Complete this form only if the participant is in the Hormone Trial (HT) component.

1. **Hysterectomy (HT only)**
   1.1. Date of hysterectomy: ____________ (M/D/Y)

2. **Type of hysterectomy:** *(Mark the one category that applies best.)*
   - [ ] 1 Abdominal
   - [ ] 2 Vaginal

3. **Associated surgery:** *(Mark the one category that applies best.)*
   - [ ] 0 None
   - [ ] 1 Partial oophorectomy
   - [ ] 2 One ovary removed
   - [ ] 3 Bilateral oophorectomy

4. **Reason for hysterectomy:** *(Mark the one category that applies best.)*
   - [ ] 1 Cancer
   - [ ] 2 Atypical hyperplasia
   - [ ] 3 Bleeding
   - [ ] 4 Fibroids (myomas)
   - [ ] 5 Endometriosis
   - [ ] 6 Descensus (prolapse)
   - [ ] 8 Other *(Specify):* ______________________________

________________________________________________________
Responsible Adjudicator Signature