

ID:

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Time Began: \_\_\_\_\_

Time Ended: \_\_\_\_\_

Completed: Yes \_\_\_\_\_ No \_\_\_\_\_

UTERINE FIBROID FOLLOW-UP STUDY  
INTERVIEW 1  
August 6, 2001

**UTERINE FIBROID STUDY QUESTIONNAIRE FOLLOW-UP 2001  
INTRODUCTORY TELEPHONE SCRIPT AND INFORMED CONSENT**

**[IF LIVE PERSON:]** *Hello, may I speak with (RESPONDENT FIRST/LAST NAME)? I'm calling from CODA about a letter we sent to (RESPONDENT FIRST/LAST NAME) concerning one of our health studies.*

**[IF NOT HOME:]** *Is there a good time to call her back? [RECORD NOTE ON CALL RECORD] Can you let her know that we called from CODA about a letter that we sent her, and that we will call back within the next two weeks?*

**[IF WRONG NUMBER:]** *I am trying to dial (TELEPHONE #). Did I dial the wrong number?*

**[IF YES:]** *I'm sorry for the inconvenience. Have a nice [evening/day/afternoon].*

**[IF DIALED CORRECT NUMBER, RECORD THIS ON CALL RECORD. IF DIALED WRONG NUMBER, CAREFULLY, DIAL NUMBER ON CALL RECORD AGAIN.]**

**[IF PREVIOUS BREAK-OFF:]** *This is (INTERVIEWER NAME) with CODA. We would like to continue the interview we started on [DATE]. Is this a good time?*

**[IF YES: GO TO FIRST QUESTION (A1) AND HIT 'END' KEY TO GO TO LAST QUESTION ANSWERED.]**

**[IF NO, ASK:]** *On what day should we call you back? What time should we call you back?*

**[SCHEDULE, CONFIRM AND RECORD DAY, DATE AND TIME OF INTERVIEW APPOINTMENT ON THE CONTACT RECORD]**

**[IF FORMER REFUSAL/UNDECIDED:]** *We called you on [date] to do an interview. Have you had some time to think about it? Would you be interested in participating at this time?*

**[IF ANSWERING MACHINE:]** *Hello, this is (INTERVIEWER NAME) and I'm calling from CODA about a letter we sent to Ms. (RESPONDENT FIRST/LAST NAME) about one of our health studies. Another staff member or I will call you back in the next few days. If you would like to call and talk to the Study Manager for this health study, you can call Ms. Glenn Heartwell at 1-800-948-7552, extension 327. Thank you.*

**[IF CORRECT PERSON:]** *This is (INTERVIEWER NAME) and I'm calling about the Uterine Fibroid Study that you participated in a few years ago. We sent a letter describing a follow-up to the study.*

*Did you receive the letter?*

**[IF NO, GET CORRECT ADDRESS AND RECORD ON CONTACT RECORD]** *We will send you a copy of the letter within the next few days and then call you back next week. Thank you for your time. Have a nice [evening/day/afternoon].*

**[IF YES:]** *Great! Do you have any questions?*

**[IF YES, ANSWER QUESTIONS AND CONTINUE]**

Would you be willing to participate in a telephone interview that takes about 30 minutes?

**[IF REFUSE: SKIP TO REFUSAL SCRIPT.]**

**[IF YES:]** *We can complete the interview now or call you back at your convenience.*

**[IF AVAILABLE TO DO INTERVIEW NOW:]** *Thank you.*

**[CONTINUE WITH SCRIPT ON FIRST SCREEN OF UTERINE FIBROID CATI QUESTIONNAIRE]**

**[IF NOT AVAILABLE TO DO INTERVIEW NOW, ASK:]** *On what day should we call you back? What time should we call you back?*

**[SCHEDULE, CONFIRM AND RECORD DAY, DATE AND TIME OF INTERVIEW APPOINTMENT ON THE CONTACT RECORD]**

**[IF LATER TO DO INTERVIEW:]** *Great, an interviewer will call you back on [appointment date] at [appointment time].*

*Thank you. Have a nice [evening/day/afternoon].*

### **REFUSAL SCRIPT:**

**[IF NO TO TELEPHONE INTERVIEW:]** *May we call you back after a month or so to see if you'd like to participate then?*

**[IF NO:]** *For our records, would you please tell me your primary reason for not participating?*

**[IF GIVES REASON, RECORD ON CONTACT RECORD]**

*Can we call you in 2002 to see if you would like to be included at that time?* **[RECORD WILLINGNESS TO PARTICIPATE IN FUTURE STUDIES ON CONTACT RECORD]**

*Thank you for your time. Have a nice [evening/day/afternoon].*

## Uterine Fibroid Study Questionnaire Follow-Up 2001

*Thank you for agreeing to take part in this follow-up study. First, I'd like to check the information we already have. Is the name we used on your letter still your current name?*

**[IF NO, RECORD CURRENT NAME ON CONTACT RECORD AND CONTINUE]**

**[IF YES, CONTINUE]**

*You were born on [DATE OF BIRTH] and your age now is [CURRENT AGE]. Is that correct?*

**[IF NO: VERIFY DOB ON CONTACT RECORD. IF DIFFERENT, ASK DOB AND RECORD.]** *I'm sorry, I may have contacted the wrong person. I will check our records and give you a call back. Thank you for your time.*

**[IF YES:]** *In this interview, we'll be discussing a number of topics including your medical history, pregnancies, menstrual history, family planning, and smoking habits, especially since your last interview with us in [INT MO/YR] when you were [AGE AT INT] years old. If you have had surgery or other procedures to treat problems with the uterus, we will be asking you to complete a separate medical release form that we will mail to you. With your written permission we will be able to obtain a copy of the surgical or other procedure report. We understand that some things we ask may be difficult to remember. The dates we will be asking for in many of the questions are really important to help us compare changes in health over the years of the study. So please take the time you need to check your records or give us your best estimate of any dates or ages that we will ask about. Thank you for your patience with this.*

*I want to remind you before we begin that your participation is completely voluntary and all the information collected will be kept private and confidential, to the extent permitted by law. Your name does not go on this questionnaire, only an ID number. If for any reason you would rather not answer a question, we can go on to the next. Also, you may choose not to participate in this study at any time.*

*Finally, for your information, my supervisor may be monitoring or listening in on some parts of the interview to make sure that I am conducting the interview according to instructions.*

*Do you have any questions before we begin?* **[IF YES, ANSWER QUESTIONS AND THEN CONTINUE WITH SCRIPT]**

*We will ask about particular prescription medications you might be taking. If you are taking any prescription medicines, could you please get the bottles now so you can refer to them when I get to those questions? Also, if you have any records of your menstrual periods and the six year calendar we sent you, could you get those also?*

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## A. WORK/INSURANCE/GENERAL HEALTH

A1. I will begin with some questions about work.

Are you currently employed?

YES.....1  
 NO .....[A4].....2  
 REF.....[A4].....7  
 DK .....[A4].....8

A2. On average, how many hours in total do you work per week?

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

# HOURS/WEEK

A3. If you had to take time off from work for a month because of a medical problem, how hard would it be for your family to pay for basic expenses? Would it be...

no problem?.....1  
 slightly or occasionally difficult?.....2  
 moderately difficult? .....3  
 or very difficult?.....4  
 REF.....7  
 DK .....8

[READ ALL CHOICES]

A4. Now about health insurance, either through you or through someone else in your family.

Are you covered by...

|   | Y | N | RF | DK |
|---|---|---|----|----|
| a. Medicaid or Medicare?....                | 1 | 2 | 7  | 8  |
| b. any other type of health insurance?..... | 1 | 2 | 7  | 8  |

A5. During the last five years, have you been without health insurance for a month or longer?

YES.....1  
 NO .....2  
 REF.....7  
 DK .....8

A6. Would you say that your health is...

[READ ALL CHOICES]

excellent or very good?.....1  
 good? .....2  
 fair? .....3  
 or poor?.....4  
 REF .....7  
 DK .....8

A7. What is your current weight?

□ □ □ □

# POUNDS

A8. How many times did you go to the doctor in the last two years?

- NONE..... 1
- ONCE ..... 2
- 2-3 TIMES ..... 3
- 4-5 TIMES ..... 4
- 6 OR MORE TIMES..... 5
- REF ..... 7
- DK ..... 8

[IF DK, PROBE: Was it 5 or less, or more than 5?]

[IF R SAYS 'MORE THAN 5,' CHOOSE '6 OR MORE TIMES' FROM RESPONSE CHOICES. IF R SAYS '5 OR LESS,' CHOOSE 'DK' AND RECORD '5 OR LESS' IN REMARKS.]

[END WORK/INSURANCE/GENERAL HEALTH SECTION]

[NEXT SECTION]

## B. PREGNANCY

B1. Now I'll ask about any recent pregnancies.

Are you currently pregnant?

YES.....1  
NO ..... [B2] .....2  
REF..... [B2] .....7  
DK ..... [B2] .....8

B1a. What is your due date?

MONTH

DAY

YEAR

B1b. For this pregnancy, did it take you 12 months or more to become pregnant? That is, 12 months or more when you were having regular sexual intercourse and not doing anything to prevent pregnancy.

YES.....1  
NO .....2  
REF.....7  
DK .....8

**[IF CURRENTLY PREGNANT ASK ABOUT ‘ANY OTHER’ PREGNANCIES. IF NOT CURRENTLY PREGNANT, ASK ABOUT ‘ANY’ PREGNANCIES.]**

B2. Next I will ask you about (any/any other) pregnancies since we last interviewed you in [INT MO/YR] when you were [AGE AT INT] years old. Please include all pregnancies, even those not carried to term.

YES..... [B3]..... 1  
 NO ..... 2  
 REF..... 7  
 DK ..... 8

Have you had any (other) pregnancies since [INT MO/YR]?

**[IF CURRENTLY PREGNANT (B1 = YES) AND B2 IS NOT = YES, SKIP TO SECTION C]**

B2a1. Since [INT MO/YR], have you tried to become pregnant?

YES..... [B2B]..... 1  
 NO ..... [B2A2]..... 2  
 REF..... [SECT C]..... 7  
 DK ..... [B2a2] ..... 8

B2a2. Even if you weren't trying, did you have sexual intercourse without you or your partner doing anything to prevent pregnancy?

YES..... 1  
 NO ..... [SECT C]..... 2  
 REF..... [SECT C]..... 7  
 DK ..... [SECT C]..... 8

B2b. Did you do this for 12 months or more, or was it less than 12 months?

12 MONTHS OR MORE..... [SECT C] .... 1  
 LESS THAN 12 MONTHS ..... [SECT C] .... 2  
 REF..... [SECT C] .... 7  
 DK ..... [SECT C] .... 8

B3. How many times have you been pregnant since [INT MO/YR], (not including your current pregnancy)?

|  |  |
|--|--|
|  |  |
|--|--|

# PREGS

**[BEGIN REPEATING RECORD—PREGNANCIES]**

| Preg-nancy #     | <p>B4.<br/>I'd like to ask you about (this pregnancy/each of these pregnancies).</p> <p>How did (this pregnancy/the first, etc. ... of these pregnancies) end? In...</p> <p><b>[READ ALL CHOICES. FOR MULTIPLE BIRTHS, SELECT '07,' AND SPECIFY OUTCOME FOR EACH BABY.]</b></p>   | <p>B5.<br/>In what month and year did (this pregnancy/the first, etc. ... of these pregnancies) end?</p> <p><b>[IF DK ASK:]</b> Do you remember either the month, the season, or the year? <b>[IF DK YEAR, ASK FOR AGE:]</b></p> <p>Do you remember how old you were when this pregnancy ended?</p>   | <p>B6.<br/>For this pregnancy, did it take you 12 months or more to become pregnant? That is, 12 months or more when you were having regular sexual intercourse and not doing anything to prevent pregnancy.</p> |
|------------------|---|---|--|
| <p><b>01</b></p> | <p>a live single birth? ..... 01<br/>                     a stillbirth?..... 02<br/>                     a miscarriage?..... 03<br/>                     an elective abortion?..... 04<br/>                     a tubal or ectopic pregnancy? ..... 05<br/>                     a molar pregnancy?..... 06<br/>                     or a multiple birth? ..... 07<br/>                     Could you tell me how many babies you were Pregnant with and whether they all survived?<br/>                     _____</p> | <p> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     MONTH                      YEAR<br/> <br/> <input type="text"/> <input type="text"/><br/>                     SEASON<br/> <br/> <input type="text"/> <input type="text"/><br/>                     AGE                 </p> | <p>                     YES ..... 1<br/>                     NO..... 2<br/>                     REF ..... 7<br/>                     DK..... 8                 </p>  |
| <p><b>02</b></p> | <p>a live single birth? ..... 01<br/>                     a stillbirth?..... 02<br/>                     a miscarriage?..... 03<br/>                     an elective abortion?..... 04<br/>                     a tubal or ectopic pregnancy? ..... 05<br/>                     a molar pregnancy?..... 06<br/>                     or a multiple birth? ..... 07<br/>                     Could you tell me how many babies you were Pregnant with and whether they all survived?<br/>                     _____</p> | <p> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     MONTH                      YEAR<br/> <br/> <input type="text"/> <input type="text"/><br/>                     SEASON<br/> <br/> <input type="text"/> <input type="text"/><br/>                     AGE                 </p> | <p>                     YES ..... 1<br/>                     NO..... 2<br/>                     REF ..... 7<br/>                     DK..... 8                 </p>  |
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| [FOR MISCARRIAGE/ELECTIVE ABORTION/TUBAL OR ECTOPIC OR MOLAR PREGNANCY. OTHER OUTCOMES SKIP TO B8.]   | [FOR STILLBIRTHS/LIVE BIRTHS ONLY. OTHER OUTCOMES SKIP TO NEXT PREGNANCY OR IF NO OTHER PREGNANCY, GO TO B15.]                       |   |
|---|--|---|
| <p style="text-align: center;">B7.</p> <p>Beginning with the last normal menstrual period before this pregnancy, how far along were you when this pregnancy ended?</p> <p><b>[IF NOT CLEAR, ASK:]</b><br/>How many weeks or months did this pregnancy last?</p>   | <p style="text-align: center;">B8.</p> <p>Did you deliver early, late or on your due date?</p>                                       | <p style="text-align: center;">B9.</p> <p>How many days or weeks (early/late)?</p> <p><b>[IF DK DAYS/WEEKS, ASK:]</b></p> <p>How far along were you?</p>  |
| <p style="text-align: center;"> <input type="text"/> <input type="text"/><br/> #OF                      WEEKS ..... 1<br/>                                  MONTHS ..... 2 </p> <p><b>[IF 20 WEEKS/4 MONTHS OR MORE, GO TO B10 AND TREAT AS IF STILLBIRTH. ELSE GO TO NEXT PREGNANCY. IF NO MORE PREGNANCIES GO TO B15.]</b><br/><b>[IF 'DK', PROBE FOR ESTIMATE AND RECORD ESTIMATE AS ANSWER. RECORD IN REMARKS THAT ANSWER IS ESTIMATE.]</b></p> | <p>EARLY .....1<br/> LATE .....2<br/> ON DUE<br/> DATE ..... [B10] .....3<br/> REF ..... [B10] .....7<br/> DK ..... [B10] .....8</p> | <p style="text-align: center;"> <input type="text"/> <input type="text"/><br/> #OF                      DAYS ..... 1<br/>                                  WEEKS ..... 2 </p> <p><b>[IF DK DAYS/WEEKS:]</b></p> <p style="text-align: center;"> <input type="text"/> <input type="text"/><br/> #OF                      WEEKS ..... 1<br/>                                  MONTHS ..... 2 </p> |
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| [FOR LIVE BIRTHS AND STILLBIRTHS ONLY:]  | [FOR SINGLE LIVE BIRTHS ONLY. STILLBIRTHS, GO TO NEXT PREG. OR B15. MULTIPLE BIRTHS GO TO B13.] |   |    |    |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
|--|---|---|----|----|----|---|---|---|---|---|--|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|--------------------------------------|---|---|---|---|--|---|---|---|---|---|-----------|---|------------|---|---|-----------|----------|------------|---|----------|---|----------|---|
| <p style="text-align: center;"><b>B10.</b></p> <p>I am going to read you a list of eleven special medical problems that some women experience during pregnancy and delivery. After I read each problem, please tell me whether or not you experienced this problem during this pregnancy or delivery.</p>  | <p style="text-align: center;"><b>B11.</b></p> <p>Was this baby a boy or a girl?</p>            |   |    |    |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
| <p><b>Did you have... [READ ALL CHOICES]</b></p>   |   |   |    |    |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
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| REF.....   | 7   |   |    |    |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
| DK .....   | 8   |   |    |    |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
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| a. high blood pressure starting during pregnancy? .....  | 1   | 2 | 7  | 8  |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
| b. toxemia, pre-eclampsia or eclampsia? .....  | 1   | 2 | 7  | 8  |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
| c. gestational diabetes (diabetes beginning and ending with pregnancy)?.....   | 1   | 2 | 7  | 8  |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
| d. anemia? .....   | 1   | 2 | 7  | 8  |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
| e. vaginal bleeding during pregnancy? .....  | 1   | 2 | 7  | 8  |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
| f. prescribed bed rest for more than 10 days? .....  | 1   | 2 | 7  | 8  |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
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| h. a c-section rather than vaginal delivery? .....   | 1   | 2 | 7  | 8  |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
| i. your water break too early? .....   | 1   | 2 | 7  | 8  |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
| j. labor induced? .....  | 1   | 2 | 7  | 8  |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
| k. breech presentation, that is the baby's head did not come first at delivery? ....   | 1   | 2 | 7  | 8  |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
| BOY .....  | 1   |   |    |    |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
| GIRL .....   | 2   |   |    |    |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
| REF.....   | 7   |   |    |    |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |
| DK .....   | 8   |   |    |    |    |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |                                      |   |   |   |   |  |   |   |   |   |   |           |   |            |   |   |           |          |            |   |          |   |          |   |

| [FOR SINGLE LIVE BIRTHS ONLY. MULTIPLE BIRTHS GO TO B13.]   | [FOR ALL LIVE BIRTHS:]   | [FOR LIVE BIRTHS WHO BREASTFED (B13 = YES [1]). OTHERS GO TO NEXT PREGNANCY OR B15.]  |
|---|--|---|
| <p style="text-align: center;">B12.<br/>How much did (s/he) weigh at birth?</p>   | <p style="text-align: center;">B13.<br/>Did you breastfeed or pump your breastmilk for this baby?</p>  | <p style="text-align: center;">B14.<br/>How many weeks or months did you breastfeed or pump breast milk for this baby? By breastfeeding and pumping, we mean nursing or pumping at least twice in a 24-hour period.</p>   |
| <p style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/><br/> LBS                      OZS </p> | <p> YES.....1<br/> NO ..... [NEXT PREG.] .....2<br/> REF..... [NEXT PREG.] .....7<br/> DK..... [NEXT PREG.] ..... 8<br/><br/> <b>[IF NO, GO TO B4 FOR NEXT PREG. IF NO OTHER PREGNANCIES, GO TO B15.]</b> </p> | <p style="text-align: center;"> <input type="text"/> <input type="text"/>                      WEEKS ..... 1<br/> # OF                                      MONTHS ..... 2<br/>    STILL BREAST-<br/>    FEEDING ..... 3<br/><br/> <b>[LESS THAN 1 WEEK = "00"]</b><br/><br/> <b>[GO TO B4 FOR NEXT PREG., OR IF NO MORE PREGNANCIES GO TO B15.]</b> </p> |
| <p style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/><br/> LBS                      OZS </p> | <p> YES.....1<br/> NO ..... [NEXT PREG.] .....2<br/> REF..... [NEXT PREG.] .....7<br/> DK..... [NEXT PREG.] ..... 8<br/><br/> <b>[IF NO, GO TO B4 FOR NEXT PREG. IF NO OTHER PREGNANCIES, GO TO B15.]</b> </p> | <p style="text-align: center;"> <input type="text"/> <input type="text"/>                      WEEKS ..... 1<br/> # OF                                      MONTHS ..... 2<br/>    STILL BREAST-<br/>    FEEDING ..... 3<br/><br/> <b>[LESS THAN 1 WEEK = "00"]</b><br/><br/> <b>[GO TO B4 FOR NEXT PREG., OR IF NO MORE PREGNANCIES GO TO B15.]</b> </p> |
| <p style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/><br/> LBS                      OZS </p> | <p> YES.....1<br/> NO ..... [NEXT PREG.] .....2<br/> REF..... [NEXT PREG.] .....7<br/> DK..... [NEXT PREG.] ..... 8<br/><br/> <b>[IF NO, GO TO B15.]</b> </p>  | <p style="text-align: center;"> <input type="text"/> <input type="text"/>                      WEEKS ..... 1<br/> # OF                                      MONTHS ..... 2<br/>    STILL BREAST-<br/>    FEEDING ..... 3<br/><br/> <b>[LESS THAN 1 WEEK = "00"]</b> </p>  |

[END REPEATING RECORD-PREGNANCIES]

B15. I have recorded a total of \_\_\_\_\_ pregnancy(ies), (not including your current pregnancy). Were there any other pregnancies since [INT MO/YR]?                      YES..... 1  
NO ..... 2

**[IF YES, AMEND B3 AND COMPLETE APPROPRIATE QUESTIONS B4-B14]**

**[ASK B16 AND B17 OF EVERYONE WHO COMPLETED ANY QUESTIONS B5-B14 EXCEPT THOSE WHO ARE CURRENTLY PREGNANT (B1 = YES). ALL OTHERS GO TO SECTION C.]**

B16. Has there been 12 months or more since your last pregnancy ended when you were trying to become pregnant again?  
YES..... [SECTION C] .....1  
NO .....2  
REF..... [SECTION C] .....7  
DK .....8

B17. Even if you weren't trying, has there been 12 months or more since your last pregnancy ended when you were having regular sexual intercourse and not doing anything to prevent pregnancy?  
YES.....1  
NO .....2  
REF.....7  
DK .....8

**[END PREGNANCY SECTION]  
[NEXT SECTION]**

## C. MEDICAL HISTORY

C1. In the next section, I will ask about certain medical conditions that you may have had. Medical history questions were part of the earlier questionnaire, but to update our data we will be asking a few of these again. Thank you for your cooperation.

Has a doctor or health professional ever told you that you were anemic?

YES .....1  
 NO..... [C4] .....2  
 REF ..... [C4] .....7  
 DK..... [C4] .....8

C2. How old were you when you were first told you were anemic?

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AGE

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YEAR

**[IF DK AGE, PROBE FOR YEAR]**

C3. Have you been diagnosed again since?

YES .....1  
 NO..... [C4] .....2  
 REF ..... [C4] .....7  
 DK..... [C4] .....8

C3a. What was the month and year the last time you were told you were anemic?

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MONTH

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YEAR

**[IF DK, ASK:]** Do you remember either the month, the season, or the year?

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SEASON

**[IF DK YEAR, ASK FOR AGE:]**

Do you remember how old you were when you were last diagnosed with anemia?

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AGE

C4. Has a doctor or health professional ever told you that you had an abnormal Pap smear?

YES..... 1  
NO ..... [C5].....2  
REF..... [C5].....7  
DK ..... [C5].....8

C4a. What was the month and year the last time you had an abnormal Pap smear?

MONTH

YEAR

**[IF DK, ASK:]** Do you remember either the month, the season, or the year?

SEASON

**[IF DK YEAR, ASK FOR AGE:]**  
Do you remember how old you were when you last had an abnormal Pap smear?

AGE

C5. In the next question about high blood pressure, please do not include pregnancy induced high blood pressure (that is, high blood pressure beginning and ending with pregnancy).

YES.....1  
NO ..... [C6].....2  
REF..... [C6].....7  
DK ..... [C6].....8

Has a doctor or health professional ever told you that you had high blood pressure?

C5a. How old were you when you were first diagnosed with high blood pressure?

AGE

**[IF DK AGE, PROBE FOR YEAR]**

YEAR

C6. [Has a doctor or health professional ever told you that you had] high cholesterol?

YES.....1  
NO ..... [C7] .....2  
REF..... [C7] .....7  
DK ..... [C7] .....8

C6a. How old were you when you were first diagnosed with high cholesterol?

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AGE

[IF DK AGE, PROBE FOR YEAR]

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YEAR

C7. [Has a doctor or health professional ever told you that you had] endometriosis?

YES.....1  
NO ..... [C8] .....2  
REF..... [C8] .....7  
DK ..... [C8] .....8

C7a. How old were you when you were first diagnosed with endometriosis?

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AGE

[IF DK AGE, PROBE FOR YEAR]

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YEAR

C8. [Has a doctor or health professional ever told you that you had] a thyroid condition?

YES..... 1  
NO ..... [C9] .....2  
REF..... [C9] .....7  
DK ..... [C9] .....8

C8a. How old were you when you were first diagnosed with a thyroid condition?

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AGE

[IF DK AGE, PROBE FOR YEAR]

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YEAR

C9. In the next question about diabetes, please do not include gestational diabetes (diabetes beginning and ending with pregnancy).

YES..... 1  
NO ..... [C10] ..... 2  
REF..... [C10] .....7  
DK ..... [C10] .....8

Has a doctor or health professional ever told you that you had diabetes or “sugar”?

C9a. How old were you when you were first diagnosed with diabetes or “sugar”?

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AGE

[IF DK AGE, PROBE FOR YEAR]

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YEAR

C10. Has a doctor or health professional ever told you that you had pelvic inflammatory disease or PID?

YES..... 1  
NO ..... [C11] .....2  
REF..... [C11] .....7  
DK ..... [C11] .....8

C10a. How old were you when you were first diagnosed with PID?

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AGE

[IF DK AGE, PROBE FOR YEAR]

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YEAR

C10b. Have you been diagnosed with PID since?

YES..... 1  
NO ..... [C11] .....2  
REF..... [C11] .....7  
DK ..... [C11] .....8

C10c. How old were you when you were last diagnosed with PID?

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AGE

[IF DK AGE, PROBE FOR YEAR]

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YEAR

C11. [Has a doctor or health professional ever told you that you had] bacterial vaginosis?

YES..... 1  
NO ..... [C12] .....2  
REF..... [C12] .....7  
DK ..... [C12] .....8

C11a. How old were you when you were first diagnosed with bacterial vaginosis?

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AGE

[IF DK AGE, PROBE FOR YEAR]

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YEAR

C11b. Have you been diagnosed with bacterial vaginosis since?

YES..... 1  
NO ..... [C12] .....2  
REF..... [C12] .....7  
DK ..... [C12] .....8

C11c. How old were you when you were last diagnosed with bacterial vaginosis?

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AGE

[IF DK AGE, PROBE FOR YEAR]

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YEAR

C12. Have you ever had hot flashes?

YES.....1  
NO ..... [C13].....2  
REF..... [C13].....7  
DK ..... [C13].....8

C12a. What age were you when you had hot flashes most frequently?

|||  
AGE

[ACCEPT RANGE:]

||| TO |||  
AGE AGE

C12b. (At/during) that time, counting both day and night-time hot flashes, how many times per day, week or month did you have hot flashes?

||||  
# TIMES

|||| TO ||||  
# TIMES # TIMES

[ACCEPT RANGE:]

PER DAY .....1  
PER WEEK.....2  
PER MONTH .....3

C12c. Do you think they were associated with menopause or with something else?

MENOPAUSE.....1  
SOMETHING ELSE .....2

SPECIFY: \_\_\_\_\_

REF .....7  
DK .....8

C13. Have you ever had an ovarian cyst removed?

YES.....1  
NO ..... [C14] .....2  
REF ..... [C14] .....7  
DK ..... [C14] .....8

C13a. How many times have you had surgery for ovarian cysts?

# SURGERIES

**[IF ONE CYST SURGERY ASK ABOUT ‘THIS’ OVARIAN CYST; IF MORE THAN (>) 1, ASK ABOUT ‘MOST RECENT’ OVARIAN CYST SURGERY.]**

C13b. What was the month and year when (the/you most recently had an) ovarian cyst (was) removed?

       
MONTH                      YEAR

**[IF DK, ASK:]** Do you remember either the month, the season, or the year?

SEASON

**[IF DK YEAR, ASK FOR AGE:]**  
Do you remember how old you were when (the/you most recently had an) ovarian cyst (was) removed?

AGE

C14. Have you ever had a D&C (that is, a scraping or cleaning of your womb)?

YES.....1  
NO ..... [C15] .....2  
REF ..... [C15] .....7  
DK ..... [C15] .....8

C14a. How many times have you had a D&C?

# D&CS

C14b. What was the month and year when you (last) had a D&C?

       
MONTH                      YEAR

**[IF DK, ASK:]** Do you remember either the month, the season, or the year?

SEASON

**[IF DK YEAR, ASK FOR AGE:]**  
Do you remember how old you were (when/the last time) you had a D&C?

AGE



**[IF JUST ONE OVARY REMOVED, ASK ABOUT ‘THIS’ OVARY. IF BOTH AT SAME TIME ASK ABOUT ‘THESE’ OVARIES. IF BOTH REMOVED AT DIFFERENT TIMES, ASK ABOUT ‘THE FIRST’ OVARY.]**

C16c. What was the month and year that  
(this/the first/these) (ovary/ovaries)  
(was/were) removed?

MONTH

YEAR

**[IF DK, ASK:]** Do you remember either the  
month, the season, or the year?

SEASON

**[IF DK YEAR, ASK FOR AGE:]**  
Do you remember how old you were when (this/the first/these)  
(ovary/ovaries) (was/were) removed?

AGE

**[IF ONLY ONE OVARY REMOVED OR IF BOTH REMOVED AT THE SAME TIME (C16 A/B), SKIP TO SECTION D, ELSE ASK C16D.]**

C16d. What was the month and year that the second  
ovary was removed?

MONTH

YEAR

**[IF DK, ASK:]** Do you remember either the  
month, the season, or the year?

SEASON

**[IF DK YEAR, ASK FOR AGE:]**  
Do you remember how old you were when the second ovary was  
removed?

AGE

**[END MEDICAL HISTORY SECTION]  
[NEXT SECTION]**

## D. FIBROID DIAGNOSIS

**[IF NO PRIOR DIAGNOSIS OF FIBROIDS AND OUR LETTER TO RESPONDENT SAID NO FIBROIDS WERE FOUND, WE WILL ASK ABOUT NEW DIAGNOSIS. IF DIAGNOSED WITH FIBROIDS PREVIOUSLY, GO TO D6.]**

D1. Next I will ask you some questions about fibroids.

Have you ever been told by a doctor or other health professional that you have uterine fibroids?

- YES..... 1
- NO ..... [SECT E]..... 2
- REF..... [SECT E]..... 7
- DK ..... [SECT E]..... 8

D2. What month and year were you first told by a health professional that you had fibroids?

|  |  |
|--|--|
|  |  |
|--|--|

MONTH

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

YEAR

**[IF DK, ASK:]** Do you remember either the month, the season, or the year?

|  |  |
|--|--|
|  |  |
|--|--|

SEASON

**[IF DK YEAR, ASK FOR AGE:]**

Do you remember how old you were when you were first told by a health professional that you had fibroids?

|  |  |
|--|--|
|  |  |
|--|--|

AGE

D3. In the next question I am going to ask how you learned about your fibroids and I'll read you a list that you should choose from.

Did you learn about your fibroids...

**[READ ALL CHOICES]**

- because they were investigating a problem?..... 1
- during a normal pregnancy exam? ..... 2
- from a routine or annual exam? ..... 3
- or from uterine surgery?..... 4
- OTHER..... 5

SPECIFY: \_\_\_\_\_ 

|  |  |
|--|--|
|  |  |
|--|--|

- REF..... 7
- DK ..... 8

D4. How many fibroids did they find when you were diagnosed?

□ □

# FIBROIDS

[IF DK OR CAN'T ESTIMATE NUMBER, ASK:]

[IF NONE CODE "00," GO TO D6]

Did they say if they found...

[READ ALL CHOICES]

- one? ..... 1
- or more than one? ..... 2
- REF ..... 7
- DK ..... 8

D5. About what size was (it/the largest one)?

□ □

# CMS

[IF R CAN'T GIVE SIZE IN TERMS OF CENTIMETERS, ASK:]

Did the doctor mention if it was small, medium or large?

- SMALL ..... 1
- MEDIUM ..... 2
- LARGE ..... 3
- OTHER – WEEKS PREGNANT ..... 4

SPECIFY:

□ □

# WEEKS

OTHER ..... 5

SPECIFY: \_\_\_\_\_

- REF ..... 7
- DK ..... 8

**[FOR THOSE WITH FIBROID DIAGNOSIS EVER (PREVIOUS OR DURING THIS INTERVIEW), ASK ABOUT FOLLOW-UP ON THEIR FIBROIDS. IF HAD SONOGRAM AND WAS TOLD ABOUT FIBROIDS, ASK ABOUT SINCE SONOGRAM. ELSE IF PREVIOUS DIAGNOSIS BUT NOT TOLD HAD FIBROIDS AFTER SONOGRAM, ASK SINCE LAST INTERVIEW. ELSE IF NEW DIAGNOSIS, ASK SINCE MOST RECENT DIAGNOSIS.]**

D6. We would like to ask you some questions about the follow-up on your fibroids. Since [INTERVIEW/STUDY SONOGRAM/DIAGNOSIS MO/YR] (when you were [AGE AT INT/SONO/DIAGNOSIS] years old), have you had an exam or procedure where fibroids were mentioned?

YES.....[D7].....1  
 NO ..... [SECT E] .....2  
 DOES NOT HAVE FIBROIDS .....3  
 REF..... [SECT E].....7  
 DK ..... [SECT E] .....8

D6a. The computer identifies you as previously having fibroids, but that might be an error. So you've never been told that you have uterine fibroids?

**[RECORD RESPONDENT COMMENTS VERBATIM IN REMARKS]**

TOLD BUT NO LONGER  
 HAS FIBROIDS ..... 1  
 TOLD AND STILL  
 HAS FIBROIDS .....[D6C].....2  
 NEVER TOLD ..... [SECT E].....3  
 REF..... [SECT E] .....7  
 DK ..... [SECT E] .....8

D6b. How old were you when you learned you no longer had fibroids?

|  |  |
|--|--|
|  |  |
|--|--|

  
 AGE

**[SKIP TO SECTION E]**

D6c. Since [INTERVIEW/STUDY SONOGRAM MO/YR], have you had an exam or procedure where fibroids were mentioned?

YES.....1  
 NO ..... [SECT E].....2  
 REF..... [SECT E] .....7  
 DK ..... [SECT E].....8

D7. When did this happen most recently?

□ □  
MONTH

□ □ □ □  
YEAR

[IF DK, ASK:] Do you remember either the month, the season, or the year?

□ □  
SEASON

[IF DK YEAR, ASK FOR AGE:]

Do you remember how old you were when you last had an exam or procedure where fibroids were mentioned?

□ □  
AGE

D8. How many fibroids did they mention?

□ □  
# FIBROIDS

[IF DK OR CAN'T ESTIMATE NUMBER, ASK:]

Did they tell you if you had...

[READ ALL CHOICES]

[IF NONE CODE "00," GO TO SECT E]

- one? ..... 1
- or more than one? ..... 2
- REF ..... 7
- DK ..... 8

D9. About what size was (it/the largest one)?

□ □  
# CMS

[IF R CAN'T GIVE SIZE IN TERMS OF CENTIMETERS, ASK:]

Did the doctor mention if it was small, medium or large?

- SMALL ..... 1
- MEDIUM ..... 2
- LARGE ..... 3
- OTHER – WEEKS PREGNANT ..... 4

SPECIFY:

□ □  
# WEEKS

OTHER ..... 5

SPECIFY: \_\_\_\_\_

- REF ..... 7
- DK ..... 8

[END FIBROID DIAGNOSIS SECTION]  
[NEXT SECTION]

## E. SONOGRAMS/MRIS

**[FOR THOSE WITH NO PRIOR STUDY SONOGRAM, GO TO E2]**

- E1. The next question is about sonograms. Please tell me about sonograms or ultrasounds of your pelvic, stomach or abdominal area. Please do not include any series of ultrasounds that you may have had for infertility treatments.

You had a sonogram that looked at your pelvic area for our study in [SONO MO/YR] when you were [AGE AT SONOGRAM] years old. Have you had another sonogram of your pelvic area since [SONO MO/YR]?

YES ..... 1  
NO ..... [E11] ..... 2  
REF ..... [E11] ..... 7  
DK ..... [E11] ..... 8

E1a. How many sonograms of your pelvic area have you had since [SONO MO/YR]?

# SONOGRAMS

**[SKIP TO E3]**

- E2. The next question is about sonograms. Please tell me about sonograms or ultrasounds of your pelvic, stomach or abdominal area. Please do not include any series of ultrasounds that you may have had for infertility treatments.

Have you had a sonogram of your pelvic area since [INT MO/YR] when you were [AGE AT INT] years old?

YES ..... 1  
NO ..... [E11] ..... 2  
REF ..... [E11] ..... 7  
DK ..... [E11] ..... 8

E2a. How many sonograms of your pelvic area have you had since [INT MO/YR]?

# SONOGRAMS

[IF ONLY 1 SONOGRAM, ASK ABOUT ‘THE’ SONOGRAM. IF 2 SONOGRAMS, ASK ABOUT ‘THE FIRST’ AND ‘THE SECOND’ SONOGRAM. IF MORE THAN (>) 2 SONOGRAMS, ASK ABOUT ‘THE FIRST’ AND ‘THE LAST’ SONOGRAM.]

|   |  |  |   |
|---|--|--|---|
| <p style="text-align: center;">E3.</p> <p><b>[IF MORE THAN 2 SONOGRAMS, READ FIRST SENTENCE BEFORE ASKING MONTH AND YEAR]</b></p> <p>(I will ask you about your first and last sonograms since [INT MO/YR]/[SONO MO/YR].)</p> <p>What was the month and year of the (first) sonogram?</p> <p><b>[IF DK, ASK:]</b> Do you remember either the month, the season, or the year? <b>[IF DK YEAR, ASK FOR AGE:]</b></p> <p>Do you remember how old you were when you had the (first) sonogram?</p> | <p style="text-align: center;">E4.</p> <p>What were the primary symptoms that led to the sonogram?</p> <p><b>[CHECK ONLY THOSE THAT RESPONDENT VOLUNTEERS]</b></p>   | <p style="text-align: center;">E5.</p> <p>There are two types of sonograms. One is abdominal, where they put jelly on your abdomen, and the other is vaginal, where they use a probe in your vagina.</p> <p>Did you have...</p> <p><b>[READ ALL CHOICES]</b></p> | <p style="text-align: center;">E6.</p> <p>Will you give us medical release for the sonogram report so we can request more information about it?</p> |
| <p> <input type="text"/> <input type="text"/>      <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br/> MONTH                      YEAR </p> <p> <input type="text"/> <input type="text"/><br/> SEASON </p> <p> <input type="text"/> <input type="text"/><br/> AGE </p>   | <p> BACK PAIN ..... 1<br/> BACK PRESSURE..... 1<br/> PREGNANCY ..... 1<br/> BLEEDING ..... 1<br/> PELVIC PAIN..... 1<br/> PELVIC PRESSURE ..... 1<br/> INFERTILITY..... 1<br/> WEIGHT GAIN..... 1<br/> OTHER..... 1<br/> SPECIFY: _____ </p> <p> NO SYMPTOMS ..... 1<br/> REF..... 7<br/> DK..... 8 </p> | <p> an abdominal sonogram? ..... 1<br/> a vaginal sonogram? .... 2<br/> or both? ..... 3<br/> REF ..... 7<br/> DK..... 8 </p>  | <p> YES ..... [E6C] ..... 1<br/> NO..... [E7/E11]... 2<br/> UNDECIDED ..... [E6A] ..... 3 </p>  |

| [IF E6 = UNDECIDED (3), ASK:]  |  | [IF E6 OR E6B = YES, ASK:]   |  |  |
|--|--|--|--|--|
| E6a.<br>Do you have any questions I can answer to help you decide whether or not you want to sign a medical release?<br>[IF YES, ANSWER QUESTIONS] | E6b.<br>Will you give us medical release for the sonogram report?          | E6c.<br>At what medical facility did you have this sonogram?   | E6d1./E6d2.<br>What is the (first/last) name of the doctor who ordered the sonogram? | E6e.<br>What is this doctor's specialty? |
| YES ..... 1<br>NO.. [E7/E11]... 2  | YES.....[E6C] .....1<br>NO .....[E7/E11]....2<br>UNDECIDED...[E7/E11]....3 | GWU ..... 01<br>COLUMBIA HFW..... 02<br>SIBLEY MEMORIAL ..... 03<br>WASH HOSP CENT ..... 04<br>GEORGETOWN UNIV ... 05<br>WASH ADVENTIST ..... 06<br>OTHER ..... 07<br><br>SPEC: _____<br><br>REF ..... 97<br>DK ..... 98 |  |  |

|  |   |  |   |
|--|---|--|---|
|  | <b>[IF 1 OF 6 HOSPITALS AND IN CORRECT STATE, SKIP TO E6I]</b>  | <b>[IF DK TOWN OR CITY, BUT KNOWS STATE:]</b>                        |   |
| E6f.<br>In what state is this medical facility?<br><br><b>[PULL DOWN LIST]</b> | E6g.<br>In what town or city is this medical facility?<br><br><b>[IF KNOWS TOWN/CITY SKIP TO E6I, ELSE ASK E6H]</b> | E6h.<br>What is the largest city or town near this medical facility? | E6i.<br>Would this medical record be under the same name you have now, or a different name?<br><br><b>[NEXT SONOGRAM (E7) OR E11]</b>                                     |
|  |   |  | SAME ..... 1<br>DIFFERENT..... 2<br>REF ..... 7<br>DK ..... 8<br><b>[IF DIFFERENT, RECORD NAME AT TIME OF PROCEDURE ON NAME CHANGE FORM]</b><br><br><b>[GO TO E7/E11]</b> |

|   |   |  |  |
|---|---|--|--|
| <p style="text-align: center;">E7.</p> <p>What was the month and year of the (second/last) sonogram?</p> <p><b>[IF DK, ASK:]</b> Do you remember either the month, the season, or the year? <b>[IF DK YEAR, ASK FOR AGE:]</b></p> <p>Do you remember how old you were when you had the (second/ last) sonogram?</p>                                   | <p style="text-align: center;">E8.</p> <p>What were the primary symptoms that led to the sonogram?</p> <p><b>[CHECK ONLY THOSE THAT RESPONDENT VOLUNTEERS]</b></p>  | <p style="text-align: center;">E9.</p> <p>[There are two types of sonograms. One is abdominal, where they put jelly on your abdomen, and the other is vaginal, where they use a probe in your vagina.]</p> <p>Did you have...</p> <p><b>[READ ALL CHOICES]</b></p> | <p style="text-align: center;">E10.</p> <p>Will you give us medical release for the sonogram report (so we can request more information about it)?</p> |
| <p> <input type="text"/> <input type="text"/>      <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br/> MONTH                      YEAR </p> <p> <input type="text"/> <input type="text"/><br/> SEASON </p> <p> <input type="text"/> <input type="text"/><br/> AGE </p> | <p> BACK PAIN ..... 1<br/> BACK PRESSURE..... 1<br/> PREGNANCY..... 1<br/> BLEEDING ..... 1<br/> PELVIC PAIN..... 1<br/> PELVIC PRESSURE ..... 1<br/> INFERTILITY..... 1<br/> WEIGHT GAIN..... 1<br/> OTHER..... 1<br/> SPECIFY: _____ </p> <p> NO SYMPTOMS ..... 1<br/> REF..... 7<br/> DK..... 8 </p> | <p> an abdominal sonogram? ..... 1<br/> a vaginal sonogram? .... 2<br/> or both? ..... 3<br/> REF ..... 7<br/> DK..... 8 </p>  | <p> YES .....[E10C] ..... 1<br/> NO.....[E11] ..... 2<br/> UNDECIDED .... [E10A] .... 3 </p>   |

| [IF E10 = UNDECIDED (3), ASK:]  |  | [IF E10 OR E10B = YES, ASK:]   |  |   |
|---|--|--|--|---|
| <p>E10a.<br/>Do you have any questions I can answer to help you decide whether or not you want to sign a medical release?</p> <p>[IF YES, ANSWER QUESTIONS]</p> | <p>E10b.<br/>Will you give us medical release for the sonogram report?</p>         | <p>E10c.<br/>At what medical facility did you have this sonogram?</p>  | <p>E10d1./E10d2.<br/>What is the (first/last) name of the doctor who ordered the sonogram?</p> | <p>E10e.<br/>What is this doctor's specialty?</p> |
| <p>YES ..... 1<br/>NO..... [E11].... 2</p>  | <p>YES.....[E10C] .....1<br/>NO .....[E11] .....2<br/>UNDECIDED...[E11] .....3</p> | <p>GWU ..... 01<br/>COLUMBIA HFW..... 02<br/>SIBLEY MEMORIAL ..... 03<br/>WASH HOSP CENT ..... 04<br/>GEORGETOWN UNIV ... 05<br/>WASH ADVENTIST ..... 06<br/>OTHER ..... 07</p> <p>SPEC: _____</p> <p>REF ..... 97<br/>DK ..... 98</p> |  |   |

|   |  |   |  |
|---|--|---|--|
|   | <b>[IF 1 OF 6 HOSPITALS AND IN CORRECT STATE, SKIP TO E10I]</b>  | <b>[IF DK TOWN OR CITY, BUT KNOWS STATE:]</b>                         |  |
| E10f.<br>In what state is this medical facility?<br><br><b>[PULL DOWN LIST]</b> | E10g.<br>In what town or city is this medical facility?<br><br><b>[IF KNOWS TOWN/CITY SKIP TO E10I, ELSE ASK E10H]</b> | E10h.<br>What is the largest city or town near this medical facility? | E10i.<br>Would this medical record be under the same name you have now, or a different name?<br><br><b>[GO TO E11]</b>   |
|   |  |   | SAME ..... 1<br>DIFFERENT..... 2<br>REF ..... 7<br>DK ..... 8<br><b>[IF DIFFERENT, RECORD NAME AT TIME OF PROCEDURE ON NAME CHANGE FORM]</b><br><br><b>[GO TO E11]</b> |

E11. Have you had an MRI that looked at your pelvic area since [INT MO/YR] when you were [AGE AT INT] years old?

YES ..... 1  
 NO ..... [SECT F] ..... 2  
 REF ..... [SECT F] ..... 7  
 DK ..... [SECT F] ..... 8

E11a. How many MRIs of your pelvic area have you had since [INT MO/YR]?

# MRIS

**[IF MORE THAN ONE MRI, ASK ABOUT THE ‘LAST’ MRI. IF ONLY ONE MRI, ASK ABOUT ‘THE’ MRI.]**

E12. What was the month and year when you (last had an/had the) MRI of your pelvic area?

MONTH

YEAR

**[IF DK ASK:]** Do you remember either the month, the season, or the year?

SEASON

**[IF DK YEAR, ASK FOR AGE:]**  
 Do you remember how old you were when you (last had an/had the) MRI of your pelvic area?

AGE

E13. What were the primary symptoms that led to this MRI?

**[CHECK ONLY THOSE THAT RESPONDENT VOLUNTEERS]**

BACK PAIN ..... 1  
 BACK PRESSURE ..... 1  
 PREGNANCY ..... 1  
 BLEEDING..... 1  
 PELVIC PAIN ..... 1  
 PELVIC PRESSURE..... 1  
 INFERTILITY ..... 1  
 WEIGHT GAIN ..... 1  
 OTHER ..... 1  
 SPECIFY: \_\_\_\_\_

NO SYMPTOMS ..... 1  
 REF ..... 7  
 DK ..... 8

|   |  |
|---|--|
| E14. Will you give us medical release for the MRI report (so we can request more information about it)?   | YES.....[E14C] .....1<br>NO .....[SECT F] .....2<br>UNDECIDED.....[E14A].....3   |
| E14a. Do you have any questions I can answer to help you decide whether or not you want to sign a medical release? <b>[IF YES, ANSWER QUESTIONS]</b>                  | YES.....1<br>NO ..... [SECT F].....2   |
| E14b. Will you give us medical release for the MRI report?  | YES.....[E14C] .....1<br>NO .....[SECT F] .....2<br>UNDECIDED.....[SECT F] .....3  |
| E14c. At what medical facility did you have this MRI?   | GWU .....01<br>COLUMBIA HOSPITAL FOR WOMEN .....02<br>SIBLEY MEMORIAL HOSPITAL .....03<br>WASHINGTON HOSPITAL CENTER.....04<br>GEORGETOWN UNIVERSITY HOSPITAL ....05<br>WASHINGTON ADVENTIST HOSPITAL .....06<br>OTHER .....07 |
|   | SPECIFY: _____   |
|   | REF.....97<br>DK .....98   |
| E14d1/2. What is the (first/last) name of the doctor who ordered the MRI?   | _____  |
| E14e. What is this doctor's specialty?  | _____  |
| E14f. In what state is this medical facility?   | _____  |
| <b>[IF 1 OF 6 HOSPITALS AND IN CORRECT STATE, SKIP TO E14i]</b>   |  |
| E14g. In what town or city is this medical facility?  | _____  |
| <b>[IF DK TOWN/CITY BUT KNOWS STATE, ASK E14H, ELSE SKIP TO E14i]</b>   |  |
| E14h. What is the largest city or town near this medical facility?  | _____  |
| E14i. Would this medical record be under the same name you have now, or a different name? <b>[IF DIFFERENT, RECORD NAME AT TIME OF PROCEDURE ON NAME CHANGE FORM]</b> | SAME.....1<br>DIFFERENT .....2<br>REF.....7<br>DK .....8   |

**[END SONOGRAM/MRI SECTION]  
[NEXT SECTION]**

## F. MAJOR FIBROID TREATMENT AND HYSTERECTOMY

[IF R REPORTED A FIBROID IN PREVIOUS STUDY OR RECEIVED A LETTER FROM US SAYING THAT SHE HAD FIBROIDS, OR HAS JUST REPORTED IN FIBROID DIAGNOSIS SECTION THAT SHE HAS FIBROIDS (Q. D1 = YES[1]), START WITH F1. ELSE SKIP TO F34. IF R WAS TOLD PREVIOUSLY THAT SHE HAS FIBROIDS BUT NOW CLAIMS TO NOT HAVE FIBROIDS (D6 = 3), SKIP TO F34.]

[IF NEW DIAGNOSIS IN D1 ASK ABOUT TIME SINCE DIAGNOSIS MONTH AND YEAR. ELSE ASK SINCE LAST INTERVIEW DATE.]

F1. Next I will ask about fibroid treatment.

|   |                        |
|---|------------------------|
| At any time since [INT MO/YR]/[DIAGNOSIS MO/YR]     | YES ..... 1            |
| (when you were [AGE AT INT/DIAG] years old),        | NO..... [F2] ..... 2   |
| did you take a prescription medicine like Lupron    | REF ..... [F2] ..... 7 |
| for 2 to 6 months to shrink the uterus and decrease | DK..... [F2] ..... 8   |
| bleeding?   |                        |

|  |  |
|--|--|
| F1a. When did you take it (a prescription medicine | BEFORE MYOMECTOMY ..... [F2] ..... 1   |
| medicine like Lupron)?                             | BEFORE HYSTERECTOMY ..... [F2] ..... 2 |
|  | DATE LAST TAKEN ..... 3                |

[IF TOOK MORE THAN 1 TIME, ASK FOR LAST TIME]

[SPECIFY MOST RECENT DATE BELOW:]

What was the month and year when you last took it (a prescription medicine like Lupron)?

|  |  |
|--|--|
|  |  |
|--|--|

MONTH

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

YEAR

[IF DK, ASK:] Do you remember either the month, the season, or the year when you last took it (a prescription medicine like Lupron)?

|  |  |
|--|--|
|  |  |
|--|--|

SEASON

[IF DK YEAR, ASK FOR AGE:]  
Do you remember how old you were when you last took it (a prescription medicine like Lupron)?

|  |  |
|--|--|
|  |  |
|--|--|

AGE

F2. Have you taken any other prescription medication for your fibroids since [INT MO/YR]/[DIAG MO/YR] (when you were [AGE AT INT/DIAG] years old)?

YES ..... 1  
NO..... [F3] ..... 2  
REF ..... [F3] ..... 7  
DK..... [F3] ..... 8

F2a. Do you have your prescription bottles handy?

YES ..... 1  
NO..... 2  
REF ..... 7  
DK..... 8

F2b. How many other prescription medications have you taken for fibroids?

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

# MEDS

**[BEGIN REPEATING RECORD—OTHER MEDICATIONS FOR FIBROIDS]**

**[ASK ABOUT FIRST TEN MEDICATIONS ONLY:]**

| F2c.   | F2d.   | F2e.   | [IF NO:]<br>F2f.  |
|--|--|--|---|
| <p>What was the name of the (first/second/third) prescription medication that you have taken for fibroids?</p> <p>_____</p> <p>_____</p> | <p>In all, how many weeks or months have you taken the medication since [INT MO/YR]/[DIAGNOSIS MO/YR] (when you were [AGE AT INT/DIAG] years old)?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     # OF                 </p> <p><b>[LESS THAN 1 WEEK = '00']</b></p> <p>WEEKS..... 1<br/>                     MONTHS..... 2<br/>                     THE ENTIRE TIME ..... 3</p> | <p>Are you still taking this medication?</p> <p>YES ..... [NEXT MED/F2G]... 1<br/>                     NO ..... 2<br/>                     REF ..... [NEXT MED/F2G]... 7<br/>                     DK ..... [NEXT MED/F2G]... 8</p> | <p>In what month and year did you stop taking it?</p> <p><b>[IF DK, ASK:]</b> Do you remember either the month, the season, or the year? <b>[IF DK YEAR, ASK FOR AGE:]</b> Do you remember how old you were when you stopped taking it?</p>   |
| <p>_____</p> <p>_____</p>  | <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     # OF                 </p> <p><b>[LESS THAN 1 WEEK = '00']</b></p> <p>WEEKS..... 1<br/>                     MONTHS..... 2<br/>                     THE ENTIRE TIME ..... 3</p>  | <p>YES ..... [NEXT MED/F2G]... 1<br/>                     NO ..... 2<br/>                     REF ..... [NEXT MED/F2G]... 7<br/>                     DK ..... [NEXT MED/F2G]... 8</p>  | <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     MONTH                      YEAR                 </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     SEASON                 </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     AGE                 </p> |
| <p>_____</p> <p>_____</p>  | <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     # OF                 </p> <p><b>[LESS THAN 1 WEEK = '00']</b></p> <p>WEEKS..... 1<br/>                     MONTHS..... 2<br/>                     THE ENTIRE TIME ..... 3</p>  | <p>YES ..... [NEXT MED/F2G]... 1<br/>                     NO ..... 2<br/>                     REF ..... [NEXT MED/F2G]... 7<br/>                     DK ..... [NEXT MED/F2G]... 8</p>  | <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     MONTH                      YEAR                 </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     SEASON                 </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     AGE                 </p> |
| <p>_____</p> <p>_____</p>  | <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     #OF                 </p> <p><b>[LESS THAN 1 WEEK = '00']</b></p> <p>WEEKS..... 1<br/>                     MONTHS..... 2<br/>                     THE ENTIRE TIME..... 3</p>  | <p>YES ..... [F2G] ..... 1<br/>                     NO ..... 2<br/>                     REF ..... [F2G] ..... 7<br/>                     DK ..... [F2G] ..... 8</p>  | <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     MONTH                      YEAR                 </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     SEASON                 </p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     AGE                 </p> |

**[END REPEATING RECORD—OTHER MEDICATIONS FOR FIBROIDS]**

F2g. I have recorded a total of \_\_\_\_\_ prescription medications. Were there any other prescription medications since [INT MO/YR]/[DIAG MO/YR] (when you were [AGE AT INT/DIAG] years old)?

YES ..... 1  
 NO ..... 2

**[IF YES, AMEND F2B AND COMPLETE APPROPRIATE QUESTIONS F2C-F2F]**

F3. Have you had uterine artery embolization?

YES ..... 1  
NO.....[F9]..... 2  
REF .....[F9]..... 7  
DK.....[F9]..... 8

F4. What was the month and year when you had the embolization?

MONTH

YEAR

**[IF DK, ASK:]** Do you remember either the month, the season, or the year?

SEASON

**[IF DK YEAR, ASK FOR AGE:]**  
Do you remember how old you were when you had the embolization?

AGE

F4a. Were you still having menstrual periods when you had the embolization, or had your periods stopped?

STILL HAVING PERIODS .....1  
PERIODS HAD STOPPED .....2  
REF .....7  
DK.....8

F5. What were the primary symptoms that led to the embolization?

**[CHECK ONLY THOSE THAT RESPONDENT VOLUNTEERS]**

BACK PAIN .....1  
BACK PRESSURE .....1  
PREGNANCY .....1  
BLEEDING .....1  
PELVIC PAIN.....1  
PELVIC PRESSURE .....1  
INFERTILITY .....1  
WEIGHT GAIN.....1  
OTHER .....1

SPECIFY: \_\_\_\_\_  
NO SYMPTOMS .....1  
REF .....7  
DK.....8

F6. How many fibroids did they find when you had the embolization?

□ □

# FIBROIDS

[IF NONE ENTER "00," GO TO F8]

[IF DK OR CAN'T ESTIMATE NUMBER, ASK:]

Did they say if they found...

[READ ALL CHOICES]

- one? ..... 1
- or more than one?..... 2
- REF ..... 7
- DK..... 8

F7. About what size was (it/the largest one)?

□ □

# CMS

[IF R CAN'T GIVE SIZE IN TERMS OF CENTIMETERS, ASK:]

Did the doctor mention if it was small, medium or large?

- SMALL ..... 1
- MEDIUM..... 2
- LARGE ..... 3
- OTHER – WEEKS PREGNANT ..... 4

SPECIFY:

□ □

# WEEKS

OTHER ..... 5

SPECIFY: \_\_\_\_\_

- REF ..... 7
- DK..... 8

|  |  |  |
|--|--|--|
| F8.  | Will you give us medical release for the medical record of the embolization, and the sonogram or MRI report that you would have had before the embolization (so we can request more information about it)? | YES ..... [F8C]..... 1<br>NO..... [F9] ..... 2<br>UNDECIDED ..... [F9A]..... 3   |
| F8a.   | Do you have any questions I can answer to help you decide whether or not you want to sign a medical release? <b>[IF YES, ANSWER QUESTIONS]</b>   | YES ..... 1<br>NO..... [F9] ..... 2  |
| F8b.   | Will you give us medical release for the medical record of the embolization, and the sonogram or MRI report that you would have had before the embolization?   | YES ..... [F8C]..... 1<br>NO..... [F9] ..... 2<br>UNDECIDED ..... [F9] ..... 3   |
| F8c.   | At what medical facility did you have the embolization?  | GWU..... 01<br>COLUMBIA HOSPITAL FOR WOMEN..... 02<br>SIBLEY MEMORIAL HOSPITAL ..... 03<br>WASHINGTON HOSPITAL CENTER ..... 04<br>GEORGETOWN UNIVERSITY HOSPITAL ... 05<br>WASHINGTON ADVENTIST HOSPITAL..... 06<br>OTHER ..... 07<br><br>SPECIFY: _____<br><br>REF ..... 97<br>DK..... 98 |
| F8d1/d2.   | What is the (first/last) name of the doctor who performed the embolization?  | _____  |
| F8e.   | What is this doctor's specialty?   | _____  |
| <b>[IF 1 OF 6 HOSPITALS AND IN CORRECT STATE, SKIP TO F8I]</b>     |  |  |
| F8f.   | In what state is this medical facility?  | _____  |
| F8g.   | In what town or city is this medical facility?   | _____  |
| <b>[IF DK TOWN/CITY BUT KNOW STATE, ASK F8H, ELSE SKIP TO F8I]</b> |  |  |
| F8h.   | What is the largest city or town near this medical facility?   | _____  |
| F8i.   | Would this medical record be under the same name you have now, or a different name? <b>[IF DIFFERENT, RECORD NAME AT TIME OF PROCEDURE ON NAME CHANGE FORM]</b>  | SAME ..... 1<br>DIFFERENT..... 2<br>REF ..... 7<br>DK..... 8   |

F9. Have you had hysteroscopic resection since [INT MO/YR]?

YES ..... 1  
 NO.....[F15]..... 2  
 REF .....[F15]..... 7  
 DK.....[F15]..... 8

F10. What was the month and year when you had hysteroscopic resection?

    

MONTH                      YEAR

**[IF DK, ASK:]** Do you remember either the month, the season, or the year?

SEASON

**[IF DK YEAR, ASK FOR AGE:]**  
 Do you remember how old you were when you had hysteroscopic resection?

AGE

F10a. Were you still having menstrual periods when you had the hysteroscopic resection, or had your periods stopped?

STILL HAVING PERIODS ..... 1  
 PERIODS HAD STOPPED ..... 2  
 REF ..... 7  
 DK..... 8

F11. What were the primary symptoms that led to hysteroscopic resection?

**[CHECK ONLY THOSE THAT RESPONDENT VOLUNTEERS]**

BACK PAIN ..... 1  
 BACK PRESSURE ..... 1  
 PREGNANCY ..... 1  
 BLEEDING ..... 1  
 PELVIC PAIN..... 1  
 PELVIC PRESSURE ..... 1  
 INFERTILITY ..... 1  
 WEIGHT GAIN..... 1  
 OTHER ..... 1

SPECIFY: \_\_\_\_\_

NO SYMPTOMS ..... 1  
 REF ..... 7  
 DK..... 8

F12. How many fibroids did they find (when you had hysteroscopic resection)?

# FIBROIDS

**[IF NONE ENTER "00," GO TO F14]**

**[IF DK OR CAN'T ESTIMATE NUMBER, ASK:]**

Did they say if they found...

one? ..... 1  
 or more than one?..... 2  
 REF ..... 7  
 DK..... 8

**[READ ALL CHOICES]**

F13. About what size was (it/the largest one)?

□ □

# CMS

[IF R CAN'T GIVE SIZE IN TERMS OF CENTIMETERS, ASK:]

Did the doctor mention if it was small, medium or large?

- SMALL ..... 1
- MEDIUM..... 2
- LARGE ..... 3
- OTHER – WEEKS PREGNANT ..... 4

SPECIFY:

□ □

# WEEKS

- OTHER ..... 5

SPECIFY: \_\_\_\_\_

- REF ..... 7
- DK..... 8

|   |   |
|---|---|
| F14. Will you give us medical release for the medical record of the hysteroscopic resection (so we can request more information about it)?                            | YES ..... [F14C]..... 1<br>NO..... [F15]..... 2<br>UNDECIDED ..... [F14A]..... 3  |
| F14a. Do you have any questions I can answer to help you decide whether or not you want to sign a medical release? <b>[IF YES, ANSWER QUESTIONS]</b>                  | YES ..... 1<br>NO..... [F15]..... 2   |
| F14b. Will you give us medical release for the medical record of the hysteroscopic resection?   | YES ..... [F14C]..... 1<br>NO..... [F15]..... 2<br>UNDECIDED ..... [F15] ..... 3  |
| F14c. At what medical facility did you have the hysteroscopic resection?  | GWU..... 01<br>COLUMBIA HOSPITAL FOR WOMEN..... 02<br>SIBLEY MEMORIAL HOSPITAL..... 03<br>WASHINGTON HOSPITAL CENTER ..... 04<br>GEORGETOWN UNIVERSITY HOSPITAL ... 05<br>WASHINGTON ADVENTIST HOSPITAL..... 06<br>OTHER ..... 07<br><br>SPECIFY: _____<br><br>REF ..... 97<br>DK..... 98 |
| F14d1/2. What is the (first/last) name of the doctor who performed the hysteroscopic resection?   | _____   |
| F14e. What is this doctor's specialty?  | _____   |
| <b>[IF 1 OF 6 HOSPITALS AND IN CORRECT STATE, SKIP TO F14I]</b>   |   |
| F14f. In what state is this medical facility?   | _____   |
| F14g. In what town or city is this medical facility?  | _____   |
| <b>[IF DK TOWN/CITY BUT KNOW STATE, ASK F14H, ELSE SKIP TO F14I]</b>  |   |
| F14h. What is the largest city or town near this medical facility?  | _____   |
| F14i. Would this medical record be under the same name you have now, or a different name? <b>[IF DIFFERENT, RECORD NAME AT TIME OF PROCEDURE ON NAME CHANGE FORM]</b> | SAME ..... 1<br>DIFFERENT..... 2<br>REF ..... 7<br>DK..... 8  |

F15. Have you had a myomectomy, other than a resection, to remove fibroids since [INT MO/YR]?  
 YES ..... 1  
 NO.....[F24]..... 2  
 REF .....[F24]..... 7  
 DK.....[F24]..... 8

F16. What was the month and year of the myomectomy (since [INT MO/YR])?  
 MONTH                      YEAR

**[IF HAD MORE THAN 1 MYOMECTOMY, PROBE FOR MOST RECENT]**

**[IF DK, ASK:]** Do you remember either the month, the season, or the year?  
 SEASON

**[IF DK YEAR, ASK FOR AGE:]**  
 Do you remember how old you were when you had the myomectomy (since [INT MO/YR])?  
 AGE

F16a. Were you still having menstrual periods when you had the myomectomy, or had your periods stopped?  
 STILL HAVING PERIODS ..... 1  
 PERIODS HAD STOPPED ..... 2  
 REF ..... 7  
 DK..... 8

F17. What were the primary symptoms that led to the myomectomy?  
**[CHECK ONLY THOSE THAT RESPONDENT VOLUNTEERS]**  
 BACK PAIN ..... 1  
 BACK PRESSURE ..... 1  
 PREGNANCY ..... 1  
 BLEEDING ..... 1  
 PELVIC PAIN..... 1  
 PELVIC PRESSURE ..... 1  
 INCONTINENCE ..... 1  
 WEIGHT GAIN..... 1  
 OTHER ..... 1  
 SPECIFY: \_\_\_\_\_  
 NO SYMPTOMS ..... 1  
 REF ..... 7  
 DK..... 8

F18. Did they find any endometriosis when they did the myomectomy?  
 YES ..... 1  
 NO..... 2  
 REF ..... 7  
 DK..... 8

F19. Did they find any adenomyosis (when they did the myomectomy)?  
 YES ..... 1  
 NO ..... 2  
 REF ..... 7  
 DK..... 8

F20. Did they find anything else (when they did the myomectomy)?

[CHECK ONLY THOSE THAT RESPONDENT VOLUNTEERS]

[RECORD RESPONSE OF "FIBROID(S)" IN "OTHER"]

- ENDOMETRIAL POLYP(S) ..... 1
- NABOTHIAN CYST(S) ..... 1
- CHRONIC INFECTION/  
INFLAMMATION OF TUBE(S)..... 1
- CHRONIC INFECTION/  
INFLAMMATION OF CERVIX..... 1
- OTHER..... 1

SPECIFY: \_\_\_\_\_

- NO ..... 1
- REF ..... 7
- DK ..... 8

F21. How many fibroids did they find (when they did the myomectomy)?

# FIBROIDS

[IF NONE ENTER "00," GO TO F23]

[IF DK OR CAN'T ESTIMATE NUMBER, ASK:]

Did they say if they found...

[READ ALL CHOICES]

- one? ..... 1
- or more than one?..... 2
- REF ..... 7
- DK..... 8

F22. About what size was (it/the largest one)?

# CMS

[IF R CAN'T GIVE SIZE IN TERMS OF CENTIMETERS, ASK:]

Did the doctor mention if it was small, medium or large?

- SMALL ..... 1
- MEDIUM..... 2
- LARGE ..... 3
- OTHER – WEEKS PREGNANT ..... 4

SPECIFY:

# WEEKS

- OTHER ..... 5

SPECIFY: \_\_\_\_\_

- REF ..... 7
- DK..... 8

|   |   |
|---|---|
| F23. Will you give us medical release for the myomectomy record (so we can request more information about it)?  | YES ..... [F23C]..... 1<br>NO..... [F24]..... 2<br>UNDECIDED ..... [F23A]..... 3  |
| F23a. Do you have any questions I can answer to help you decide whether or not you want to sign a medical release? <b>[IF YES, ANSWER QUESTIONS]</b>                  | YES ..... 1<br>NO..... [F24]..... 2   |
| F23b. Will you give us medical release for the myomectomy record?   | YES ..... [F23C]..... 1<br>NO..... [F24]..... 2<br>UNDECIDED ..... [F24] ..... 3  |
| F23c. At what medical facility did you have the myomectomy?   | GWU..... 01<br>COLUMBIA HOSPITAL FOR WOMEN..... 02<br>SIBLEY MEMORIAL HOSPITAL..... 03<br>WASHINGTON HOSPITAL CENTER ..... 04<br>GEORGETOWN UNIVERSITY HOSPITAL ... 05<br>WASHINGTON ADVENTIST HOSPITAL..... 06<br>OTHER ..... 07<br>SPECIFY: _____<br>REF ..... 97<br>DK..... 98 |
| F23d1/2. What is the (first/last) name of the doctor who performed the myomectomy?  | _____   |
| F23e. What is this doctor's specialty?  | _____   |
| <b>[IF 1 OF 6 HOSPITALS AND IN CORRECT STATE, SKIP TO F23I]</b>   |   |
| F23f. In what state is this medical facility?   | _____   |
| F23g. In what town or city is this medical facility?  | _____   |
| <b>[IF DK TOWN/CITY BUT KNOW STATE, ASK F23H, ELSE SKIP TO F23I]</b>  |   |
| F23h. What is the largest city or town near this medical facility?  | _____   |
| F23i. Would this medical record be under the same name you have now, or a different name? <b>[IF DIFFERENT, RECORD NAME AT TIME OF PROCEDURE ON NAME CHANGE FORM]</b> | SAME ..... 1<br>DIFFERENT..... 2<br>REF ..... 7<br>DK..... 8  |

**[IF MORE THAN 1 PROCEDURE (MYOMECTOMY, HYSTEROSCOPIC RESECTION, EMBOLIZATION) AND IF DATE MISSING FROM F4, F10 OR F16, ASK F24. OTHERWISE, SKIP TO F25.]**

- |  |   |
|--|---|
| F24. Which of the following procedures did you have most recently? | myomectomy .....1<br>hysteroscopic resection .....2<br>embolization.....3<br>(HYSTERECTOMY .....4)*<br>REF .....7<br>DK.....8 |
| <b>[READ ALL CHOICES]</b>  |   |

**\* [HYSTERECTOMY = 4 WILL AUTOMATICALLY REPLACE R'S RESPONSE IF F34 = YES]**

- |   |  |
|---|--|
| F25. Have you had any <u>other</u> major procedure, other than a hysterectomy, to treat fibroids? | YES .....1<br>NO.....[F34].....2<br>REF .....[F34].....7<br>DK.....[F34].....8 |
|---|--|

- |   |  |  |  |
|---|--|--|--|
| F26. How many <u>other</u> procedures have you had to treat fibroids? | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table><br># PROCEDURES |  |  |
|   |  |  |  |

**[BEGIN REPEATING RECORD—OTHER PROCEDURES FOR FIBROIDS]**

| <p>F27.<br/>What was the (first/second/etc.)<br/>procedure that you had?</p> | <p>F28.<br/>What was the month and year that<br/>you had this procedure?<br/><br/> <b>[IF DK, ASK:]</b> Do you remember<br/>either the month, the season, or the<br/>year? <b>[IF DK YEAR, ASK FOR AGE:]</b><br/><br/>                     Do you remember how old you<br/>were when you had this procedure?</p>  | <p>F29.<br/>What were the primary<br/>symptoms that led to this<br/>procedure?<br/><br/> <b>[CHECK ONLY THOSE THAT<br/>REPENDENT VOLUNTEERS]</b></p>  |
|--|---|---|
| <p><b>01</b></p> <hr/> <hr/>   | <p> <input type="text"/> <input type="text"/> <input type="text"/>      <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     MONTH                                      YEAR<br/><br/> <input type="text"/> <input type="text"/><br/>                     SEASON<br/><br/> <input type="text"/> <input type="text"/><br/>                     AGE                 </p> | <p>                     BACK PAIN ..... 1<br/>                     BACK PRESSURE..... 1<br/>                     PREGNANCY ..... 1<br/>                     BLEEDING ..... 1<br/>                     PELVIC PAIN ..... 1<br/>                     PELVIC PRESSURE ..... 1<br/>                     INFERTILITY ..... 1<br/>                     WEIGHT GAIN ..... 1<br/>                     OTHER ..... 1<br/>                     SPECIFY: _____<br/><br/>                     NO SYMPTOMS ..... 1<br/>                     REF ..... 7<br/>                     DK ..... 8                 </p> |
| <p><b>02</b></p> <hr/> <hr/>   | <p> <input type="text"/> <input type="text"/> <input type="text"/>      <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br/>                     MONTH                                      YEAR<br/><br/> <input type="text"/> <input type="text"/><br/>                     SEASON<br/><br/> <input type="text"/> <input type="text"/><br/>                     AGE                 </p> | <p>                     BACK PAIN ..... 1<br/>                     BACK PRESSURE..... 1<br/>                     PREGNANCY ..... 1<br/>                     BLEEDING ..... 1<br/>                     PELVIC PAIN ..... 1<br/>                     PELVIC PRESSURE ..... 1<br/>                     INFERTILITY ..... 1<br/>                     WEIGHT GAIN ..... 1<br/>                     OTHER ..... 1<br/>                     SPECIFY: _____<br/><br/>                     NO SYMPTOMS ..... 1<br/>                     REF ..... 7<br/>                     DK ..... 8                 </p> |

| <p style="text-align: center;">F30.</p> <p>How many fibroids did they find when you had this procedure?</p> <p><b>[READ ALL CHOICES]</b></p>   | <p style="text-align: center;">F31.</p> <p>About what size was (it/the largest one)?</p> <p><b>[IF R CAN'T GIVE SIZE IN TERMS OF CENTIMETERS, ASK:]</b> Did the doctor mention if it was small, medium or large?</p>   | <p style="text-align: center;">F32.</p> <p>Will you give us medical release for the procedure report (so we can request more information about it)?</p> |
|--|--|---|
| <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/><br/> # FIBROIDS </p> <p><b>[IF NONE CODE "00," GO TO F32]</b></p> <p><b>IF DK OR CAN'T ESTIMATE NUMBER, ASK:]</b></p> <p>Did they say if they found...</p> <p>one?.....1<br/> or more than one?.....2<br/> REF .....7<br/> DK.....8</p> | <p style="text-align: center;"> <input type="text"/> <input type="text"/><br/> # CMS </p> <p>SMALL ..... 1<br/> MEDIUM..... 2<br/> LARGE ..... 3<br/> OTHER – WEEKS PREGNANT ..... 4</p> <p>SPECIFY: <input type="text"/> <input type="text"/><br/> # WEEKS</p> <p>OTHER ..... 5<br/> SPECIFY: _____</p> <p>REF ..... 7<br/> DK..... 8</p> | <p>YES..... [F32C].....1<br/> NO ..... [F33].....2<br/> UNDECIDED..... [F32A].....3</p>   |
| <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/><br/> # FIBROIDS </p> <p><b>[IF NONE CODE "00," GO TO F32]</b></p> <p><b>IF DK OR CAN'T ESTIMATE NUMBER, ASK:]</b></p> <p>Did they say if they found...</p> <p>one?.....1<br/> or more than one?.....2<br/> REF .....7<br/> DK.....8</p> | <p style="text-align: center;"> <input type="text"/> <input type="text"/><br/> # CMS </p> <p>SMALL ..... 1<br/> MEDIUM..... 2<br/> LARGE ..... 3<br/> OTHER – WEEKS PREGNANT ..... 4</p> <p>SPECIFY: <input type="text"/> <input type="text"/><br/> # WEEKS</p> <p>OTHER ..... 5<br/> SPECIFY: _____</p> <p>REF ..... 7<br/> DK..... 8</p> | <p>YES..... [F32C].....1<br/> NO ..... [F33].....2<br/> UNDECIDED..... [F32A].....3</p>   |

| [IF F32 = UNDECIDED (3), ASK:]  |  | [IF F32 OR F32B = YES, ASK:]   |  |   |
|---|--|--|--|---|
| F32a.<br>Do you have any questions I can answer to help you decide whether or not you want to sign a medical release?<br>[IF YES, ANSWER QUESTIONS] | F32b.<br>Will you give us medical release for the procedure report?            | F32c.<br>At what medical facility did you have this procedure?   | F32d1./F32d2.<br>What is the (first/ last) name of the doctor who ordered the procedure? | F32e.<br>What is this doctor's specialty? |
| YES..... 1<br>NO ..... [F33] .... 2   | YES ..... [F32C]..... 1<br>NO..... [F33] ..... 2<br>UNDECIDED .. [F33] ..... 3 | GWU..... 01<br>COLUMBIA HFW ..... 02<br>SIBLEY MEMORIAL .... 03<br>WASH HOSP CENT ..... 04<br>GEORGETOWN UNIV ... 05<br>WASH ADVENTIST ..... 06<br>OTHER ..... 07<br><br>SPEC: _____<br><br>REF ..... 97<br>DK..... 98 |  |   |
| YES..... 1<br>NO ..... [F33] .... 2   | YES ..... [F32C]..... 1<br>NO..... [F33] ..... 2<br>UNDECIDED .. [F33] ..... 3 | GWU..... 01<br>COLUMBIA HFW ..... 02<br>SIBLEY MEMORIAL .... 03<br>WASH HOSP CENT ..... 04<br>GEORGETOWN UNIV ... 05<br>WASH ADVENTIST ..... 06<br>OTHER ..... 07<br><br>SPEC: _____<br><br>REF ..... 97<br>DK..... 98 |  |   |



**[IF CURRENTLY PREGNANT SKIP F34 AND READ F34A, THEN SKIP TO G2]**

F34. Next I would like to ask about hysterectomies.

Have you had a hysterectomy?

- YES ..... [F35] ..... 1
- NO..... [F34A] ..... 2
- REF ..... [F34A] ..... 7
- DK..... [F34A] ..... 8

F34a. Has a doctor or other health professional ever suggested that you have a hysterectomy?

- YES ..... [SECT G] ..... 1
- NO..... [SECT G] ..... 2
- REF ..... [SECT G] ..... 7
- DK..... [SECT G] ..... 8

**[IF CURRENTLY PREGNANT, SKIP TO G2]**

F35. What was the month and year when you had the hysterectomy?

|       |  |  |      |  |  |  |
|-------|--|--|------|--|--|--|
|       |  |  |      |  |  |  |
| MONTH |  |  | YEAR |  |  |  |

**[IF DK, ASK:]** Do you remember either the month, the season, or the year?

|        |  |
|--------|--|
|        |  |
| SEASON |  |

**[IF DK YEAR, ASK FOR AGE:]**  
Do you remember how old you were when you had the hysterectomy?

|     |  |
|-----|--|
|     |  |
| AGE |  |

F35a. Were you still having menstrual periods when you had the hysterectomy, or had your periods stopped?

- STILL HAVING PERIODS .....1
- PERIODS HAD STOPPED .....2
- REF .....7
- DK.....8

F36. What were the primary symptoms that led to the hysterectomy?

**[CHECK ONLY THOSE THAT RESPONDENT VOLUNTEERS]**

- BACK PAIN .....1
- BACK PRESSURE .....1
- TO AVOID PREGNANCY ..... [F38] .....1
- BLEEDING .....1
- PELVIC PAIN.....1
- PELVIC PRESSURE .....1
- INCONTINENCE .....1
- WEIGHT GAIN.....1
- OTHER .....1
- SPECIFY: \_\_\_\_\_
- NO SYMPTOMS ..... [F38] .....1
- REF .....7
- DK.....8

F37. What did the doctor think was causing (it/them)?  
 (What [was/were] the medical problem[s]?)

- UTERINE FIBROIDS.....1
- ENDOMETRIOSIS .....2
- OTHER .....3
- SPECIFY: \_\_\_\_\_
- REF .....7
- DK.....8

F38. Did they find any of the following conditions...

[READ ALL CHOICES]

**Y N R DK**

- a. endometriosis? ..... 1 2 7 8
- b. adenomyosis?..... 1 2 7 8
- c. uterine fibroids? ..... 1 2 7 8

**[IF F38C = YES (1) TO UTERINE FIBROIDS, THEN ASK F39 & F40. ELSE SKIP TO F41.]**

F39. How many fibroids did they find?

# FIBROIDS

[IF NONE ENTER "00," GO TO F41]

[IF DK OR CAN'T ESTIMATE NUMBER, ASK:]

Did they say if there was...

- one? ..... 1
- or more than one?..... 2
- REF ..... 7
- DK..... 8

[READ ALL CHOICES]

F40. About what size was (it/the largest one)?

# CMS

[IF R CAN'T GIVE SIZE IN TERMS OF CENTIMETERS, ASK:]

Did the doctor mention if it was small, medium or large?

- SMALL ..... 1
- MEDIUM..... 2
- LARGE ..... 3
- OTHER – WEEKS PREGNANT ..... 4

SPECIFY: \_\_\_\_\_

# WEEKS

- OTHER ..... 5

SPECIFY: \_\_\_\_\_

- REF ..... 7
- DK..... 8

F41. Will you give us medical release for the hysterectomy record (so we can request more information about it)?

- YES ..... [F41C]..... 1
- NO..... [SECT G] ..... 2
- UNDECIDED ..... [F41A]..... 3

|       |  |   |
|-------|--|---|
| F41a. | Do you have any questions I can answer to help you decide whether or not you want to sign a medical release? <b>[IF YES, ANSWER QUESTIONS]</b> | YES ..... 1<br>NO.....[SECT G]..... 2   |
| F41b. | Will you give us medical release for the hysterectomy record?  | YES ..... [F41C]..... 1<br>NO.....[SECT G]..... 2   |
| F41c. | At what medical facility did you have the hysterectomy?  | GWU..... 01<br>COLUMBIA HOSPITAL FOR WOMEN..... 02<br>SIBLEY MEMORIAL HOSPITAL..... 03<br>WASHINGTON HOSPITAL CENTER ..... 04<br>GEORGETOWN UNIVERSITY HOSPITAL ... 05<br>WASHINGTON ADVENTIST HOSPITAL..... 06<br>OTHER ..... 07<br>SPECIFY: _____<br>REF ..... 97<br>DK..... 98 |

F41d1/2. What is the (first/last) name of the doctor who performed the hysterectomy? \_\_\_\_\_

F41e. What is this doctor’s specialty? \_\_\_\_\_

**[IF 1 OF 6 HOSPITALS AND IN CORRECT STATE, SKIP TO F41I]**

F41f. In what state is this medical facility? \_\_\_\_\_

F41g. In what town or city is this medical facility? \_\_\_\_\_

**[IF DK TOWN/CITY BUT KNOW STATE, ASK F41H, ELSE SKIP TO F41I]**

F41h. What is the largest city or town near this medical facility? \_\_\_\_\_

|       |   |   |
|-------|---|---|
| F41i. | Would this medical record be under the same name you have now, or a different name? <b>[IF DIFFERENT, RECORD NAME AT TIME OF PROCEDURE ON NAME CHANGE FORM]</b> | SAME ..... 1<br>DIFFERENT ..... 2<br>REF ..... 7<br>DK..... 8 |
|-------|---|---|

**[END MAJOR FIBROID PROCEDURE AND HYSTERECTOMY SECTION]  
[NEXT SECTION]**

## G. MENSTRUATION

[IF R HAD AN EMBOLIZATION, A HYSTEROSCOPIC RESECTION, A HYSTERECTOMY OR A MYOMECTOMY DETERMINE MOST RECENT PROCEDURE BASED ON RESPONSE TO F24 AND/OR F34 (IF R REPORTED A HYSTERECTOMY IN F34, THIS IS ALWAYS MOST RECENT PROCEDURE). IF PERIOD STOPPED BEFORE MOST RECENT PROCEDURE, SKIP TO G2. IF PERIOD DID NOT STOP BEFORE MOST RECENT PROCEDURE AND PROCEDURE IS NOT A HYSTERECTOMY, ASK G1. IF PROCEDURE IS A HYSTERECTOMY, SKIP TO G2.]

[IF THE MOST RECENT PROCEDURE CANNOT BE DETERMINED FROM SECTION F AND R REPORTED A HYSTERECTOMY IN F34 AND R DOES NOT KNOW IF PERIOD ENDED BEFORE HYSTERECTOMY, GO TO G2. IF NO HYSTERECTOMY, AND MOST RECENT PROCEDURE CANNOT BE DETERMINED FROM SECTION F, CHOOSE MOST RECENT PROCEDURE IN FOLLOWING ORDER OF IMPORTANCE: MYOMECTOMY, HYSTEROSCOPIC RESECTION, AND EMBOLIZATION, AND ASK G1.]

G1. The next questions are about your menstrual cycles.

Are you still having menstrual periods, or have your periods stopped?

STILL HAVING PERIODS ..... 1  
PERIODS HAVE STOPPED ..... 2  
REF ..... 7  
DK ..... 8

**[FOR EVERYONE:]**

G2. Do you have any menstrual records or a calendar that you can refer to in answering the next set of questions?

YES..... 1  
 NO ..... 2  
 REF..... 7  
 DK ..... 8

G2a. What was the date your last menstrual period started?  
 Please check your calendar if that would help to be as accurate as possible.

MONTH

DAY

YEAR

**[IF DK, ASK:]** Do you remember either the month, the season, or the year?

SEASON

**[IF DK YEAR, ASK FOR AGE:]** Do you remember how old you were when your last period started?

AGE

**[IF R KNOWS DATE OR AGE AND LAST PERIOD WAS MORE THAN (>) 2 MONTHS AGO, SKIP TO G3]**  
**[IF R IS CURRENTLY PREGNANT OR IF LAST PERIOD IS WITHIN (<=) 2 MONTHS, SKIP TO G4]**  
**[IF DON'T KNOW DATE, AGE AND CAN'T GET ESTIMATE OF NUMBER OF MONTHS OR YEARS AGO, ASK:]**

G2b. Has it been more than 2 months since your last period?

YES..... [G2C] ..... 1  
 NO ..... [G4] ..... 2  
 REF..... [G4] ..... 7  
 DK ..... [G4] ..... 8

G2c. Has it been more than 12 months since your last period?

YES..... 1  
 NO ..... 2  
 REF..... 7  
 DK ..... 8

**[IF CANNOT GET ESTIMATE OF TIME SINCE LAST PERIOD, ASSUME PERIOD WAS MORE THAN 2 MONTHS AGO AND ASK G3.]**

**[IF NO PROCEDURE (INCLUDING NO HYSTERECTOMY): ASK G3 OF THOSE WHOSE PERIODS STOPPED 2 MONTHS AGO. AND USE WORDING ‘SINCE THEN.’]**

**[IF PROCEDURE (INCLUDING HYSTERECTOMY): READ G3 FOR THOSE WHOSE PERIODS STOPPED MORE THAN 2 MONTHS BEFORE MOST RECENT PROCEDURE, READ ‘BEFORE THE [PROCEDURE].’]**

G3. What was the main reason you weren't having periods (before the [PROCEDURE]/since then?)

|   |           |
|---|-----------|
| NORMAL CYCLE .....                              | 01        |
| <b>SURGERY</b>                                  |           |
| REMOVAL OF BOTH OVARIES .....                   | 02        |
| HYSTERECTOMY .....                              | 03        |
| <b>MENOPAUSE</b>                                |           |
| NATURAL MENOPAUSE .....                         | 04        |
| PERIMENOPAUSAL .....                            | 05        |
| <b>MEDICATION</b>                               |           |
| BIRTH CONTROL PILLS .....                       | 06        |
| HORMONE REPLACEMENT THERAPY .....               | 07        |
| OTHER MEDICATION .....                          | 08        |
| SPECIFY: _____                                  |           |
| <b>CANCER</b>                                   |           |
| RADIATION/CHEMOTHERAPY.....                     | 09        |
| <b>PREGNANCY</b>                                |           |
| PREGNANCY/BREASTFEEDING/<br>BIRTH RELATED ..... | 10        |
| <b>LIFESTYLE</b>                                |           |
| STRESS .....                                    | 11        |
| EXERCISE/DIET/WEIGHT RELATED .....              | 12        |
| BLEEDING CONTINUOUSLY .....                     | 13        |
| <b>OTHER REASON .....</b>                       | <b>14</b> |
| SPECIFY: _____                                  |           |
| REF.....  | 97        |
| DK .....  | 98        |

**[IF HAD PROCEDURE (MYOMECTOMY, HYSTEROSCOPIC RESECTION, EMBOLIZATION, HYSTERECTOMY):  
ASK ABOUT '12 MONTHS BEFORE THE [(MOST RECENT) PROCEDURE].']**

**[IF NO PROCEDURE:**

**IF PERIODS STOPPED MORE THAN 2 MONTHS AGO, ASK ABOUT '12 MONTHS BEFORE LAST PERIOD.' IF PERIODS STOPPED WITHIN THE LAST 2 MONTHS, ASK ABOUT 'LAST 12 MONTHS.' IF R. DOES NOT KNOW DATE OF LAST PERIOD, ASK ABOUT '12 MONTHS BEFORE LAST PERIOD.']**

G4. Our next questions focus on the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)].

How often did you have menstrual periods during the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)]? Was it...

- about once a month (27-34 days)? .....1
- more frequently than once a month (less than 27 days)? .....2
- not as frequently as once a month (more than 34 days)?.....3
- or too irregular to say?.....4
- DID NOT HAVE ANY PERIODS [H4] .....5
- REF .....7
- DK .....8

**[READ ALL CHOICES]**

G5. During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], how many days of real blood flow, not counting spotting, did you typically have with your periods?

# DAYS

**[IF R CANNOT GIVE EXACT NUMBER, ACCEPT RANGE:]**

TO   
LOW # HIGH #

G5a. How many total days of just spotting did you typically have, or did you not have any spotting?

# DAYS

**[IF NO SPOTTING, ENTER '000']**

**[IF R CANNOT GIVE EXACT NUMBER, ACCEPT RANGE:]**

TO   
LOW # HIGH #

**[IF G5 IS MORE THAN 0 DAYS AND G5A IS MORE THAN 0 DAYS, ASK G5B. ELSE GO TO G6.]**

G5b. Was this spotting just around the time of your period?

- YES .....1
- NO .....2
- REF .....7
- DK .....8

G6. For the next three questions about pads, don't count panty liners. And when I mention days, that means a 24-hour day.

During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], did you use 8 or more pads or tampons during a 24-hour day?

YES.....1  
 NO ..... [G7].....2  
 REF..... [G7].....7  
 DK ..... [G7].....8

G6a. About how many days each month did you use 8 or more pads or tampons?

# DAYS

[IF R CANNOT GIVE EXACT NUMBER, ACCEPT RANGE:]

TO    
 LOW # HIGH #

G7. We would like to get an estimate of the amount of blood on the pads or tampons that you used on your days of heaviest flow. When you changed, how often were the pads or tampons fully saturated with blood? Was it...

most of the time? .....1  
 some of the time? .....2  
 a little of the time?.....3  
 or none of the time?.....4  
 REF.....7  
 DK .....8

[READ ALL CHOICES]

[IF R REPORTS THIS HAPPENED AT LEAST ONE TIME, BUT CAN'T CHOOSE A CATEGORY, CODE AS '3' ("A LITTLE OF THE TIME")]

G8. During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], did you have any times when you had heavy gushing-type bleeding that was too much for your pads or tampons, even when changed frequently?

YES.....1  
 NO ..... [G9].....2  
 REF..... [G9].....7  
 DK ..... [G9].....8

G8a. How often did this happen? Did it happen...

[READ ALL CHOICES]

every period? .....1  
 most periods?.....2  
 during occasional periods? .....3  
 or just once? .....4  
 REF.....7  
 DK .....8

G9. We are interested in whether you were using birth control or medication that affects the timing of your menstrual cycle.

Were you taking birth control pills during any of the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)]? YES.....1  
NO .....2  
REF.....7  
DK .....8

**[THIS INCLUDES PROGESTERONE ONLY PILLS (POPS)]**

G9a. Were you taking any other medication that affected the timing of your periods? YES.....1  
NO .....2  
REF.....7  
DK .....8

**[QUESTIONS G10-10C ARE FOR THOSE WITH PERIODS WITHIN LAST 2 MONTHS. ALSO, IF G3 = 13 THEN READ G10-G10C. ALL OTHERS, INCLUDING THOSE WHO ARE CURRENTLY PREGNANT, THOSE WITH PROCEDURES FROM SECTION F (INCLUDING HYSTERECTOMY), AND THOSE WITH 2 OVARIES REMOVED FROM SECTION C, SKIP TO G11.]**

G10. The next questions ask about whether you are having more bleeding now than you did a year ago. YES.....1  
NO .....2  
REF.....7  
DK .....8  
Compared to a year ago, are there more days of flow, not counting spotting?

G10a. Compared to a year ago, is there heavier bleeding on days of flow? YES.....1  
NO .....2  
REF.....7  
DK .....8

**[IF NO SPOTTING (G5A = '000'), SKIP G10B AND G10C AND GO TO G11.]**

G10b. Compared to a year ago, are there more days of spotting around your period? YES.....1  
NO .....2  
REF.....7  
DK .....8

G10c. Compared to a year ago, is there more spotting or bleeding between periods? YES.....1  
NO .....2  
REF.....7  
DK .....8

**[FOR EVERYONE:]**

G11. Next we are interested in missed periods or long menstrual cycles since [INT MO/YR]. (Please do not count times when you were pregnant or breastfeeding.)

|   |          |                 |
|---|----------|-----------------|
| During the time since [INT MO/YR], up until your last menstrual period, did you ever go for 2 months (60 days) or more without having a menstrual period? | YES..... | 1               |
|   | NO ..... | [SECT H] .....2 |
|   | REF..... | [SECT H] .....7 |
|   | DK ..... | [SECT H] .....8 |

|  |                      |                      |
|--|----------------------|----------------------|
| G12. What month and year did this start happening (since [INT MO/YR])? | <input type="text"/> | <input type="text"/> |
|  | MONTH                | YEAR                 |

|  |                      |
|--|----------------------|
| <b>[IF DK ASK:]</b> Do you remember either the month, the season, or the year? | <input type="text"/> |
|  | SEASON               |

|   |                      |
|---|----------------------|
| <b>[IF DK YEAR, ASK FOR AGE:]</b> Do you remember how old you were when this started happening (since [INT MO/YR])? | <input type="text"/> |
|   | AGE                  |

|   |                      |
|---|----------------------|
| G12a. How many months did you go without having a period? | <input type="text"/> |
|   | # MONTHS             |

|   |                                 |   |
|---|---------------------------------|---|
| G13. What was the main reason you were not having a period? | NORMAL CYCLE (NO REASON).....   | 1 |
|   | PERIMENOPAUSE OR MENOPAUSE..... | 1 |
|   | MEDICATION .....                | 1 |
|   | STRESS .....                    | 1 |
|   | EXERCISE/DIET/WEIGHT.....       | 1 |
|   | CHEMOTHERAPY/RADIATION.....     | 1 |
|   | PREGNANCY RELATED .....         | 1 |
|   | MEDICAL PROCEDURE.....          | 1 |
|   | OTHER.....                      | 1 |

**[CHECK ONLY THOSE THAT RESPONDENT VOLUNTEERS]**

SPECIFY: \_\_\_\_\_

|          |   |
|----------|---|
| REF..... | 7 |
| DK ..... | 8 |

**[END MENSTRUATION SECTION]  
[NEXT SECTION]**

## H. SYMPTOMS

H1. The next questions focus on symptoms you may have had during the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)]. We're interested in any symptoms regardless of the cause of the symptoms.

I will be reading response categories for you to choose from.

|  |   |
|--|---|
| During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], how much did your menstrual bleeding interfere with your daily responsibilities, such as going to work, caring for family members and doing housework? Did it interfere... <b>[READ ALL CHOICES]</b> | a lot? ..... 1<br>some?.....2<br>a little? ..... 3<br>or not at all?.....4<br>REF .....7<br>DK .....8 |
|--|---|

|  |   |
|--|---|
| H2. During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], how much did your menstrual bleeding limit your social activities, such as visiting friends, taking vacations, or having company? Did it limit them... <b>[READ ALL CHOICES]</b> | a lot? ..... 1<br>some?.....2<br>a little? ..... 3<br>or not at all?.....4<br>REF .....7<br>DK .....8 |
|--|---|

H3. The next questions are about pelvic pain during the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)]. Don't count back pain. I'll ask about that later.

|  |  |  |  |  |
|--|--|--|--|--|
| Thinking about your menstrual periods during the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], about how many <u>days of a menstrual period</u> did you have cramps, discomfort or pain in the pelvic area? | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> # DAYS |  |  |  |
|  |  |  |  |  |

|   |   |  |  |  |    |  |  |  |  |
|---|---|--|--|--|----|--|--|--|--|
| <b>[IF R CANNOT GIVE EXACT NUMBER, ACCEPT RANGE:]</b> | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> LOW # |  |  |  | TO | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> HIGH # |  |  |  |
|   |   |  |  |  |    |  |  |  |  |
|   |   |  |  |  |    |  |  |  |  |

H4. Did you ever have pelvic pain or discomfort when you were not having a period?

YES..... 1  
NO ..... [H5/H7].....2  
REF ..... [H5/H7].....7  
DK ..... [H5/H7].....8

[IF H3 = 0 AND H4 = NO (2), SKIP TO H7.]

[IF H4 = YES (1), SKIP TO H4A. OTHERWISE, SKIP TO H5.]

H4a. About how many days per month did this happen?

# DAYS

[IF R CANNOT GIVE EXACT NUMBER, ACCEPT RANGE:]

TO   
LOW # HIGH #

H5. During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], how much of a problem was pelvic pain for you? Was it...

a big problem?.....1  
a medium problem?.....2  
a small problem? .....3  
or not a problem?.....4  
REF .....7  
DK .....8

[READ ALL CHOICES]

H6. During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], how much did pelvic cramps, discomfort, or pain interfere with you being able to do the things you like to do or have to do? Did it interfere...

a lot? .....1  
some?.....2  
a little? .....3  
or not at all?..... [H7].....4  
REF ..... [H7].....7  
DK ..... [H7].....8

[READ ALL CHOICES]

H6a. During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], how many days in total per month or per year were you unable to perform your daily activities because of pelvic discomfort or pain?

# DAYS

PER MONTH .....1  
PER YEAR .....2

H7. The next questions are about other symptoms.

During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], how much of the time did you feel excessively tired? Was it...  
[READ ALL CHOICES]

most of the time? .....1  
some of the time? .....2  
very little, or none of the time? .....3  
REF.....7  
DK .....8

H8. During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], how much of the time did you have lower back pain? Was it...  
[READ ALL CHOICES]

most of the time? .....1  
some of the time? .....2  
very little?.....3  
or none of the time?.....4  
REF.....7  
DK .....8

H9. During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], how much of the time were you feeling constipated? Was it...  
[READ ALL CHOICES]

most of the time? .....1  
some of the time? .....2  
very little, or none of the time? .....3  
REF.....7  
DK .....8

H10. During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], how much of the time did you have a lot of gas? Was it...  
[READ ALL CHOICES]

most of the time? .....1  
some of the time? .....2  
very little, or none of the time? .....3  
REF.....7  
DK .....8

H11. During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], how much of the time did you have stomach upset or nausea? Was it...  
[READ ALL CHOICES]

most of the time? .....1  
some of the time? .....2  
very little, or none of the time? .....3  
REF.....7  
DK .....8

H12. During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], how much of the time did you have pain deep inside during sexual intercourse? Was it...  
**[READ ALL CHOICES]**

most of the time? ..... 1  
some of the time? ..... 2  
very little, or none of the time? ..... 3  
or were you not having sex? ..... 4  
REF ..... 7  
DK ..... 8

H13. During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], have you ever had urine leak when you cough or sneeze?

YES ..... 1  
NO ..... [H14] ..... 2  
REF ..... [H14] ..... 7  
DK ..... [H14] ..... 8

H13a. How much of a problem was it? Was it...  
**[READ ALL CHOICES]**

a big problem? ..... 1  
a medium problem? ..... 2  
a small problem? ..... 3  
or not a problem? ..... 4  
REF ..... 7  
DK ..... 8

H14. During the [last 12 months/12 months before your last period/12 months before the (PROCEDURE)], have you felt the need to urinate urgently, even though you have had little or no warning?

YES ..... 1  
NO ..... [SECT I] ..... 2  
REF ..... [SECT I] ..... 7  
DK ..... [SECT I] ..... 8

H14a. How much of a problem was it? Was it...  
**[READ ALL CHOICES]**

a big problem? ..... 1  
a medium problem? ..... 2  
a small problem? ..... 3  
or not a problem? ..... 4  
REF ..... 7  
DK ..... 8

**[END SYMPTOMS SECTION]**  
**[NEXT SECTION]**

## I. MEDICATION

I-1. The next questions are about contraceptives you may have used since [INT MO/YR] when you were [AGE AT INT] years old. Have you taken birth control pills for any reason since [INT MO/YR]?  
**[THIS INCLUDES PROGESTERONE ONLY PILLS (POPS)]**

YES.....1  
 NO ..... [I-4].....2  
 REF..... [I-4].....7  
 DK ..... [I-4].....8

I-2. How many years or months in total since [INT MO/YR] did you take birth control pills?

| | |  
# OF

MONTHS .....1  
 YEARS .....2  
 THE ENTIRE TIME ..... [I-2B] .....3

I-2a. What month and year did you begin taking birth control pills (since [INT MO/YR])?

| | |      | | | | |  
MONTH      YEAR

**[IF DK ASK:]** Do you remember either the month, the season, or the year?

| | |  
SEASON

**[IF DK YEAR, ASK FOR AGE:]**  
 Do you remember how old you were when you began taking birth control pills?

| | |  
AGE

I-2b. Were you using the pill to prevent pregnancy or to treat some medical problem or both?

PREVENT PREGNANCY ..... [I-3] .....1  
 MEDICAL PROBLEM.....2  
 BOTH.....3  
 NEITHER..... [I-3] .....4  
 REF..... [I-3] .....7  
 DK ..... [I-3] .....8

**[IF MEDICAL PROBLEM OR BOTH:]**

I-2c. What was the medical problem?  
**[CHECK ONLY THOSE THAT RESPONDENT VOLUNTEERS]**

CRAMPS.....1  
 BLEEDING.....1  
 MENOPAUSE.....1  
 OTHER.....1  
 SPECIFY: \_\_\_\_\_

**[SKIP I-3 IF CURRENTLY PREGNANT OR IF HYSTERECTOMY = YES]**

I-3. Are you currently taking birth control pills?

YES.....1  
 NO .....2  
 REF.....7  
 DK .....8

I-4. Have you had an IUD inserted since [INT MO/YR]?  
 YES.....1  
 NO ..... [I-5] .....2  
 REF..... [I-5] .....7  
 DK ..... [I-5] .....8

I-4a. What month and year did you have the IUD inserted (since [INT MO/YR])?  
 MONTH YEAR

[IF DK ASK:] Do you remember either the month, the season, or the year?  
 SEASON

[IF DK YEAR, ASK FOR AGE:]  
 Do you remember how old you were when you had the IUD inserted?  
 AGE

I-5. Have you used a contraceptive like Depo Provera that requires you to get a shot since [INT MO/YR]?  
 YES.....1  
 NO ..... [I-7] .....2  
 REF..... [I-7] .....7  
 DK ..... [I-7] .....8

I-5a. How often did you get this injection? Was it...  
 [READ ALL CHOICES]  
 once a month?.....1  
 or every 3 months? .....2  
 OTHER.....3

SPECIFY: \_\_\_\_\_

REF.....7  
 DK .....8

I-5b. Thinking of the time since [INT MO/YR], what month and year did you begin using a contraceptive like Depo Provera?  
 MONTH YEAR

[IF DK ASK:] Do you remember either the month, the season, or the year?  
 SEASON

[IF DK YEAR, ASK FOR AGE:]  
 Do you remember how old you were when you began using a contraceptive like Depo Provera?  
 AGE

[SKIP I-6 IF CURRENTLY PREGNANT OR IF HYSTERECTOMY = YES]

I-6. Do you currently use this contraceptive?  
 YES.....1  
 NO .....2  
 REF.....7  
 DK .....8

I-7. Have you had Norplant in your arm since [INT MO/YR]? YES.....1  
 NO ..... [I-9] .....2  
 REF ..... [I-9] .....7  
 DK ..... [I-9] .....8

I-7a. What month and year did you begin using Norplant (since [INT MO/YR])?       
 MONTH YEAR

[IF DK ASK:] Do you remember either the month, the season, or the year?    
 SEASON

[IF DK YEAR, ASK FOR AGE:] Do you remember how old you were when you began using Norplant?    
 AGE

[SKIP I-8 IF CURRENTLY PREGNANT OR IF HYSTERECTOMY = YES]

I-8. Do you currently have Norplant? YES.....1  
 NO .....2  
 REF .....7  
 DK .....8

I-9. Hormone replacement therapy is used for symptoms of menopause.

Thinking of the time since [INT MO/YR], have you used a prescription pill or patch form of hormone replacement therapy? YES.....1  
 NO ..... [I-13] .....2  
 REF ..... [I-13] .....7  
 DK ..... [I-13] .....8

I-10. How many years or months in total since [INT MO/YR] did you take prescription hormone replacement therapy?   # OF

MONTHS .....1  
 YEARS .....2  
 THE ENTIRE TIME ..... [I-11] .....3

I-10a. What month and year did you begin using prescription hormone replacement therapy (since [INT MO/YR])?       
 MONTH YEAR

[IF DK ASK:] Do you remember either the month, the season, or the year?    
 SEASON

[IF DK YEAR, ASK FOR AGE:] Do you remember how old you were when you began using prescription hormone replacement therapy?    
 AGE

I-11. Are you currently using...

[READ ALL CHOICES]

Y N R DK

- a. a pill form of hormone replacement therapy?.....1 2 7 8
- b. a patch form of hormone replacement therapy?.....1 2 7 8

[IF NOT CURRENTLY USING HRT (I-11A AND I-11B = NO [2], REF [7], OR DK [8]), THEN READ "USED." IF CURRENT USER (I-11A OR I-11B = YES [1]), READ "USE."]

[IF R TOOK MORE THAN ONE (> 1) MEDICINE, ASK FOR MOST RECENT]

I-12. Next, I'd like to get the name and dosage of the hormone replacement therapy you (use/used). Please refer to your prescription if that would help.

What is the name and dosage of the prescription hormone replacement therapy that you (currently use/used) most recently?

|             |        |
|-------------|--------|
| NAME OF HRT | DOSAGE |
|-------------|--------|

[IF HRT MEDICATION IS A PATCH, ALSO ASK:]

# PATCHES/MO

I-12ap. How many patches (do/did) you use per month?

- |  |                        |
|--|------------------------|
| I-12a. (Do/Did) you take a second prescription hormone replacement medication with that, either some of the time or all of the time? | YES.....1              |
|  | NO ..... [I-13] .....2 |
|  | REF..... [I-13] .....7 |
|  | DK ..... [I-13] .....8 |

I-12b. What is the name and dosage of the medicine that you (use/used)?

|                                |        |
|--------------------------------|--------|
| NAME OF MEDICINE FOR MENOPAUSE | DOSAGE |
|--------------------------------|--------|

[IF HRT MEDICATION IS A PATCH, ALSO ASK:]

# PATCHES/MO

I-12bp. How many patches (do/did) you use per month?

[CATI WILL PROVIDE THE CHOICES. INCLUDE PROGESTERONE FOR DIFFERENT TIMES AND DIFFERENT TYPES OF PROGESTERONE. INCLUDE PATCH.]

I-13. Next, about smoking.

Have you smoked ten or more cigarettes or tobacco products since [INT MO/YR]?

YES.....1  
NO ..... [SECT J] .....2  
REF..... [SECT J] .....7  
DK ..... [SECT J] .....8

I-14. How much of the time in total since [INT MO/YR] did you smoke?

# OF

MONTHS .....1  
YEARS .....2  
THE ENTIRE TIME .....3  
NOT REGULAR SMOKER ..... [I-16] .....4

I-15. On average, how many cigarettes or tobacco products did you smoke per day during that time?

# OF CIGS

[NOTE: 1 PACK = 20 CIGARETTES]

I-16. Do you currently smoke?

YES.....1  
NO ..... [I-18] .....2  
NOT REGULAR SMOKER ..... [SECT J] .....3  
REF..... [I-18] .....7  
DK ..... [I-18] .....8

I-17. How many cigarettes or tobacco products do you smoke per day?

# OF CIGS

[NOTE: 1 PACK = 20 CIGARETTES]

[SKIP TO SECTION J]

I-18. What month and year did you quit smoking?

MONTH

YEAR

[IF DK ASK:] Do you remember either the month, the season, or the year?

SEASON

[IF DK YEAR, ASK FOR AGE:]

Do you remember how old you were when you quit smoking?

AGE

[END MEDICATION SECTION]

[NEXT SECTION]

## J. DEMOGRAPHICS

**[FOR THOSE WHO DID NOT RETURN THE MAIL QUESTIONNAIRE, ASK J1 AND J2. ELSE SKIP TO J3.]**

J1. These next questions are asked so we can describe our study population.

How would you describe your racial or ethnic identity? I will read you a list and you can choose one or more than one.

**[READ ALL CHOICES]**

**[CHECK ALL THAT APPLY]**

African American or Black? ..... 1  
 American Indian or Native American? ..... 1  
 Asian or Pacific Islander? ..... 1  
 Hispanic? ..... 1  
 White? ..... 1  
 OTHER..... 1

SPECIFY: \_\_\_\_\_

REF..... 7  
 DK..... 8

J2. How much education have you received?

LESS THAN HIGH SCHOOL ..... 1  
 HIGH SCHOOL DEGREE ..... 2  
 SOME COLLEGE OR SOME TECHNICAL  
 SCHOOL BEYOND HIGH SCHOOL/  
 JUNIOR COLLEGE ..... 3  
 COLLEGE DEGREE ..... 4  
 COLLEGE PLUS ADDITIONAL TRAINING,  
 BUT NO OTHER DEGREE ..... 5  
 POST GRADUATE DEGREE  
 (EX: MASTER'S, PH.D., MD) ..... 6  
 REF..... 7  
 DK..... 8

**[ASK EVERYONE:]**

**[IF MAIL QUESTIONNAIRE WAS RETURNED, READ INTRODUCTION IN PARENTHESES.]**

J3. (These next questions are asked so we can describe our study population.)

Including income provided by you, your spouse or any other person living in your household, or through alimony or child support, which range of incomes comes closest to your total household income before taxes for the past year? Was it...

less than \$40,000? ..... 1  
 between \$40,000 and \$60,000? ..... 2  
 between \$60,000 and \$100,000? ..... 3  
 or more than \$100,000? ..... 4  
 REF..... 7  
 DK..... 8

**[READ ALL CHOICES]**

J4. Including yourself, how many persons were supported by this income?

□ □ □

# PERSONS

J5. Are you currently...

[READ ALL CHOICES]

- single, never married? ..... 1
- married, or living with someone  
as married?.....2
- widowed? .....3
- separated or divorced?.....4
- REF.....7
- DK.....8

J6. The last three questions are about stress in your day-to-day life. I will read responses and you choose the best fit for you.

How often do you feel like you have more to do than you can get done? Is it...

[READ ALL CHOICES]

- nearly all of the time?..... 1
- a lot of the time?.....2
- some of the time? .....3
- rarely, or none of the time? .....4

J7. Overall, how stressful is your day-to-day life? Is it...

[READ ALL CHOICES]

- not at all stressful?..... 1
- mildly stressful? .....2
- moderately stressful?.....3
- or very stressful? .....4

J8. How often do you really enjoy yourself? Is it...

[READ ALL CHOICES]

- nearly all of the time?..... 1
- a lot of the time?.....2
- some of the time? .....3
- rarely, or none of the time? .....4

[END DEMOGRAPHICS SECTION]

[NEXT SECTION]

**K. CLOSING AND FUTURE CONTACT**

*Thank you. These are all the questions I have for you, but we would also like to be able to contact you a year or two from now to follow up on your health, and we would like to continue sending you the results of the study. I'd like to confirm your current address: [READ ADDRESS FROM CONTACT RECORD] Is that correct? [IF NOT, PLEASE RECORD CHANGES ON CONTACT RECORD] In case we are unable to reach you, could you give us the name, address, and telephone number of two relatives or friends who will know your address? It can be someone out of state, if you prefer. [RECORD "FUTURE CONTACT INFORMATION" ON NEXT PAGE]*

**YES..... 1**  
**NO..... 2**

*As we mentioned, we will mail you a ([IF AGREED TO MEDICAL RELEASE:] stamped, self-addressed return envelope and (a) Medical Release Form(s) for the (#) procedure(s) that you had for you to sign and return) (and a) 60-minute AT&T long distance phone card. Thank you very much for your patience and cooperation.*

**Uterine Fibroid Study  
Follow-Up 2001**

**FUTURE CONTACT INFORMATION**

**Confidential: To be separated from questionnaire**

**Contact #1:**

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

**Contact #2:**

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

**[END CLOSING AND FUTURE CONTACT SECTION]**

**[NEXT SECTION]**

## L. INTERVIEWER REMARKS

L1. DOES THIS INTERVIEW HAVE PROBLEMS THAT WILL REQUIRE A SUPERVISOR TO REVIEW THE INTERVIEW, OR IS IT COMPLETE? INTERVIEW WITH PROBLEMS .....1  
INTERVIEW COMPLETE.....[L4] .....2

L2. IN WHICH SECTIONS WERE THERE PROBLEMS THAT NEED TO BE REVIEWED BY A SUPERVISOR?

**[CHECK ALL THAT APPLY]**

- A. WORK/INSURANCE/GENERAL HEALTH..... 1
- B. PREGNANCY ..... 1
- C. MEDICAL HISTORY..... 1
- D.FIBROID DIAGNOSIS ..... 1
- E. SONOGRAMS/MRIS..... 1
- F. MAJOR FIBROID TREATMENT
  - HYSTERECTOMY ..... 1
- G. MENSTRUATION ..... 1
- H. SYMPTOMS ..... 1
- I. MEDICATION ..... 1
- J. DEMOGRAPHICS..... 1
- K. CLOSING/FUTURE CONTACT ..... 1
- OTHER..... 1

SPECIFY: \_\_\_\_\_

L3. PLEASE DISCUSS SPECIFIC PROBLEMS THAT YOU ENCOUNTERED IN EACH SECTION SO THAT THE SUPERVISOR CAN USE THESE COMMENTS TO RESOLVE THE PROBLEMS

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L4. RESPONDENT'S COOPERATION WAS:

- VERY GOOD..... 1
- GOOD ..... 2
- FAIR ..... 3
- POOR ..... 4

L5. THE OVERALL QUALITY OF THIS INTERVIEW IS:

- UNSATISFACTORY..... 1
- QUESTIONABLE..... 2
- GENERALLY RELIABLE [L7]..... 3
- HIGH QUALITY ..... [L7]..... 4

L6. THE MAIN REASON FOR UNSATISFACTORY OR QUESTIONABLE QUALITY OF INFORMATION WAS BECAUSE THE RESPONDENT:

|   |    |
|---|----|
| DID NOT KNOW ENOUGH INFORMATION REGARDING THE TOPIC .....       | 01 |
| DID NOT WANT TO BE MORE SPECIFIC .....                          | 02 |
| DID NOT UNDERSTAND OR SPEAK ENGLISH WELL .....                  | 03 |
| WAS DISTRACTED BY OTHER THINGS GOING ON IN THE BACKGROUND ..... | 04 |
| WAS BORED OR UNINTERESTED.....                                  | 05 |
| WAS UPSET OR DEPRESSED.....                                     | 06 |
| HAD POOR HEARING OR SPEECH .....                                | 07 |
| WAS CONFUSED BY FREQUENT INTERRUPTIONS.....                     | 08 |
| WAS EMOTIONALLY UNSTABLE.....                                   | 09 |
| WAS PHYSICALLY ILL .....  | 10 |
| OTHER .....   | 11 |

SPECIFY: \_\_\_\_\_

L7. PLEASE MENTION ANY ADDITIONAL COMMENTS HERE:

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**[FOR SUPERVISORS ONLY:]**

|  |          |   |
|--|----------|---|
| L8. DO YOU WANT TO CHANGE THE FINAL STATUS | YES..... | 1 |
| CODE?                                      | NO ..... | 2 |

|                          |                               |   |
|--------------------------|-------------------------------|---|
| ENTER FINAL STATUS CODE: | FINAL REFUSAL (FR).....       | 1 |
|                          | INTERVIEW COMPLETE (IC) ..... | 2 |
|                          | UNABLE TO REACH (UR).....     | 3 |

**[END INTERVIEWER REMARKS SECTION]**  
**[END OF INTERVIEW]**