

## **UTERINE FIBROID STUDY**

## TELEPHONE QUESTIONNAIRE



**INTRODUCTION:** In this interview, we'll be discussing a number of topics including your pregnancies, menstrual history, family planning, medical history and smoking habits. I want to remind you before we begin that your participation is voluntary and all the information collected will be kept completely confidential.

Before we begin, could you get a calendar to have near the phone to help with some of the questions, and if you keep a record of your menstrual period, could you get that and keep it handy as well?

### **Principal Investigators:**

Donna Baird, PhD Epidemiology Branch National Institute of Environmental Health Sciences P.O. Box 12233 Research Triangle Park, NC 27709

Joel Schectman, MD Department of Health Care Sciences George Washington University Medical Center 2150 Pennsylvania Avenue, N.W. Washington, DC 20037

Data collected by CODA, Inc.

#### TABLE OF CONTENTS

#### **UTERINE FIBROID STUDY**

#### **TELEPHONE QUESTIONNAIRE**

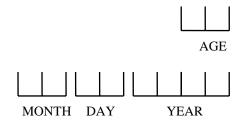
#### **SECTION** PAGE A. **BACKGROUND INFORMATION** 3 5 B. OCCUPATIONAL HISTORY C. MENSTRUATION AND DOUCHING 11 D. CONTRACEPTIVE HISTORY 17 E. HORMONE MEDICATION HISTORY 24 F. PREGNANCY HISTORY 29 G. **RESIDENTIAL HISTORY AND CHILDHOOD** 37 H. PHYSICAL ACTIVITY 41 I. SMOKING HISTORY 45 49 J. HAIR PRODUCTS NONPRESCRIPTION MEDICATIONS AND SLEEP PATTERNS K. 51 MEDICAL HISTORY I L. 53 M. INTERVIEWER REMARKS 67

(THIS PAGE INTENTIONALLY LEFT BLANK)

#### A. BACKGROUND INFORMATION

A1. What is your current age?

A2. What is your date of birth?



(THIS PAGE INTENTIONALLY LEFT BLANK)

#### **B. OCCUPATIONAL HISTORY**

Now I'm going to ask you about your work.

B1. Have you ever worked outside of the home in a job or training program?

B2. Are you currently employed?

B3. How many hours per week do you work?

YES		1
NO	.(SECTION C, PAGE 11)	2

YES		1
NO	(B6)	2

# HOURS I	PER	W	/EEI	K

B4. What is your current job or jobs, if more than one?

(CODE # OF JOBS)

JOBS)	L

B5.	What are your main activities or duties in this job? (and in your	
	second job, if more than one)	

B6.	Now think back to all the types of work you have done and the jobs you have held [including any current work.] What type of work have you done for the longest time? IF DIFFERENT TYPES OF WORK LASTED SAME LENGTH OF TIME, RECORD EARLIEST TYPE OF WORK.	
B7.	What year did you start doing this type of work?	YEAR
B8.	Are you currently doing this type of work?	YES1 NO2
B9.	What were your main activities or duties in this type of work?	
B10.	What year did you stop doing this type of work?	YEAR
B11.	How many hours per week have you usually worked when doing this type of work?	# HOURS PER WEEK
B12.	What was the company or agency you worked for the longest when you were doing this type of work?	
B13.	How long did you do this type of work with (company or agency from B12)?	U #YEARS

- B14. What type of industry or organization is (company or agency from B12)?
- B15. In the place where you usually worked at (company from B12), what did your part of the company or organization do in particular?

B16. During all the times when you were (doing) (ANSWER FROM B6), did you ever work rotating shifts?

\_\_\_\_\_

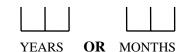
- B17. How many years did you work rotating shifts with this type of work? If less than a year, how many months?
- B18. Did you work evening or night shifts when you were (doing) (ANSWER FROM B6)?
- B19. How many years or months did you work evening or night shifts with this type of work?

Check here \_\_\_\_\_ if sporadic

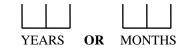
and specify: \_\_\_\_\_

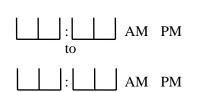
B20. What were the hours for the evening or night shift you worked most frequently?

YES		1
NO	(B18)	2
DON'T KNOW	(B18)	8



YES		
NO	(B21)2	2
DON'T KNOW	(B21)	





#### B21. While (doing) (ANSWER FROM B6), were you around any of the following as often as once a month? (READ CATEGORIES)

		YES	NO	DK
a.	solvents or degreasers	1	2	8
b.	such dusty conditions that a noticeable dust layer would form			
	on a clean surface in a matter of hours	1	2	8
с.	ionizing radiation such as X-rays	1	2	8
	chemo-therapeutic agents		2	8
e.	sterilizing agents	1	2	8

#### B22. While (doing) (ANSWER TO B6), did you.....? (READ CATEGORIES)

		YES	NO	DK
a.	breathe chemical vapors or fumes as often as once a month	1	2	8
b.	get chemicals on your skin or clothing as often as once a month	1	2	8
c.	wear a protective mask or other protective garments			
	as often as once a month	1	2	8

- B24. What were the brand names or chemical names for these chemicals?

CODE # OF CHEMICALS



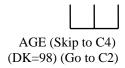
B25.	Please describe what these chemicals were used for.	
		CODE # OF USES
B26.	How frequently were you around these chemicals, daily, weekly or monthly?	DAILY
		REFUSED7 DON'T KNOW8
B27.	During a typical day when you were (doing) (ANSWER FROM B6), did you <u>mostly</u> : (READ CATEGORIES 1-4)	Sit
		SPECIFY: (E.G. SIT/STAND EQUALLY)

(THIS PAGE INTENTIONALLY LEFT BLANK)

#### C. MENSTRUATION AND DOUCHING

The next questions are about menstrual periods and douching.

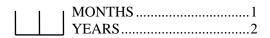
- C1. How old were you when your menstrual periods began?
  - C2. IF DON'T KNOW C1: What was your grade in school when your menstrual periods began?
  - C3. IF DON'T KNOW C2: Did your periods start about the same age as other girls your age or did yours start earlier or later?
- C4. Some girls have very irregular menstrual periods when they start having periods. They may go for months before another period comes. Were your periods very irregular at first?
- C5. How many months or years after your first period was it before you started having periods about once a month on average? Or have your periods always been more infrequent?
- C6. Do you currently keep a record of your menstrual periods on a calendar or diary or anywhere?
- C6a. (IF YES OR SOMETIMES): Could you get any records so you can use them for the next few questions?



GRADE IN SCHOOL (Skip to C4) (DK=98) (Go to C3)

SAME TIME	1
EARLIER	2
LATER	3

YES		1
NO	(C6)	2
REFUSED	(C6)	7
DON'T KNOW		



ALWAYS INFREQUENT.....3

YES		1
NO	(C7)	2
SOMETIMES		
YES		1
NO		2

C7.	What was the beginning date of your last menstrual period? Please check your calendar. Take your time and be as accurate as possible. IF CURRENTLY HAVING A PERIOD, ALSO RECORD BEGINNING DATE OF CURRENT PERIOD:			DAY DAY		YEA YEA YEA	
	<ul><li>C7a. IF TWO MONTHS OR MORE SINCE MOST RECENT PLASK C8.</li><li>C7b. IF LESS THAN TWO MONTHS SINCE MOST RECENT SKIP TO C10.</li></ul>						
C8.	Are there reasons that you know of why you have not had a menstrual period since [MONTH and YEAR from C7 (if different from this year)]?						
С9.	IF MONTH AND YEAR FROM C7 ARE MORE THAN A YEAR GO TO C13.	R AGO, C	CHECK	K HER	Е	_ ANI	D
		R AGO, C	CHECK	C HER	Е	L	D
C10.	GO TO C13. Thinking of your last period, how many days of	R AGO, C				L	
C10. C11.	GO TO C13. Thinking of your last period, how many days of bleeding did you have (don't count spotting)? On the days of heaviest bleeding, how many pads and tampons would you need during 24 hours?		#PA	DS+T	'AMP(	#I DNS/I	

13

- C12a. During your last menstrual cycle, were you on birth control pills or other medication that regulates your menstrual cycles?
- C13. Think back to the year before your most recent menstrual period. How often did you have menstrual periods during that time? That is, how many days were there between the start of one period to the start of the next period? [IF NO PERIODS IN YEAR BEFORE THE LAST PERIOD, CODE 000 DAYS AND SKIP TO C21.]

#### IF LESS THAN 20 DAYS PROBE:

Was that the number of days between the start of one bleeding period to the start of the next bleeding period?

#### IF VERY IRREGULAR:

- C14. How many periods did you have in the year before your most recent period? [IF LESS THAN 6 PERIODS A YEAR, SKIP TO C17.]
- C15. Again thinking of the year before your most recent menstrual period, what was the longest menstrual cycle you had during that year? Count from the first day of one period to the first day of the next.
- C16. What was the shortest menstrual cycle you had during that year?
- C17. Again thinking of the year before your most recent period, 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?
- C18. How often did this happen? (READ CATEGORIES 1-3)

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

(IF OTHER THAN 000, SKIP TO C15)

Too irregular .... (C14) ...... 995

#PERIODS





YES		1
NO	(C19)	2
REFUSED	(C19)	7
DON'T KNOW		

Every period	1
Most periods	
Occasional periods	3
JUST ONCE	4

C19.	Thinking of the year before your most recent period,	YES1
	did you ever have any days of spotting in between	NO2
	periods, not counting days just before or after days	REFUSED7
	of normal bleeding?	DON'T KNOW (C20a)
C20.	How often did this happen? (READ CATEGORIES)	Every cycle1 Most cycles2 Occasional cycles3

- C20a. During the year before your last period, were you on birth control pills or other medication that regulates your menstrual cycle... (READ CATEGORIES)
- C21. Other than as a teenager or during pregnancy or breastfeeding, has there been a time before your most recent menstrual period when you did not have a menstrual period for 3 months or more?

YES		1
NO	(C25)	2
REFUSED	(C25)	7
DON'T KNOW	(C25)	8

None of the time?.....1

Some of the time? ......2

# Sub

C22.	C23.		C24.	
How old were you the (first/second)	Do you know of a reason for your not	Did you se	ee a doctor?	
time you did not have a period for 3	having a period for 3 months or more?			
months or more?				
[IF SEVERAL TIMES DURING A SPAN				
OF YEARS, CODE AGE RANGE.]		YES	NO	DK
		1	2	8
		-	-	Ũ
AGE AGE				
Notes:				
		1	2	8
		1	-	0
AGE AGE				
Notes:				

		(ASK ONLY IF C25 IS 4, TOO VARIABLE
		TO ESTIMATE):
	C25.	C26.
When you were in	n your (20s/30s/40s), how long were your	About how many periods per year did
menstrual cycles	(counting from the first day of your period to the	you have during the year when you had
	lude only times when you were not pregnant, not	the most irregular periods?
<b>.</b>	not taking birth control pills or not on medication	
	th your periods. Were they usually	
(READ CATEGO		
	,	<b>#PERIODS PER YEAR</b>
a. 20s 26	days or less1	
	32 days(b) 2	
	re than 32 days(b) 3	
	variable to estimate(C26) 4	
	- no naturally occurring periods(b) 5	
	days or less	
27-	32 days (c) 2	
	re than 32 days (c) 3	
too	variable to estimate(C26) 4	
NA	- no naturally occurring periods(c) 5	
(IF YOUNGER TH	IAN AGE 40 CHECK HERE AND GO TO	
(c27)		
	down on loss (C27) 1	
	days or less	
	32 days	
	re than 32 days (C27) 3	
	variable to estimate (C26) 4	
NA	- no naturally occurring periods(C27) 5	

The next questions are about vaginal douching.

C27. Have you ever douched more than 10 times in your life?

YES		1
NO	(C34)	2
REFUSED	· /	
DON'T KNOW	(C34)	8

AGE

C28. How old were you when you first douched?

C29. Do you still douche?

YES(C31)	1
NO	2
REFUSED(C31)	7

C30. How old were you when you stopped douching?



C31. During the time in your life when you were douching most, how many times per month or per year did you douche?	#TIMES PER MONTH	OR	#TIMES PER YEAR
C32. During how many years did you douche about that frequently? (LESS THAN 1 YEAR="00")			#YEARS

C33. During that time, what were your reasons for douching? Please indicate all that apply. Did you douche for....

	YES	NO	RF	DK
a. Hygiene after your period?	1	2	7	8
b. To reduce vaginal odor other than after your period?	1	2	7	8
c. Hygiene after sexual intercourse?	1	2	7	8
d. To try to prevent pregnancy?	1	2	7	8
e. To treat a medical problem?	1	2	7	8
f. Other reasons?	1	2	7	8
Please specify:				

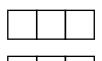
C34. Has a health person <u>ever</u> recommended that you douche?

YES		1
NO	(SECTION D)	2
REFUSED	(SECTION D)	7
DON'T KNOW.	(SECTION D)	8

C35. At what age did a health person first recommend that you douche?



C36. For what reason(s) did health workers recommend that you douche? (DK=998)



#### D. CONTRACEPTIVE HISTORY

Now I'd like to ask about your sexual history, and methods of birth control.

- D1. If you have ever had sexual intercourse, at what age did you first have it?
- D2. IF NEVER, CHECK HERE AND SKIP TO D4.
- D3. How many different male sexual partners had you been with by the time you were 30 years old ? (READ CATEGORIES 1-4)

More than 5	1
2-5	2
1	3
None	
REFUSED	7
DON'T KNOW	

The next questions are about birth control pills.

D4. Has a doctor or other medical person ever told you that you should not use birth control pills?

YES		1
NO	(D7)	2
REFUSED		
DON'T KNOW		

D5. What were the reasons he or she told you that you shouldn't use birth control pills?

- D6. About what age were you when a doctor or other medical person told you that you shouldn't use birth control pills?
- D7. Have you ever used birth control pills? This also includes "progesterone only" pills ("POP").

AGE

NEVER \_\_\_\_\_



YES		1
NO	(D15)	2
REFUSED	(D15)	7
DON'T KNOW	(D15)	8

/40s). wer (STAF RANC SHE S	At whi re you u RT WIT GE FOR STARTI	ch ages ising the TH THE WHEN ED IN I	ÀGE N SHE S D8). CII	_ to AID	D10. How many total years or months were you using the pill during these ages? (if less than a year, code months)	D1 Were you using the pill to treat some medical problem	prevent pregnanc	ey or to
			USE.	OR A	YEARS OR MONTHS		YES	NO
a.00						Prevent pregnancy	1	2
10	11	12	13	14	YRS OR MOS	Medical problem SPECIFY:	1	2
15	16	17	18	19				
b.	00					Prevent pregnancy	1	2
20	21	22	23	24	YRS MOS	Medical problem SPECIFY:	1	2
25	26	27	28	29				
c.	00					Prevent pregnancy	1	2
30	31	32	33	34	VRS OR MOS	Medical problem SPECIFY:	1	2
35	36	37	38	39				
	ESS TH					Prevent pregnancy	1	2
	K HER TO D14 00		AND		YRS OR MOS	Medical problem SPECIFY:	1	2
40	41	42	43	44				
45	46	47	48	49				

D12.	D13.				
How many different brands did you use during your (teens/20s/30s/40s)?	Were any of	these brand	s a "progeste	erone only" pill?	
your (reens/20s/30s/40s)?					
# BRANDS		YES	NO	DK	
# DRANDS		115	NO	DK	
a.		1	2	8	
b.		1	2	8	
с.		1	2	8	
		1	2	0	
d.		1	2	8	

D14. Women stop using birth control pills for many different reasons. Did you ever stop using the pill because (you/your...)

		YES	NO	RF	DK
a.	didn't feel good on the pill or had other side effects?	1	2	7	8
b.	found out you were pregnant?	1	2	7	8
	wanted to get pregnant?		2	7	8
	stopped needing the pill for medical reasons?		2	7	8
e.	stopped being sexually active?	1	2	7	8
f.	OTHER		2	7	8
	SPECIFY:				

D15. Have you ever had Norplant, small rods with hormone	YES		1
inserted under your skin?	NO	(D16)	2
•	REFUSED	(D16)	7
	DON'T KNOW	(D16)	8

[IF YES:] D15a. How old were you when you first had Norplant? AGE D15b. How old were you when you had the last Norplant removed? AGE IF STILL USING, CHECK HERE\_\_\_\_. D15c. How many years or months in total did you have Norplant? OR YEARS MONTHS YES.....1 D16. Have you ever had injectables like Depo-Provera? NO......2 REFUSED......7 [IF YES:] D16a. How old were you when you first had injectables like Depo-Provera? AGE

AGE

MONTHS

D16b. How old were you when you stopped using injectables like Depo-Provera?

IF STILL USING, CHECK HERE\_\_\_\_.

D16c. How many years or months in total did you have injectables like Depo-Provera?

YEARS

OR

The next questions are about IUDs.

D17. Did a doctor or other medical person ever tell you that you should not have an IUD (Intra Uterine Device)?

YES		.1
NO	. (D19)	.2
	. (D19)	
	. (D19)	

D18. Why did he or she tell you that you shouldn't have an IUD?



D19. Have you ever had an IUD?

YES	1
NO	(SECTION E)2
REFUSED	(SECTION E)7
DON'T KNOW	(SECTION E)8

D20. How many times have you had an IUD inserted?

#TIN	<b>AES</b>

		· · · · · · · · · · · · · · · · · · ·
D21. How old were you when you had your (first/second/third) IUD inserted?	D22. What type of IUD did you have? TYPE	D23. How long did you keep it in? # OF
a. First IUD AGE:		DAYS 1 MONTHS 2 YEARS
b. Second IUD AGE:		DAYS 1 MONTHS 2 YEARS
c. Third IUD		DAYS 1 MONTHS 2 YEARS

			#	Sub
D24.				
What happened to it? Did you have it removed because? (READ CHOICES)				
Y	Ν	RF	DK	
CHECK HERE IF STILL PRESENT.				
a 1. you found out you were pregnant 1	2	7	8	
2. you wanted to get pregnant	2	7	8	
3. you didn't like side effects 1	2	7	8	
SPECIFY SIDE EFFECTS:				
4. of a scheduled replacement 1	2	7	8	
5. a doctor or some other medical person told you to have it out 1	2	7	8	
6. of other reasons	2	7	8	
SPECIFY OTHER REASONS:				
CHECK HERE IF STILL PRESENT.				
b 1. you found out you were pregnant 1	2	7	8	
2. you wanted to get pregnant 1	2	7	8	
3. you didn't like side effects 1	2	7	8	
SPECIFY SIDE EFFECTS:				
4. of a scheduled replacement 1	2	7	8	
5. a doctor or some other medical person told you to have it out 1	2	7	8	
6. of other reasons 1	2	7	8	
SPECIFY OTHER REASONS:				
CHECK HERE IF STILL PRESENT.	•	_	0	
c 1. you found out you were pregnant1	2	7	-	
2. you wanted to get pregnant	2	7	8	
3. you didn't like side effects 1	2	7	8	
SPECIFY SIDE EFFECTS:				
4. of a scheduled replacement 1	2	7	8	
5. a doctor or some other medical person told you to have it out 1	2	7	8	
6. of other reasons	2	7	8	
SPECIFY OTHER REASONS:				

#### E. HORMONE MEDICATION HISTORY

			70		52
female hormones other than for birth control. Please tell me if you ever took female hormones for any of		E2. Was the medication in the form of pills or skin patch shots, creams or suppositories?		E3. At what age did you first start taking (this/these) hormone(s)?	
Did you ever take female hormones (I	REASON)?				
REASONS:	YES N	NO	YES	NO	AGE
a. To prevent a miscarriage	1 2	2	Pill 1 Patch 1 Shot 1 Cream/Suppos 1	2 2 2 2	
b. For difficulty in nursing or to dry up breast milk	1 2	2	Pill	2 2 2 2	
c. As a morning after pill (to prevent a pregnancy after having unprotected sexual intercourse)	1 2	2	Pill	2 2 2 2	

	1	
E4.	E5.	Еб.
How many separate	All total, how many days,	What (is/are) the name(s) of the female hormone(s) you
times did you take	weeks months or years did	took for this reason?
	weeks, months or years did	took for this reason?
hormones for this	you take hormone(s) for this	
reason?	reason?	
#TIMES	# OF	
		<u>L</u> _
		<u></u> _
		<u></u> _
		<u>L</u> _
		│

E1.			E2.		E3.
Did you ever take female hormones (REASON)?		Was the medication in th form of pills or skin patch shots, creams or suppositories?		At what age did you first start taking (this/these) hormone(s)?	
	YES	NO	YES	NO	AGE
d. For heavy or irregular or too frequent menstrual periods	1	2	Pill 1 Patch	2 2 2 2	
e. For symptoms associated with PMS (Premenstrual syndrome)	1	2	Pill1 Patch1 Shot1 Cream/Suppos1	2 2 2 2	
f. To prevent or alleviate menopausal symptoms such as hot flashes, discomfort from a dry vagina, or bone loss	1	2	Pill 1 Patch	2 2 2 2	
<ul> <li>g. For any other reasons, other than infertility. We'll be asking about infertility later.</li> <li>SPECIFY:</li> <li>1</li> </ul>	1	2	Pill	2 2 2 2	
2	_		Pill 1 Patch 1 Shot 1 Cream/Suppos 1	2 2 2 2	

## IF NO, SKIP TO SECTION F

E4. How many separate times did you take hormones for this reason? #TIMES	E5. All total, how many days, weeks, months or years did you take hormone(s) for this reason? # OF	E6. What (is/are) the name(s) of the female hormone(s) you took for this reason?
	DAYS 1 WEEKS 2 MONTHS 3 YEARS 4	
	DAYS 1	
	WEEKS 2 MONTHS 3 YEARS 4	
	DAYS	
	DAYS	
	I LAKS 4	
	DAYS	
	I EAKS 4	

(THIS PAGE INTENTIONALLY LEFT BLANK)

#### NOTE: IF SUBJECT NEVER HAD SEX, SKIP TO SECTION G, PAGE 37.

The next section of the interview concerns your pregnancy history.

F1.	Have you ever visited a doctor, clinic, or hospital	YES		1
	because of difficulty becoming pregnant?	NO	(F10)	2
			(F10)	
		DON'T KNOW	V(F10)	8

F2. At what age did you first see a health person because of difficulty becoming pregnant?



**...** 

F3. What tests have been done to find out why you and your partner were having difficulty? Were any of the following done?

	YES	NO	DK
a.	semen analysis1	2	8
b.	temperature chart1	2	8
c.	hysterosalpingogram to see if tubes are open1	2	8
d.	post-coital test1	2	8
e.	hormone measurements in the blood1	2	8
f.	endometrial biopsy1	2	8
g.	other1	2	8
	SPECIFY:		

F4. Was (the/any) doctor able to tell you why you and your partner were having difficulty?

YES		1
NO	(F6)	2
REFUSED	(F6)	7
DON'T KNOW		

....

F5. What was the nature of the problem? (RECORD VERBATIM)

F6. Did you ever take any medication or hormone, including shots, to help in getting pregnant? This might have been Clomid, Pergonal, hCG, Bromocriptine, or other drugs.

YES		1
NO	(F10)	2
REFUSED	(F10)	7
DON'T KNOW	(F10)	8

		# Sub
F7.	F8.	F9.
What is the name of the (first/next) drug you took?	In what month and year did you start taking (DRUG)?	In total, for how many days, weeks, months, or years did you take (DRUG), or, if you took this drug for specific days of your menstrual cycle, please tell me how many cycles you took (DRUG) for. #OF
A. 1st	MONTH VEAR	DAYS 1 WEEKS
B. 2nd	MONTH VEAR	DAYS 1 WEEKS
C. 3rd	MONTH YEAR	DAYS

#### [PREGNANCY HISTORY CONTINUED]

F10. Have you ever been pregnant? This includes miscarriages, abortions, tubal pregnancies, molar pregnancies, stillbirths, and live births.

YES		1
NO	(F38)	2
REFUSED	(F38)	7
DON'T KNOW.	(F38)	8

F11. Have you given birth to any children? This would include any babies you gave birth to who were raised by someone else or who died soon after birth or later in their lives.

YES		1
NO	(F13)	2
REFUSED	(F13)	7
DON'T KNOW	'(F13)	

Have you ever had any (other) pregnancies that ended in:

F13. A miscarriage or blighted ovum?	YES1 NO				
F14. How many?	#MISCARRIAGES RF=97/DK=98				
F15. An abortion?	YES1 NO(F17)2 REFUSED(F17)7 DON'T KNOW(F17)8				
F16. How many?	#ABORTIONS RF=97/DK=98				
F17. A stillbirth?	YES1 NO(F19)2 REFUSED(F19)7 DON'T KNOW(F19)8				
F18. How many?	#STILLBIRTHS RF=97/DK=98				
F19. A tubal or ectopic pregnancy?	YES				
F20. How many?	#TUBAL OR ECTOPIC PREGS. RF=97/DK=98				
F21. A molar pregnancy?	YES				
F22. How many?	#MOLAR PREGNANCIES RF=97/DK=98				
IF <u>ALL</u> OUTCOMES REFUSED OR <u>ALL</u> DON'T KNOW, SKIP TO F38.					
F23. I have recorded a total of Were there any other pregnancies? (IF SO, ASK HOW THEY ENDED AND AMEND APPROPRIATE CATEGORIES ABOVE). NOTE: FOR ANY PREGNANCIES WITH YEAR UNKNOWN, TRY TO PLACE IN ORDER.					
Now I would like to find out more about (each of) your (pregnancy/pregnancies.) (Let's start with your first pregnancy.)					

#### FOR ALL PREGNANCIES:

FO	R ALL PREGNANCIES:		
Preg- nancy #	F24. How did your (#) pregnancy end? (READ CATEGORIES) [FOR MULTIPLE BIRTHS, SPECIFY OUTCOME AND RECORD F25-F33 FOR OUTCOME THAT LIVED LONGEST.]	F25. In what month and year did your (#) pregnancy end?	F26. ASK ONLY FOR OUTCOMES 03-06 FROM F24. FOR 01, 02 & 07 SKIP TO F27. How many weeks did this pregnancy last, counting from the last normal menstrual period before this pregnancy?
01	Live birth	MONTH	WEEKS GO TO NEXT PREGNANCY OR F34
02	Live birth	MONTH	#WEEKS GO TO NEXT PREGNANCY OR F34
03	Live birth	MONTH	WEEKS GO TO NEXT PREGNANCY OR F34
04	Live birth	MONTH YEAR	#WEEKS GO TO NEXT PREGNANCY OR F34
05	Live birth	MONTH	#WEEKS GO TO NEXT PREGNANCY OR F34

# FOR LIVE BIRTHS AND STILLBIRTHS ONLY. OTHER OUTCOMES GO TO NEXT PREGNANCY. IF NO OTHER PREGNANCY, GO TO F34.

F27.	F28.	F NO OTHER PREGNANCY, GO TO F34. F29.			
Was this baby born early, late or on time?	How many weeks (early/late)?	Did you have any special medical problems during the pregnancy	inclu	ding:	
	(earry/late)?	Y	Ν	RF	DK
Early1 Late	#WEEKS	a. Toxemia, preeclampsia or eclampsia       1         b. Anemia	2 2 2 2 2 2 2 2 2 2 2	7 7 7 7 7 7 7 7	8 8 8 8 8 8 8
Early1 Late2 On time (F29)3	#WEEKS	a. Toxemia, preeclampsia or eclampsia       1         b. Anemia	2 2 2 2 2 2 2 2 2 2 2 2	7 7 7 7 7 7 7 7	8 8 8 8 8 8 8
Early1 Late	#WEEKS	a. Toxemia, preeclampsia or eclampsia       1         b. Anemia       1         c. Pregnancy induced high blood pressure or gestational hypertension       1         d. Gestational diabetes (diabetes beginning during pregnancy)       1         e. Bleeding during pregnancy       1         f. Prescribed bed rest (>10 days)       1         g. C-Section rather than vaginal delivery       1         h. Other       1	2 2 2 2 2 2 2 2 2 2 2	7 7 7 7 7 7 7 7	8 8 8 8 8 8 8 8
Early1 Late2 On time (F29)3	#WEEKS	SPECIFY:	2 2 2 2 2 2 2 2 2 2 2	7 7 7 7 7 7 7 7 7	8 8 8 8 8 8 8 8
Early1 Late	#WEEKS	a. Toxemia, preeclampsia or eclampsia       1         b. Anemia       1         c. Pregnancy induced high blood pressure or gestational hypertension       1         d. Gestational diabetes (diabetes beginning during pregnancy)       1         e. Bleeding during pregnancy       1         f. Prescribed bed rest (>10 days)       1         g. C-Section rather than vaginal delivery       1         h. Other       1         SPECIFY:	2 2 2 2 2 2 2 2 2 2 2	7 7 7 7 7 7 7 7	8 8 8 8 8 8 8 8

FOR LIVE BIRTHS ONLY. OTHER OUTCOMES GO TO NEXT PREGNANCY. IF NO OTHER PREGNANCY, GO TO F34. # Sub					
F30. Was this baby a boy or a girl?	F31. How much did (s/he) weigh at birth?	F32. Did you breastfeed this baby?	F33. How many months did you breastfeed this baby? By breastfeeding, we mean nursing at least twice in a 24-hour period.		
Boy1 Girl2 Twins or more3 (RECORD F31-F33 FOR FIRST OF MULTIPLE SET)	LBS OZS	Yes1 No2 (IF NO, GO TO NEXT PREGNANCY OR F34)	#MONTHS (LESS THAN 1 MONTH="00") (NEXT PREGNANCY OR F34)		
Boy1Girl	LBS OZS	Yes1 No2 (IF NO, GO TO NEXT PREGNANCY OR F34)	#MONTHS (LESS THAN 1 MONTH="00") (NEXT PREGNANCY OR F34)		
Boy1 Girl2 Twins or more3 (RECORD F31-F33 FOR FIRST OF MULTIPLE SET)	LBS OZS	Yes1 No2 (IF NO, GO TO NEXT PREGNANCY OR F34)	#MONTHS (LESS THAN 1 MONTH="00") (NEXT PREGNANCY OR F34)		
Boy1 Girl2 Twins or more3 (RECORD F31-F33 FOR FIRST OF MULTIPLE SET)	LBS OZS	Yes1 No2 (IF NO, GO TO NEXT PREGNANCY OR F34)	#MONTHS (LESS THAN 1 MONTH="00") (NEXT PREGNANCY OR F34)		
Boy1Girl	LBS OZS	Yes1 No2 (IF NO, GO TO NEXT PREGNANCY OR F34)	#MONTHS (LESS THAN 1 MONTH="00") (NEXT PREGNANCY OR F34)		

**# OF CONTINUATION PAGES:** 

(FOLD OUT FOR THREE PAGE TABLE)

- F34. Some women try for months or years to get pregnant. Others may get pregnant even when using birth control. For any of your pregnancies did it take you a year or more to become pregnant? That is, a year or more when you were having regular intercourse and not doing anything to prevent pregnancy.
- F35. For which pregnancy or pregnancies did this happen? IF PREGNANT ONLY ONCE, CHECK HERE AND SKIP TO F36.
  - a. PREGNANCY ENDING

b. PREGNANCY ENDING

c. PREGNANCY ENDING

YES.....1 REFUSED......7 DON'T KNOW .... (SECTION G) ..... 8

MONTH

MONTH

MONTH

YES ......1

NO......(F36) ......2

REFUSED......7

F37. How old were you at the beginning of this time period?

F36. Did you try for a year or more to become pregnant

again since your last pregnancy?

pregnant?

### F38. (FOR THOSE NEVER PREGNANT): Have you at any time tried for a year or more to become

- F39. At what age did you start trying to become pregnant?
- If more than one please tell me the first time you started trying to become pregnant.
- F40. Even if you weren't trying to become pregnant, has there been a year or more when you were having regular sexual intercourse and not doing anything to prevent pregnancy? (Don't count times when you weren't having periods because of medical treatments or other reasons.)
- F41. How old were you at the beginning of this time period?

### AGE GO TO SECTION G

YES		1
NO	(F40)	2
	(SECTION G)	
DON'T KNOW.	(SECTION G)	8

YES.....1 NO.....2 REFUSED.....7 DON'T KNOW ...... (SECTION G)......8



YEAR

YEAR

YEAR

AGE

#### G. RESIDENTIAL HISTORY AND CHILDHOOD

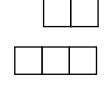
Now I'll ask about places you have lived and how things were when you were growing up.

G1. In what state or country were you born?

STATE

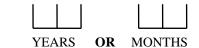
COUNTRY (IF NOT U.S.A.)

- G2. (IF FOREIGN BORN): At what age did you come to the US? (IF LESS THAN ONE YEAR, CODE "00")
- G3. As a child (younger than age 18), did you live on a farm or visit a farm for more than 1 month?





YES		1
NO	(G5)	2
REFUSED	(G5)	7
DON'T KNOW	(G5)	8



- G4. Adding all the months and years together, about how many years did you stay on a farm as a child? (If less than a year, how many months?)
- G5. As an adult (age 18 and older), did you ever live on a farm?

G6. About how many years or months in total did you

G7. Have you ever lived in a house, apartment, or

live on a farm as an adult?



YES		1
NO	(G10)	2
REFUSED	(G10)	7
DON'T KNOW.	(G10)	8

G8. How old were you the first time you moved into such a new place?

trailer home that was less than three years old?



G9.	Were you the first to live there after construction
	was completed?

YES	
NO REFUSED	
DON'T KNOW	

G10.	How long have you lived at your current
	address?

YEARS	OR	MONTHS

		# Sub	
G11. Please tell me the people other than yourself who live in your home (not their names, but their relationship to you, like child, mother, friend, spouse). If it is someone who lives with you only part of the time, like a child in college, please include them, but tell me how much of the time he or she lives with you. [IF LIVES ALONE, RECORD "NONE"] RELATIONSHIP	G12. (IF CHILD): How old is this child? AGE IF CHILD	G13 (IF CHILD 17 OR OLD Does (he/sh with you ful (>80% of th YES	IS AGE DER): e) live ll-time?
a		1	2
b		1	2
c		1	2
d		1	2
e		1	2
f		1	2
g		1	2
h		1	2
i		1	2

G14. Think back to the place you lived when you were 10 years old or around the time you were in the 5th grade. How many rooms did this apartment or house have (not counting the bathroom)?



G15. How many people lived in your household at that time?



- G16. How would you categorize the income level of your family during the majority of your time growing up? Would you say..... (READ CATEGORIES)
- G17. As a child, were there times when your family just didn't have enough to eat?

The next questions are about your early development.

- G18. How old was your mother when she gave birth to you? (DK=98)
  - G19. IF DON'T KNOW G18, ASK: What is your mother's year of birth?
- G20. How much did you weigh when you were born? (DK = 9898)
  - G21. IF DON'T KNOW ACTUAL WEIGHT ASK: Were you a big baby, medium size baby, or a small baby at birth?
- G22. Were you hospitalized for longer than normal after you were born or were you hospitalized at any later time during your first year of life?
- G23. Was this time in the hospital related to being premature, or born too early?

Well off	1
Middle income	2
Low income	3
Quite poor	4
REFUSED	7
DON'T KNOW	8

YES	1
NO	2
REFUSED	7
DON'T KNOW	8



YR	OF	BIR	TH



BIG	1
MEDIUM	2
SMALL	3

YES		1
NO		
REFUSED	(G24)	7
DON'T KNOW		

YES	1
NO	2
DON'T KNOW	8

G24. Did your mother take DES (diethylstilbestrol)	YES	1
during her pregnancy with you? This was a drug	NO	2
that was given to women to help prevent miscarriage.	REFUSED	7
	DON'T KNOW	8
G25. Did your mother breastfeed you when you	YES	1
were a baby?	PROBABLY YES	2
-		-

G26. As a grade-school age child, did you tend to have normal weight for your height or did you tend to be either thin or heavy?

YES	1
PROBABLY YES	2
NO	3
PROBABLY NO	4
REFUSED	7
DON'T KNOW	8

NORMAL WEIGHT	1
THIN	2
HEAVY	3
REFUSED	7
DON'T KNOW	8

- G27. Approximately what was your weight at age 20?
- G28. Approximately what was your weight at age 30?
- G29. What is your current weight?
- G30. What is your current height?
- G31. What was the most you ever weighed since the age of 20, not counting times when you were pregnant or the 6 months after pregnancy?
- G32. What was the least you ever weighed since the age of 20, not counting weight loss due to illness?
- G33. Over your lifetime, how many times have you lost 20 pounds or more and gained at least 20 pounds back? Don't count normal weight change related to pregnancy.















#### H. PHYSICAL ACTIVITY

The next section is about physical activity.

- H1. Were you on an athletic team including cheerleading (such as basketball, soccer, softball, gymnastics) during your school years, like high school, vocational school, or college?
- H2. Have you been on a sports team since leaving school?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

YES		1
NO		
REFUSED	. ,	
DON'T KNOW	· · ·	

#SEASONS

H3. How many seasons in all since leaving school have you been a member of some sort of sports team?

Now I'm going to ask you about all your recreational exercise. Include any team sports in this. First I'll ask about vigorous activities, then I'll ask about moderately-paced activities. Do not include walking, we will ask you about that later.

H4. Currently do you engage in vigorous recreational activities? This includes exercise such as lap swimming, running, jogging, playing tennis, soccer, or basketball, bicycling long-distance, hiking or climbing, aerobics or weight lifting.

YES		1
NO		
REFUSED	· · ·	
DON'T KNOW		

H5. How many minutes per day, week, or month do you engage in vigorous recreational activity?

		DAY1
	PER	WEEK2
<b>#MINUTES</b>		MONTH3

Activity

Time

Calculation

H6. Currently do you engage in any moderately-paced recreational activities? This includes exercise such as bicycling short distances, dancing, calisthenics, golfing, yard work, and gardening. Do not include walking, which we ask about separately.

YES		1
NO	(H8)	2
REFUSED	(H8)	7
DON'T KNOW	(H8)	8

H7.	How many minutes per day, week, or month do you
	engage in moderate recreational activity?



Activity	Time	Calculation

Now I'd like to ask about vigorous and moderately-paced activities at earlier times in your life.

H8.	Think back to when you were engage in <u>vigorous or moderat</u> activities at that time? Do not we ask about separately.	ely-paced recreational	YES(H NO(H REFUSED(H DON'T KNOW(H	11)2 11)7
H9.	What recreational activities we	ere you doing then?		
H10.	How many minutes per day, wengage in vigorous or moderate activities at that time?		#MINUTES PER	DAY1 WEEK2 MONTH3
A	etivity	Time	Calculation	

H11. Think back to when you were around age 30. Did you engage in vigorous or moderately-paced recreational activities at that time? Do not include walking.

YES		1
NO	(H14)	2
REFUSED	(H14)	7
DON'T KNOW	(H14)	

H12. What recreational activities were you doing then?

		-	
H13.	How many minutes per day, week, or month did ye engage in vigorous or moderately-paced recreation activities at that time?		DAY1 WEEK2 MONTH3

Activity	Time	Calculation

Now I'd like to ask you about time that you spend walking to work, during lunch or shopping, as well as recreational walking. Do not include walking for job related tasks.

H14.		(NONE = 0000)			
About how spend walk	many minutes per day, week, or month (do/did) you ing	#MINUTES	DAY	WK	МО
a.	at the present time?		1	2	3
b.	when you were around age 30?		1	2	3
с.	when you were a teenager?		1	2	3

Walking	Time	Calculation
a. now		
b. age 30		
c. teen		

H15. About how many **non-work** hours each week do you spend doing any of the following activities: Vacuuming, mopping, dusting, scrubbing, other cleaning, mowing the lawn, raking? These activities are very diverse, and you probably spend different amounts of time on each depending on the season, but please do your best to give an <u>overall</u> estimate of hours per week.

HOURS PER	WEEK:
-----------	-------

H16. On average, weather permitting, how many hours each day do you spend out of doors?



H17. How does your skin respond to time in the sun? Does it.....

burn easily?	1
tan or darken?	2
not change much?	3
REFUSED	7
DON'T KNOW	8

H18. Does your skin freckle from sun exposure?

YES	1
NO	2
REFUSED	
DON'T KNOW	8

### I. SMOKING HISTORY

The next questions are about tobacco smoke.

I-1. Have you ever smoked cigarettes on a regular basis? That is, have you ever smoked an average of at least one cigarette a day for six months or more?

YES		1
NO	(I-11)	2
REFUSED		
DON'T KNOW		

I-2. At what age did you first start smoking cigarettes on a regular basis?



AGE

I-2a.			I-2b.	I-2c.
Did you smoke cigarettes regularly			How many years of your	How many cigarettes per day did
during your (teens/20s/.	•	•		
			(teens/20s/30s/40s) did you smoke,	you smoke during your
(START WITH APPRO		IE	not counting any times when you	(teens/20s/30s/40s)?
DECADE BASED ON	I-2.)		quit for six months or longer?	
			(CODE 00 IF LESS THAN A	
			YEAR.)	
	Y	Ν	#YEARS	#CIGS PER DAY
a. teens	1	2		
b. 20s	1	2		
c. 30s	1	2		
(IF LESS THAN AGE	40, CH	IECK		
HERE AND SKIE	-			
d. 40s	1	2		
e. I have recorded a to	tal of	:	(ADD YH	EARS FROM I-2b)
			TOTAL YEARS	

I-3. Do you currently smoke even one cigarette per day?

(I-5)	1
(I-4)	2
(I-5)	7
(I-5)	
	(I-4) (I-5)

IF NO TO I-3

I-4.	How	old	were	you	when	you	quit?
------	-----	-----	------	-----	------	-----	-------

I-5.	(IF TOTAL YEARS IN I-2b IS 10 YEARS OR MORE, CHECK	K HERE AND ASK I-6 TO I-10.)	
	(IF TOTAL YEARS IN I-2b IS LESS THAN 10 YEARS, CHEC	CK HERE AND SKIP TO I-11.)	
I-6.	(Do/Did) you usually not inhale at all, inhale into the mouth or throat, or inhale into the chest?	NOT AT ALL MOUTH/THROAT	-

CHEST	3
REFUSED	7
DON'T KNOW	8

I-7. What brand of cigarette did you smoke most during the time you have smoked?

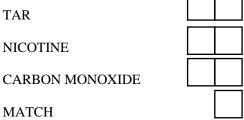
> [IF NO SPECIFIC BRAND CAN BE GIVEN, RECORD "DK" AND SKIP TO I-11.]

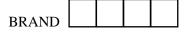
- I-8. What year did you start smoking this brand?
- I-9. What year did you stop smoking this brand? [IF STILL SMOKING THIS BRAND, RECORD CURRENT YEAR.]
- I-10. Were these cigarettes.....? (READ CATEGORIES)

a.	regular size		1
	kings		
	100s		
	longer		
	DON'T KNOW		
		•••••	0
b.	filter		1
υ.	non-filter		
	DON'T KNOW	•••••	8
	flim to p		1
c.	flip top		
	regular pack		
	DON'T KNOW	•••••	8
d.	regular (full flavor)		
	light		
	ultralight		3
	DON'T KNOW	•••••	8
e.	menthol		1
	non-menthol		2
	DON'T KNOW		8
	TAR		

NICOTINE

MATCH









I-11. In your childhood did (PERSON) s	l home (when you were under age 18), moke tobacco?				
		YES	NO	RF	DK
	a. Your mother (or mother figure)	1	2	7	8
	b. Your father (or father figure)		2	7	8
	c. Any other people living in your house (IF NO OTHERS, SKIP TO I-13)		2	7	8
IF YES TO I-116 I-12. How many					
SMOKERS			#(	OTHER	
I-13. Did your mother was pregnant wi	smoke cigarettes regularly while she th you?	YES PROBABLY Y NO PROBABLY N	ΈS		2 3
		REFUSED			7
		DON'T KNOV	V		8

I-14. During how much of your <b>adult</b> life (since age 18)	Very little or none1
have you lived with someone who smokes tobacco	Less than half of adult life2
in your home? (READ FIRST 3 CATEGORIES)	More than half of adult life3
	REFUSED7

I-15. Do you currently live with someone who smokes tobacco in your home?

YES	1
NO	2
REFUSED	7
DON'T KNOW	8

DON'T KNOW......8

I-16. Considering your current home, work, and other places you go, including being in cars with others, how many hours a week can you see or smell tobacco smoke from **others'** smoking? (CODE "00" IF NONE.)

#HOURS PER WEEK (THIS PAGE INTENTIONALLY LEFT BLANK)

#### J. HAIR PRODUCTS

The next questions are about beauty products you may have used on your hair.

J1.	Have you had your hair dyed, tinted, frosted, glossed,	YES1	
	or highlighted more than once or twice in your life?	NO	2
	Count either products that you used at home or	REFUSED	7
	that were used at a hair dresser's.	DON'T KNOW(J3)	3

- J2. At what age did you first have your hair colored?
- J3. How much gray do you have in your natural hair? (READ CATEGORIES)

(J3)	



All gray	1
Mostly gray	
Partly gray(J5)	
Little or no gray (J5)	

- J4. At what age did you become mostly gray haired?
- J5. Have you had your hair permed, either to curl or to straighten it, more than once or twice in your life? Count either at home or at a hair dresser's.
- J6. Have you used perms to straighten your hair, curl your hair, or both?
- J7. How many years in total have you had permed hair?



YES		1
NO	(SECTION K)	2
REFUSED	.(SECTION K)	7
DON'T KNOW	(SECTION K)	8

STRAIGHTEN	1
CURL	2
BOTH	3



(THIS PAGE INTENTIONALLY LEFT BLANK)

#### K. NONPRESCRIPTION MEDICATIONS AND SLEEP PATTERNS

Now I'd like to ask you about your use of nonprescription medications.

	K1. here been times in your life wh CATION) daily for a month o					K2. How old were you when this first happened?	K3. In all, how man or years have yo (MEDICATION	y months ou taken
		YES	NO	RF	DK	AGE	MONTHS	YEARS
a. asp	irin	1	2	7	8			
b. ace	taminophen or Tylenol	1	2	7	8			
	i-inflammatory drugs like vil or Motrin	1	2	7	8			
	d medicines like Contac allergy pills	1	2	7	8			

Now I have some questions about your sleep patterns.

- K4. How many hours sleep do you usually get on an average workday? (CODE RANGE IF GIVEN)
- K5. Do you have trouble more than once or twice a month falling asleep or going back to sleep when you wake up during your sleep time?
- K6. How many days per month do you have trouble sleeping?
- K7. What do you usually do when you have trouble sleeping? Do you stay in bed or get up and do something?
- K8. While you are sleeping, how dark is your bedroom usually? (READ CATEGORIES)
- K9. How many days per week do you wake up during your sleep time and turn on a light or go into an area with a light on?
- K10. How many days per week do you wake up from your sleep time feeling rested?



YES		1
	.(K8)	

# #DAYS

STAY IN BED1
GET UP2
DO BOTH ABOUT EQUALLY
OFTEN3

Completely dark	1
Just a little light as from a small	
night light	2
Fairly light, but not enough to read	3
Light enough to read comfortably	4





(THIS PAGE INTENTIONALLY LEFT BLANK)

#### L. MEDICAL HISTORY I

Now I would like to ask about some medical procedures or conditions you may have had.

- L1. Have you ever had a tubal ligation, your tubes tied? (That is a surgical procedure that is done so that you wouldn't be able to become pregnant again.)
- L2. In what year did you have a tubal ligation? (IF DON'T KNOW, ASK L2a)

YES		1
NO	(L3)	2
REFUSED	. ,	
DON'T KNOW.		



(IF DON'T KNOW L2): L2a. How old were you when you had a tubal ligation?



Now I'd like to make a separate list of pelvic surgeries you have had that involve the reproductive tract: (Include the ovaries, tubes, cervix, and vagina.) Do not include biopsy procedures.

L3. Have you had any surgery that involves the reproductive tract other than a diagnostic laparoscopy, D&C, C-Section or tubal ligation?

YES		1
NO	(L9)	2
REFUSED	. ,	
DON'T KNOW		

L4. In what year did you have the (first/next) operation?	L5. What was the reason for this operation?
1st	
2nd	
3rd	

# Sub

			#	≠Sub ∟	
L6.		L	.7.		
What, if anything, was removed? (DO NOT READ CATEGORIES. CIRCLE YES FOR ALL THAT APPLY. CIRCLE NO IF DOES NOT APPLY.) (IF DK, PROBE WHETHER IT INVOLVED OVARIES OR UTERUS.)	IF CODE YE INVOLVED ' (INTERVIEW	THE U	TERUS	G, GO TC	) L8.
YES NO		YES	NO	DK	
a. PART OF ONE OVARY	UTERUS?	1	2	8	
c. ALL OF ONE OVARY	CILICOD.	1	2	0	
d. BOTH OVARIES					
e. PART OR ALL OF ONE TUBE1 2					
f. PART OR ALL OF BOTH TUBES					
g. FIBROIDS FROM UTERUS (MYOMECTOMY)1 2					
h. OTHER PART OF UTERUS					
SPECIFY WHAT WAS REMOVED:					
i. ALL OF UTERUS					
j. DON'T KNOW OR OTHER					
SPECIFY WHAT WAS REMOVED:					
a. PART OF ONE OVARY1 2					
b. PART OF BOTH OVARIES		1	2	0	
c. ALL OF ONE OVARY	UTERUS?	1	2	8	
d. BOTH OVARIES					
e. PART OR ALL OF ONE TUBE					
f. PART OR ALL OF BOTH TUBES					
g. FIBROIDS FROM UTERUS (MYOMECTOMY)1 2					
h. OTHER PART OF UTERUS					
SPECIFY WHAT WAS REMOVED:					
i. ALL OF UTERUS					
j. DON'T KNOW OR OTHER					
SPECIFY WHAT WAS REMOVED:					
a. PART OF ONE OVARY					
b. PART OF BOTH OVARIES			-		
c. ALL OF ONE OVARY	UTERUS?	1	2	8	
d. BOTH OVARIES					
e. PART OR ALL OF ONE TUBE					
f. PART OR ALL OF BOTH TUBES					
g. FIBROIDS FROM UTERUS (MYOMECTOMY)1 2					
h. OTHER PART OF UTERUS					
SPECIFY WHAT WAS REMOVED:					
i. ALL OF UTERUS					
j. DON'T KNOW OR OTHER1 2					
SPECIFY WHAT WAS REMOVED:					

#### ASK ONLY IF SURGERY INVOLVED THE UTERUS:

- L8. As part of the study, we would like to obtain medical records from the hospital(s) where you had pelvic surgery. In the packet we sent you there is a yellow Medical Release Form we would like for you to read
- and sign if you agree to have hospital records reviewed concerning your pelvic surgery. (ALLOW RESPONDENT TIME TO READ THE FORM.) Do you have any questions? (ANSWER QUESTIONS USING INFORMATION FROM THE INTERVIEW MANUAL OR OFFER TO HAVE YOUR SUPERVISOR CALL BACK WITH AN ANSWER.)

Please sign and date the form, enter your date of birth and social security number, and mail it back to us with the Mail Questionnaire and Dietary Survey in the envelope we enclosed.

AGREED TO SIGN RELEASE?	YES1	-
	NO2	2

- L9. Have you ever been told by a doctor or other health person that you have uterine fibroids or a leiomyoma, a benign tumor of the uterus or womb?



AGE

NURSE	1
FAMILY PRACTICE DOCTOR	2
OBSTETRICIAN OR	
GYNECOLOGIST	3
OTHER	4
SPECIFY:	

 	_

- L10. How old were you when you were first told by a health person that you had uterine fibroids?
- L11. What type of health person told you that you had fibroids?

L12. Did you learn about your fibroids because they were investigating a problem you were having or were fibroids found incidentally during a routine examination? (REASON IS MORE IMPORTANT THAN TYPE OF EXAM. FOR EXAMPLE, IF RESPONSE IS "PELVIC EXAM," PROBE WITH REPEAT OF QUESTION.)

INVESTIGATING A PROBLEM	1
DURING NORMAL	
PREGNANCY EXAM	2
ROUTINE EXAMINATION	
UTERINE SURGERY	4
OTHER	5
SPECIFY:	

L13. Have you taken any prescription medication for your fibroids?

YES		1
NO	(L17)	2
DON'T KNOW	(L17)	

		#	Sub
L14. What is the name of the (1st/2nd/3rd) prescription medication you have taken for fibroids?	L15. In all, how many months have you taken this medication for fibroids? #MONTHS	L1 Are you curre (MEDICATIO IN L14) for fi YES	6. ntly taking DN LISTED
a		1	2
b		1	2
c		1	2
d		1	2
e		1	2

L17.	Have you had any surgery to treat your fibroids
	that didn't get listed with your pelvic surgeries?

YES	 1
NO	
REFUSED	
DON'T KNOW.	

	# Sub
L18. What surgery was done? If you had surgery to remove fibroids more than once, please tell us about each time.	L19. In what year did you have the surgery? YEAR
a	
b	
c	

- L20. Including the first diagnosis and later follow-up, how many visits have you had to evaluate your fibroids? (IF NO VISITS, CODE 00 AND SKIP TO L23.)
- L21. Including the first diagnosis and later follow-up, how many (EXAMS) have you had to evaluate your fibroids?

a. ultrasound exams?

b. internal pelvic exams?

L21c. When was the last time you had some sort of procedure that showed fibroids? (include exam, sonogram or any procedure)

(IF ONLY 1 VISIT, SKIP TO L22.)







L22. What was the exam or procedure you had at the visit? (READ CATEGORIES)

Ultrasound	1
Internal pelvic exam	2
External pelvic exam	
or all three	4
Other	5
SPECIFY:	

REFUSED7
DON'T KNOW8

L23. How many fibroids did you have? (RECORD VERBATIM) (DK=98) (IF DK, PROBE FOR SOME ESTIMATE.)

(RECORD VERBATIM) (DK=998)

L24. What was the size of the largest fibroid?

(IF DK, PROBE FOR SOME KIND OF SIZE.)

CM

# WEEKS

IF THE ANSWER IS GIVEN IN # OF WEEKS OF PREGNANCY, CODE HERE:

L25. Some women have no symptoms with their fibroids, while others experience some of the following. Since having fibroids, have you had....

		YES	NO
a.	abnormal uterine bleeding?	1	2
b.	pain, severe cramping or heaviness		
	in your abdominal area?	1	2
c.	infertility?	1	2
d.	Other	1	2



L26a. Comments:

CHECK HERE \_\_\_\_\_ IF SHE HAS MENTIONED THAT SHE WAS TOLD ONCE THAT SHE HAD FIBROIDS BUT THEY WERE NEVER SEEN AGAIN.

L27. Have you had a pelvic ultrasound or a sonogram	YES1
for any reason other than fibroids or pregnancy?	NO2
	REFUSED
	DON'T KNOW (L32)

L28. Have you ever had a pelvic ultrasound or sonogram	YES1
procedure? Do not include ultrasound during	NO2
pregnancy. This procedure might have been	REFUSED7
done to look at your ovaries or uterus.	DON'T KNOW

IF YES, ASK L29 - L31 ON NEXT 2 PAGES FOR EACH SONOGRAM, OR SERIES OF SONOGRAMS.

(THIS PAGE INTENTIONALLY LEFT BLANK)

		L29. During what year did you (first/next) have the ultrasound or sonogram? IF R HAS HAD A SERIES OF SONOGRAMS (E.G. DAILY FOR INFERTILITY, MONTHLY FOR OVARIAN CYSTS), CHECK "SERIES" AND DESCRIBE.
a.	1st	YEAR IF SERIES, CHECK HERE AND DESCRIBE:
b.	2nd	YEAR IF SERIES, CHECK HERE AND DESCRIBE:
с.	3rd	YEAR IF SERIES, CHECK HERE AND DESCRIBE:
d.	4th	YEAR IF SERIES, CHECK HERE AND DESCRIBE:
e.	Any others?	YES1 NO(L32)2
	IF YES: How man	r?

	# Sub
L30. What was the reason for the ultrasound(s) in (DATE IN L29)?	L31. What was found?
Pelvic pain	
Specify:	
Pelvic pain1 Bleeding2	
Other	
Pelvic pain	
Specify:	
Pelvic pain1	
Bleeding         2           Other         3           Specify:	

The next questions are about your blood pressure and pulse.

- L32. About what is your blood pressure? (IF DON'T KNOW, ASK L33)
  - L33. Does it tend to be normal, high, or low?

	/
SYSTOLIC	DIASTOLIC
	(DK=998/998)
AL	1

NORMAL	1
HIGH	2
LOW	3
REFUSED	7
DON'T KNOW	8

L34. When was the last time you had your blood pressure taken by a health professional?



L35. I would now like you to take your own pulse if you can. (DIRECT HER TO FINDING PULSE AT THE NECK SO SHE CAN HOLD THE PHONE AND COUNT PULSES.) I will tell you when to start counting and when to stop.

TIME HER FOR 30 SECONDS AND RECORD NUMBER.

IF CAN'T GET PULSE:

L35a. Does your pulse rate tend to be normal, high, or low?



NORMAL	1
HIGH	2
LOW	3
REFUSED	7
DON'T KNOW	8

RELATIONSHIP:		
Name:		
Address:Street		
City	State	Zi
Phone number: ( )		
(RECORD TIME ENDED THEN GO TO	SCRIPT FOR WALK-THRU OF MAIL	
We've completed the interview. Thank yo (RECORD TIME ENDED THEN GO TO PACKET AND/OR SET CLINIC APPOIN	SCRIPT FOR WALK-THRU OF MAIL	PI
(RECORD TIME ENDED THEN GO TO	SCRIPT FOR WALK-THRU OF MAIL NTMENT.)	PI
(RECORD TIME ENDED THEN GO TO	SCRIPT FOR WALK-THRU OF MAIL NTMENT.)	PI
(RECORD TIME ENDED THEN GO TO	SCRIPT FOR WALK-THRU OF MAIL NTMENT.)	PI
(RECORD TIME ENDED THEN GO TO	SCRIPT FOR WALK-THRU OF MAIL NTMENT.)	PI
(RECORD TIME ENDED THEN GO TO	SCRIPT FOR WALK-THRU OF MAIL NTMENT.)	PI
(RECORD TIME ENDED THEN GO TO	SCRIPT FOR WALK-THRU OF MAIL NTMENT.)	Pl
(RECORD TIME ENDED THEN GO TO	SCRIPT FOR WALK-THRU OF MAIL NTMENT.)	PI
(RECORD TIME ENDED THEN GO TO	SCRIPT FOR WALK-THRU OF MAIL NTMENT.)	PI
(RECORD TIME ENDED THEN GO TO	SCRIPT FOR WALK-THRU OF MAIL NTMENT.)	P

(THIS PAGE INTENTIONALLY LEFT BLANK)

#### M. INTERVIEWER REMARKS

### M1. RESPONDENT'S COOPERATION WAS:

VERY GOOD	1
GOOD	2
FAIR	3
POOR	4

### M2. THE OVERALL QUALITY OF THIS INTERVIEW IS:

UNSATISFACTORY	1
QUESTIONABLE	2
GENERALLY RELIABLE	. (M5)3
HIGH QUALITY	. (M5)4

## M3. 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 background	04
Was bored or uninterested	05
Was upset or depressed	
Had poor hearing or speech	07
Was confused by frequent interruptions	08
Was emotionally unstable	09
Was physically ill	10
Other (SPECIFY):	

## M4. PLACE A CHECK FOR ANY SECTION FOR WHICH THE QUALITY OF THE INTERVIEW WAS PARTICULARLY UNSATISFACTORY OR QUESTIONABLE.

		Unsatisfactory	Questionable
SECTION A:	Background Information		
SECTION B:	Occupational History		
SECTION C:	Menstruation and Douching		
SECTION D:	Contraceptive History		
SECTION E:	Hormone Medication History		
SECTION F:P	regnancy History		
SECTION G:	Residential History and Childhood		
SECTION H:	Physical Activity		
SECTION I:	Smoking History		
SECTION J:	Hair Products		
SECTION K:	Nonprescription Medications and Sleep Patterns		
SECTION L:	Medical History I		
SECTION M:	Interviewer Remarks		

#### M5. COMMENTS: