

Fibroid Growth Study

FGS _____

FORM: FGS102

VERSION: 082901

DATA ENTRY INTL.: _____

Follow-up Medical
Questionnaire
(for the 3,6 and 12 month visits)

Participant ID:	FGS-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interviewer ID:		<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Interview:		<input type="text"/>	<input type="text"/>	<input type="text"/>
		MONTH	DAY	YEAR
Length of Interview:		<input type="text"/>	<input type="text"/>	Minutes
No. of Sessions:		<input type="text"/>	<input type="text"/>	
Outcome Code:		<input type="text"/>	<input type="text"/>	



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For more information, contact Dr. Shyamal Peddada (peddada@niehs.nih.gov; 919-541-1122)

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1. Record each medication brought to the appointment (including prescription, over the counter, vitamins and supplements and herbal remedies).

	What is this medication?	Dosage taken?	How often do you take the medication? [If frequency is listed on the bottle and response does not match what was shown, ask again to confirm. Record patient's response.]	How long have you been taking this?
1a.				
1b.				
1c.				
1d.				
1e.				
1f.				
1g.				
1h.				
1i.				

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2. Are there other medications that you take on a regular basis, but did not bring with you? This includes prescription, over-the-counter, vitamins and supplements and herbal remedies.

YES1
 NO2
 REFUSED8
 DON'T KNOW9

IF YES:

	What is this medication?	What dose do you take?	How often do you take the medication? <small>[If frequency is listed on the bottle and response does not match what was shown, ask again to confirm. Record patient's response.]</small>	How long have you been taking this?
2a.				
2b.				
2c.				
2d.				
2e.				
2f.				
2g.				
2h.				
2i.				

Now I am going to ask you about recent use of some common medications.

3. In the last 30 days, have you taken aspirin?

YES1
 NO2
 REFUSED8
 DON'T KNOW9

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IF YES:

3a. How many do you usually take at a time?

taken

3b. How often did you take aspirin in the last 30 days?

frequency

4. In the last 30 days, have you taken acetaminophen or Tylenol-type medicine?

YES1
NO2
REFUSED8
DON'T KNOW9

IF YES:

4a. How many do you usually take at a time?

taken

4b. How often did you take Tylenol or Tylenol-type medications in the last 30 days?

frequency

5. In the last 30 days, have you taken anti-inflammatory drugs like Advil or Motrin?

YES1
NO2
REFUSED8
DON'T KNOW9

IF YES:

5a. How many do you usually take at a time?

taken

5b. How often did you take Advil or Motrin-like drugs in the last 30 days?

frequency

6. In the last 30 days, have you taken cold, sinus, or allergy pills (like Contac)?

YES1
NO2
REFUSED8
DON'T KNOW9

IF YES:

6a. How many do you usually take at a time?

taken

6b. How often did you take cold, sinus or allergy drugs in the last 30 days?

frequency

7. Have you tried any alternative methods to treat your fibroids, such as:
7a. acupuncture?

YES1
NO2
REFUSED8
DON'T KNOW9

