Date Received: ⌊__⌋-⌊__⌋-⌊__⌋ (M/D/Y) Reviewed By: ⌊___⌋		**- Affix label here-** Clinical Center/ID: __ __ __ __ - ___ ___ ___ - __ First Name _____M.I._____ Last Name _____
Contact Type: ☐ 1 Phone ☐ 2 Mail ☐ 3 Visit ☐ 8 Other	Visit Type: ☐ 2 Semi-Annual # ⌊__⌋ ☐ 3 Annual # ⌊__⌋ ☐ 4 Non-Routine	Form Administration: ☐ 1 Self ☐ 2 Group ☐ 3 Interview ☐ 4 Assistance
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This survey asks about your symptoms and feelings, how you manage them, and use of medicines. These questions may be similar to questions you have been asked to answer on other forms. The information you provide is important for helping us learn more about the experiences of women after they stop hormone study pills, whether they were taking active hormones or placebo. There is some space at the end of this form for any comments that you would like to share.

The questions on this survey ask you to think about different lengths of time, such as 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.

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

⌊__⌋ - ⌊__⌋
Month Year

2. **Below is a list of symptoms people sometimes have. For each item, mark the one box that best describes how bothersome the symptom was for you <u>during the past 4 weeks</u>. Be sure to mark one box on each line.**

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

Mild = symptom does not interfere with usual activities.
Moderate = symptom interferes somewhat with usual activities.
Severe = symptom is so bothersome that usual activities can not be performed.

	Symptom did not occur	Symptom occurred and was: Mild	Moderate	Severe
2.1. Bloating or gas	☐ 0	☐ 1	☐ 2	☐ 3
2.2. Constipation (difficulty having bowel movements)	☐ 0	☐ 1	☐ 2	☐ 3
2.3. Night sweats	☐ 0	☐ 1	☐ 2	☐ 3
2.4. General aches or pains	☐ 0	☐ 1	☐ 2	☐ 3
2.5. Breast tenderness	☐ 0	☐ 1	☐ 2	☐ 3
2.6. Hot flashes	☐ 0	☐ 1	☐ 2	☐ 3
2.7. Diarrhea	☐ 0	☐ 1	☐ 2	☐ 3
2.8. Mood swings	☐ 0	☐ 1	☐ 2	☐ 3
2.9. Nausea	☐ 0	☐ 1	☐ 2	☐ 3
2.10. Dizziness	☐ 0	☐ 1	☐ 2	☐ 3
2.11. Feeling tired	☐ 0	☐ 1	☐ 2	☐ 3
2.12. Forgetfulness	☐ 0	☐ 1	☐ 2	☐ 3
2.13. Increased appetite	☐ 0	☐ 1	☐ 2	☐ 3
2.14. Heart racing or skipping beats	☐ 0	☐ 1	☐ 2	☐ 3
2.15. Tremors (shakes)	☐ 0	☐ 1	☐ 2	☐ 3
2.16. Heartburn	☐ 0	☐ 1	☐ 2	☐ 3
2.17. Restless or fidgety	☐ 0	☐ 1	☐ 2	☐ 3
2.18. Low back pain	☐ 0	☐ 1	☐ 2	☐ 3
2.19. Neck pain	☐ 0	☐ 1	☐ 2	☐ 3
2.20. Skin dryness or scaling	☐ 0	☐ 1	☐ 2	☐ 3

	Symptom did not occur	Symptom occurred and was: Mild	Moderate	Severe
2.21. Headaches or migraines	☐ 0	☐ 1	☐ 2	☐ 3
2.22. Clumsiness	☐ 0	☐ 1	☐ 2	☐ 3
2.23. Any trouble seeing that is uncorrected by lenses	☐ 0	☐ 1	☐ 2	☐ 3
2.24. Vaginal or genital irritation or itching	☐ 0	☐ 1	☐ 2	☐ 3
2.25. Difficulty concentrating	☐ 0	☐ 1	☐ 2	☐ 3
2.26. Joint pain or stiffness	☐ 0	☐ 1	☐ 2	☐ 3
2.27. Decreased appetite	☐ 0	☐ 1	☐ 2	☐ 3
2.28. Hearing loss	☐ 0	☐ 1	☐ 2	☐ 3
2.29. Swelling of hands or feet	☐ 0	☐ 1	☐ 2	☐ 3
2.30. Vaginal or genital dryness	☐ 0	☐ 1	☐ 2	☐ 3
2.31. Upset stomach or belly pain or discomfort	☐ 0	☐ 1	☐ 2	☐ 3
2.32. Pain or burning while urinating	☐ 0	☐ 1	☐ 2	☐ 3
2.33. Cough or wheezing	☐ 0	☐ 1	☐ 2	☐ 3
2.34. Vaginal or genital discharge	☐ 0	☐ 1	☐ 2	☐ 3
2.35. Vaginal spotting or bleeding	☐ 0	☐ 1	☐ 2	☐ 3
2.36. Uncontrolled leaking of urine	☐ 0	☐ 1	☐ 2	☐ 3
2.37. Irritability	☐ 0	☐ 1	☐ 2	☐ 3
2.38. Difficulty sleeping	☐ 0	☐ 1	☐ 2	☐ 3
2.39. Changes in my hair or nails	☐ 0	☐ 1	☐ 2	☐ 3
2.40. Weight gain	☐ 0	☐ 1	☐ 2	☐ 3
2.41. Weight loss	☐ 0	☐ 1	☐ 2	☐ 3
2.42. Other (*Specify*):_____	☐ 0	☐ 1	☐ 2	☐ 3

3. **If you had any symptoms, what kinds of things did you do <u>during the past four weeks</u> to try to deal with these symptoms? We are also interested in how well these worked. If you did not have any symptoms, please go to the next page.**

		Tried this and it:		
	Did not try or not applicable	Helped	Did not help	Made things worse
3.1. Changed my diet	☐ 0	☐ 1	☐ 2	☐ 3
3.2. Drank more fluids	☐ 0	☐ 1	☐ 2	☐ 3
3.3. Started or increased exercising	☐ 0	☐ 1	☐ 2	☐ 3
3.4. Smoked more	☐ 0	☐ 1	☐ 2	☐ 3
3.5. Smoked less	☐ 0	☐ 1	☐ 2	☐ 3
3.6. Drank more caffeine	☐ 0	☐ 1	☐ 2	☐ 3
3.7. Drank less caffeine	☐ 0	☐ 1	☐ 2	☐ 3
3.8. Drank more alcohol	☐ 0	☐ 1	☐ 2	☐ 3
3.9. Drank less alcohol	☐ 0	☐ 1	☐ 2	☐ 3
3.10. Took herbal/natural hormones	☐ 0	☐ 1	☐ 2	☐ 3
3.11. Took Vitamin E	☐ 0	☐ 1	☐ 2	☐ 3
3.12. Took prescription hormones	☐ 0	☐ 1	☐ 2	☐ 3
3.13. Used vaginal lubricants	☐ 0	☐ 1	☐ 2	☐ 3
3.14. Used protection for leaking urine	☐ 0	☐ 1	☐ 2	☐ 3
3.15. Took depression medicine	☐ 0	☐ 1	☐ 2	☐ 3
3.16. Took sleeping medicine	☐ 0	☐ 1	☐ 2	☐ 3
3.17. Took other medicine	☐ 0	☐ 1	☐ 2	☐ 3
3.18. Used layered or cotton clothing	☐ 0	☐ 1	☐ 2	☐ 3
3.19. Used fans or air conditioners	☐ 0	☐ 1	☐ 2	☐ 3
3.20. Tried self-help techniques (like yoga, meditation, breathing exercises)	☐ 0	☐ 1	☐ 2	☐ 3
3.21. Tried alternative medical techniques (like acupuncture, massage, chiropractic)	☐ 0	☐ 1	☐ 2	☐ 3
3.22. Socialized more	☐ 0	☐ 1	☐ 2	☐ 3
3.23. Socialized less	☐ 0	☐ 1	☐ 2	☐ 3
3.24. Talked to my health care provider	☐ 0	☐ 1	☐ 2	☐ 3
3.25. Other (*Specify*):_____	☐ 0	☐ 1	☐ 2	☐ 3

Questions 4 through 6 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.

4. Has sexual activity, either with a partner or alone, been a part of your life **in the last 3 months**?

☐ 9 Do not want to answer → **Go to Question 7 on the next page.**

☐ 0 No →

☐ 1 Yes, only through self stimulation

☐ 2 Yes

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

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

Even though you have not been sexually active, please rate how much, if at all, you have experienced the following **in the last 3 months**:

	Rarely or not at all	Some of the time	A lot of the time	Do not want to answer
4.2. Sexual desire or interest	☐ 1	☐ 2	☐ 3	☐ 9
4.3. Feeling sexually aroused (turned on)	☐ 1	☐ 2	☐ 3	☐ 9

Go to Question 7 on the next page.

5. Please rate how much, if at all, you have experienced the following **in the last 3 months**.

	Rarely or not at all	Some of the time	A lot of the time	Do not want to answer
5.1. Sexual desire or interest	☐ 1	☐ 2	☐ 3	☐ 9
5.2. Feeling sexually aroused (turned on)	☐ 1	☐ 2	☐ 3	☐ 9
5.3. Tightness of vagina	☐ 1	☐ 2	☐ 3	☐ 9
5.4. Use of vaginal lubricants	☐ 1	☐ 2	☐ 3	☐ 9
5.5. Ability to reach a climax (orgasm)	☐ 1	☐ 2	☐ 3	☐ 9
5.6. Satisfaction with sexual activity	☐ 1	☐ 2	☐ 3	☐ 9

6. Have you had intercourse **in the last 3 months**?

- ☐ 0 No
- ☐ 1 Yes → Please rate the following **over the last 3 months:**
- ☐ 9 Do not want to answer

	Rarely or not at all	Some of the time	A lot of the time	Do not want to answer
6.1. Frequency of intercourse	☐ 1	☐ 2	☐ 3	☐ 9
6.2. Discomfort with intercourse	☐ 1	☐ 2	☐ 3	☐ 9

	No	Yes	Don't know	Do not want to answer
6.3. Did you have discomfort because of dryness?	☐ 0	☐ 1	☐ 3	☐ 9
6.4. Did you have discomfort because of tightness?	☐ 0	☐ 1	☐ 3	☐ 9

Questions 7 and 8 ask about medicines and natural hormones that you are currently taking.

7. **Currently,** are you using any medicines called "bisphosphonates" (like alendronate, Fosamax®, risedronate, Actonel®), parathyroid hormone (PTH or Forteo®) or calcitonin (Miacalcin®)?

- ☐ 0 No
- ☐ 1 Yes →
- ☐ 9 Don't Know

7.1. Which one(s)? (**Mark all that apply**.)

- ☐ 1 Alendronate (Fosamax®) or risedronate (Actonel®)
- ☐ 2 Calcitonin (Miacalcin®)
- ☐ 3 Parathyroid hormone (PTH, Forteo®)
- ☐ 8 Other (Specify): _____

8. **Currently**, are you using "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
- ☐ 1 Yes →
- ☐ 9 Don't know

8.1. 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

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

☐ 0 No

☐ 1 Yes →

9.1. 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 heart disease
- ☐ 5 To treat or prevent colorectal cancer
- ☐ 6 To treat or prevent osteoporosis
- ☐ 7 To prevent Alzheimer's disease or dementia
- ☐ 8 Advice from family or friends
- ☐ 9 Advice from health care provider
- ☐ 10 Information on the Internet (World Wide Web)
- ☐ 11 Information in the media (for example, newspaper, magazine, or television)
- ☐ 88 Other reason (Specify):_____

_____

10. **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 pills, skin patches, shots, cream, suppository, 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

11. **Currently,** are you taking any selective estrogen receptor modulators (SERMs)? These may be prescribed to prevent osteoporosis or breast cancer. Examples are raloxifene (Evista®) and tamoxifen (Nolvadex®).

☐ 0 No

☐ 1 Yes →

☐ 9 Don't know

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

- ☐ 1 Evista® (Raloxifene)
- ☐ 2 Nolvadex® (Tamoxifen)
- ☐ 8 Other (Specify): _____

12. 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: