, or lost pleasure in things that you usually cared about or enjoyed?

☐ 0 No ☐ 1 Yes

8. **<u>Have you had two years or more</u>** in your life when you felt depressed or sad most days, even if you felt okay sometimes?

☐ 0 No ☐ 1 Yes

8.1. Have you felt depressed or sad much of the time **<u>in the past year</u>**?

☐ 0 No ☐ 1 Yes

<u>During the last four weeks</u>, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days
9. Feeling nervous, anxious, on edge, or worrying a lot about different things	☐ 0	☐ 1	☐ 2
10. Feeling restless so that it is hard to sit still	☐ 0	☐ 1	☐ 2
11. Getting tired very easily	☐ 0	☐ 1	☐ 2
12. Muscle tension aches or soreness	☐ 0	☐ 1	☐ 2
13. Trouble falling asleep or staying asleep	☐ 0	☐ 1	☐ 2
14. Trouble concentrating on things, such as reading a book or watching TV	☐ 0	☐ 1	☐ 2
15. Becoming easily annoyed or irritable	☐ 0	☐ 1	☐ 2
16. Having an anxiety attack – suddenly feeling fear or panic	☐ 0	☐ 1	☐ 2

Questions 17 through 20 ask about some personal topics. Although the following questions are sensitive and personal, they are important. Your answers will help us understand the health of women and may help us find better treatment for their health problems. Please be assured that your responses to these questions will remain confidential.

17. Was sexual activity, either with a partner or alone, part of your life **while you were taking study pills?**

- ☐ 9 Do not want to answer
- ☐ 0 No
- ☐ 1 Yes

18. Has sexual activity, either with a partner or alone, been a part of your life **since you stopped your study pills**?

- ☐ 9 Do not want to answer → Go to Question 21 on the next page.
- ☐ 0 No →
- ☐ 1 Yes, only through self stimulation
- ☐ 2 Yes

18.1 Reasons you have not been sexually active (**Mark all that apply**.)

- ☐ 1 Not interested
- ☐ 2 Not able
- ☐ 3 Do not have a partner
- ☐ 4 Partner is not interested
- ☐ 5 Partner is not able
- ☐ 8 Other (Specify):_____
- ☐ 9 Do not want to answer

19. Please rate how the following have changed (during sexual activity), if at all, **since you stopped your study pills**:

	Greater	The same or not applicable	Less	Do not want to answer
19.1. Level of sexual desire or interest	☐ 1	☐ 2	☐ 3	☐ 9
19.2. Feeling sexually aroused (turned on)	☐ 1	☐ 2	☐ 3	☐ 9
19.3. Tightness of vagina	☐ 1	☐ 2	☐ 3	☐ 9
19.4. Use of vaginal lubricants	☐ 1	☐ 2	☐ 3	☐ 9
19.5. Ability to reach a climax (orgasm)	☐ 1	☐ 2	☐ 3	☐ 9
19.6. Satisfaction with sexual activity	☐ 1	☐ 2	☐ 3	☐ 9

20. **Since you stopped your study pills,** have you had intercourse?

- ☐ 9 Do not want to answer → Go to Question 21 on the next page.
- ☐ 0 No
- ☐ 1 Yes

Please rate how the following have changed, if at all, **since you stopped your study pills:**

	Greater	The same or not applicable	Less	Do not want to answer
20.1. Frequency of intercourse	☐ 1	☐ 2	☐ 3	☐ 9
20.2. Discomfort with intercourse	☐ 1	☐ 2	☐ 3	☐ 9

Questions 21 through 23 ask about medications you are <u>currently</u> taking.

21. **<u>Currently</u>,** are you using any medicines called "bisphosphonates" (like alendronate, Fosamax®, risedronate, Actonel®), parathyroid hormone (PTH, teriparatide, Forteo®) or Calcitonin (Miacalcin®)?

☐ 0 No
☐ 9 Don't know
☐ 1 Yes →

21.1. Which one(s)? (**Mark all that apply**.)
- ☐ 1 Alendronate (Fosamax®) or risedronate (Actonel®)
- ☐ 2 Calcitonin (Miacalcin®)
- ☐ 3 Parathyroid hormone (PTH, teriparatide, Forteo®)
- ☐ 8 Other (Specify: _____)

22. **<u>Currently</u>,** are you taking any non-estrogen prescription medicines for hormone replacement? These may be prescribed to prevent osteoporosis or breast cancer and are sometimes called "designer estrogens" or selective estrogen receptor modulators (SERMs). Examples are Evista (raloxifene®) and Nolvadex® (tamoxifen).

☐ 0 No
☐ 9 Don't know
☐ 1 Yes →

22.1. In the past year, what types of non-estrogen treatments for hormone replacement did you take? (**Mark all that apply**.)
- ☐ 1 Evista (Raloxifene®)
- ☐ 2 Nolvadex (Tamoxifen®)
- ☐ 8 Other (Specify: _____)

23. **<u>Currently</u>**, are you using any "natural" hormones that you can get without a doctor's prescription? These are usually made from plants and often obtained from health food stores or by mail order. They may be in the form of a pill, vaginal cream or suppository, powder, skin cream, or soy-enriched foods.

☐ 0 No
☐ 9 Don't know → Go to Question 24 on the next page.
☐ 1 Yes ↓

23.1. What types of "natural" hormones are you using? (Do not include hormone preparations that need a doctor's prescription.) (**Mark all that apply**.)
- ☐ 1 Wild yam cream, pills, liquid
- ☐ 2 Progesterone cream, suppositories
- ☐ 3 DHEA (dehydroepiandrosterone) pills
- ☐ 4 Black cohosh, RemiFemin®
- ☐ 5 Chasteberry, Vitex®
- ☐ 6 Red clover, Promensil®
- ☐ 7 Soy or phytoestrogen pills, powders, creams, or foods
- ☐ 8 Other (*Specify*)_____
- ☐ 9 Don't know

24. Overall, how would you rate your quality of life? (**Mark one box below**.)

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Worst					Halfway					Best

As bad or worse than being dead

Best quality of life

25. How would you rate your **current** sense of well-being? (**Mark one box below**.)

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Worst					Halfway					Best

26. How does your **current** sense of well-being compare to your sense of well-being when you were taking study pills?

Much worse	Somewhat worse	The same	Somewhat better	Much better
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

27. Based on your experience with the WHI Hormone Program, how interested are you in participating in research about women's health **in the future**?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Thank you. Please take a few minutes to review any questions you may have missed.
Feel free to write any comments here: