

SECTION HR: HORMONES

Now I would like to ask about your use of birth control methods that involve hormones. Please be sure to include any hormonal birth control methods you have used for contraception, control of menstrual cycles, or any other medical reason. For this section, please do not include non-hormonal birth control methods such as condoms, diaphragms, spermicides, rhythm method, withdrawal, or vasectomy.

- HR1. Have you ever used any of the following **hormonal** birth control methods for contraception, cycle control, or any other medical reason? Y N
- a. birth control pills.....1 2
 - b. a Norplant implant
 inserted in your arm1 2
 - c. Depo-Provera injections1 2
 - d. birth control patches.....1 2
 - e. an intrauterine device, or IUD
 containing hormones [IF R USED AN IUD, BUT IS NOT SURE IF IT CONTAINED HORMONES, ENTER "DON'T KNOW"].].....1 2
 - f. any other type of
 hormonal birth control1 2
- <IF "NO" TO ALL HR1a-f, GO TO HR8>**

Next I will ask at what ages you've used these birth control methods. If you've used any method off and on, please try to remember each time you stopped for at least 3 months.

<BEGIN REPEATING RECORDS – BIRTH CONTROL>

<FILL "BC NAME" IF ONLY ONE ITEM CHOSEN IN HR1; FILL "any of these hormonal birth control methods" IF MORE THAN ONE ITEM CHOSEN IN HR1>

- HR2. **<FIRST OCCURRENCE:>** How old were you when you □□
[first/next] started using *[BC NAME/ any of these hormonal birth control methods]*? AGE
 [IF R DOESN'T REMEMBER EXACT AGE: "Please give me your best estimate."]
 [IF R HAS NOT USED ANOTHER METHOD, ENTER "96"] **<IF AGE = 96, GO TO HR8>**

<ASK HR2a ONLY IF HR2 = DK:>

- HR2a. Giving your best guess, would you say that it was... in your teens 1
 in your 20s 2
 in your 30s 3
 in your 40s 4
 in your 50s 5
 in your 60s 6

<IF ONLY ONE ITEM CHOSEN IN HR1, DO NOT ASK HR3 (SKIP TO HR4)>

- HR3. What type of **hormonal** birth control was it? birth control pills..... 01
 Was it... a Norplant implant 02
Depo-Provera injections 03
birth control patches..... 04
an intrauterine device, or IUD,
 containing hormones 05
any other type of
 hormonal birth control 06
SPECIFY: _____

<IF HR2 = CURRENT AGE GO TO HR6>

HR4. Have you stopped using [FILL FROM HR3] since you were age [AGE FROM HR2]? Only consider times when you stopped for three months or longer.

- YES..... 1
NO.....[HR5b] 2
REF[HR5b] 7
DK.....[HR5b] 8

HR5. How old were you when you [first/next] stopped using [FILL FROM HR3] for three months or longer?

AGE

<ASK HR5a ONLY IF HR5 = DK:>

HR5a. Giving your best guess, would you say that it was...

- in your teens..... 1
in your 20s 2
in your 30s 3
in your 40s 4
in your 50s 5
in your 60s 6

HR5b. How many years did you use [FILL FROM HR3] for this time?

OF YEARS

<ASK HR5c ONLY IF HR5b = DK:>

HR5c. Giving your best guess, would you say that it was...

- less than one year..... 1
1 to 2 years..... 2
3 to 5 years..... 3
6 to 10 years..... 4
11 to 20 years..... 5
more than 20 years..... 6

<IF HR4 = YES, GO TO HR2>

HR6. Are you currently using [FILL FROM HR3]?

- YES..... [*]..... 1
NO.....[HR2] 2
REF[HR2] 7
DK.....[HR2] 8

<* IF HR3 = 01 OR 04, ASK HR7; ELSE GO TO HR2>

HR7. What is the name of the birth control [pill/patch] you are currently using?

BIRTH CONTROL NAME
<GO TO HR2>

<END REPEATING RECORDS - BIRTH CONTROL>

HR8. Have you ever had a tubal ligation, that is, had your tubes tied? YES..... 1
 NO.....[HR12] 2
 REF.....[HR12] 7
 DK.....[HR12] 8

HR9. At what age did you have a tubal ligation?
 AGE

HR10. Did you ever have surgery to have the tubal ligation reversed? YES..... 1
 NO.....[HR12] 2
 REF.....[HR12] 7
 DK.....[HR12] 8

HR11. At what age did you have it reversed?
 AGE

Hormone Replacement Therapy

Now I would like to ask about hormones such as estrogen or progesterone, which are sometimes referred to as “hormone replacement therapy” or “HRT” and may be in the form of pills or patches. Some women take HRT to control menopausal symptoms, or to prevent bone loss, heart disease, or breast cancer. Please do not include creams or suppositories, herbal preparations, soy treatments, or fertility drugs.

HR12. Have you ever used any of the following? Y N
 Have you used... a. estrogen or progesterone.....1 2
 b. tamoxifen or Nolvadex (these are taken to prevent breast cancer) ...1 2
 c. raloxifene or Evista.....1 2

<ONSCREEN INSTRUCTION FOR HR12b AND HR12c:>

[IF R TOOK EITHER TAMOXIFEN OR RALOXIFENE IN A CLINICAL TRIAL BUT IS NOT SURE WHICH ONE, ENTER AS “YES” AND LEAVE A REMARK.]

<IF “NO” TO ALL HR12a-c, GO TO HR22>

Next I will ask at what ages you've used these therapies. If you've used any therapy off and on, please try your best to remember each time you stopped for at least 3 months.

<BEGIN REPEATING RECORDS – HRT>

HR13. How old were you when you [first/next] started using [estrogen or progesterone/tamoxifen or Nolvadex/raloxifene or Evista]?
 AGE

[IF R OFFERS MORE THAN ONE METHOD: “Please tell me about these one at a time.”]

[IF R DOESN’T REMEMBER EXACT AGE: “Please give me your best estimate.”]

[IF R HAS NOT USED ANOTHER METHOD, ENTER “96”]

<IF AGE = 96, GO TO HR22>

<ASK HR13a ONLY IF HR13 = DK:>

HR13a. Giving your best guess, would you say that it was... in your teens 1
 in your 20s 2
 in your 30s 3
 in your 40s 4
 in your 50s 5
 in your 60s 6
 in your 70s 7

<IF ONLY ONE ITEM CHOSEN IN HR12, DO NOT ASK HR14>

HR14. What type of therapy was it?
 [IF R OFFERS MORE THAN ONE METHOD: "Please tell me about these one at a time."]
 estrogen or progesterone 1
 tamoxifen or Nolvadex [HR17]... 2
 raloxifene or Evista..... [HR17]... 3

HR15. What type of female hormone replacement therapy did you use?
 Was it...
 [IF R OFFERS MORE THAN ONE TYPE: "Please tell me about these one at a time."]
 a combined pill containing both estrogen and progesterone [SUCH AS PREMPRO] [HR17].. 01
 an estrogen-only pill [SUCH AS PREMARIN] ... [HR17].. 02
 an estrogen pill [SUCH AS PREMARIN] and a separate progesterone pill [SUCH AS PROVERA] 03
 a progesterone-only pill [SUCH AS PROVERA] 04
 an estrogen-only patch [HR17].. 05
 a patch containing both estrogen and progesterone [HR17].. 06
 estrogen pills or patches, but you don't know if they also contain progesterone [HR17].. 07
 some other type of therapy..... [HR17].. 08
 SPECIFY: _____

HR16. Did you take the progesterone pills...
 every day..... 1
 2 to 3 weeks each month..... 2
 less than 2 weeks each month..... 3
 some other way 4
 SPECIFY: _____

<IF HR13 = CURRENT AGE, GO TO HR19>

<IF HR15 = DK or RF, FILL WITH RESPONSE FROM HR14>

HR17. Have you stopped using [FILL FROM HR15] since you were age [AGE FROM HR13]?
 Only consider times when you stopped for three months or longer.
 [IF R SWITCHED METHODS, PLEASE ANSWER AS "YES"]
 YES..... 1
 NO..... [HR18b] 2
 REF [HR18b] 7
 DK..... [HR18b] 8

HR18. How old were you when you [first] stopped using [FILL FROM HR15] for three months or longer?
□ □
AGE

<ASK HR18a ONLY IF HR18 = DK:>

HR18a. Giving your best guess, would you say that it was...
 in your teens..... 1
 in your 20s 2
 in your 30s 3
 in your 40s 4
 in your 50s 5
 in your 60s 6
 in your 70s 7

HR18b. How many years did you use [FILL FROM HR3] for this time?
□ □
OF YEARS

<ASK HR18c ONLY IF HR18b = DK:>

HR18c. Giving your best guess, would you say that it was...

- less than one year..... 1
- 1 to 2 years..... 2
- 3 to 5 years..... 3
- 6 to 10 years..... 4
- 11 to 20 years..... 5
- more than 20 years..... 6

<IF HR17 = YES, GO TO HR13>

HR19. Are you currently taking [FILL FROM HR15]?

- YES..... [*]..... 1
- NO..... [HR13]..... 2
- REF..... [HR13]..... 7
- DK..... [HR13]..... 8

<* IF HR14 = 1, ASK HR20; ELSE GO TO HR13>

<BEGIN REPEATING RECORDS – HRT NAME>

HR20. What is the name of [FILL FROM HR15] _____ you are currently using? HRT NAME

HR21. Are you currently taking any other [FILL FROM HR15]?

- YES..... [HR20]..... 1
- NO..... [HR13]..... 2
- REF..... [HR13]..... 7
- DK..... [HR13]..... 8

<END REPEATING RECORDS – HRT NAME>

<END REPEATING RECORDS – HRT>

Medical Procedures

<IF R IS CURRENTLY PREGNANT, GO TO HR40>

Next I will ask you questions about some medical procedures that can stop your menstrual periods.

HR22. Have you ever had radiation or chemotherapy that permanently stopped your menstrual periods?

- YES..... 1
- NO..... [HR24]..... 2
- REF..... [HR24]..... 7
- DK..... [HR24]..... 8

HR23. At what age did you start the radiation or chemotherapy that permanently stopped your periods?

AGE

HR24. Have you ever had a uterine or endometrial ablation?

- YES..... 1
- NO..... [HR29]..... 2
- REF..... [HR29]..... 7
- DK..... [HR29]..... 8

HR25. At what age did you have the ablation?

AGE

HR26. Did your menstrual periods stop as a result of this ablation?

YES..... 1
NO.....[HR29] 2
REF.....[HR29] 7
DK.....[HR29] 8

HR27. Did your menstrual periods ever resume?

YES..... 1
NO.....[HR29] 2
REF.....[HR29] 7
DK..... 8

HR28. How many years and/or months in total did your menstrual periods stop?

YEARS # MONTHS

HR29. Have you ever had a uterine embolization (also known as a uterine artery embolization or uterine fibroid embolization)?

YES..... 1
NO.....[HR34] 2
REF.....[HR34] 7
DK.....[HR34] 8

HR30. At what age did you have the embolization?

AGE

HR31. Did your menstrual periods stop as a result of this embolization?

YES..... 1
NO.....[HR34] 2
REF.....[HR34] 7
DK.....[HR34] 8

HR32. Did your menstrual periods ever resume?

YES..... 1
NO.....[HR34] 2
REF.....[HR34] 7
DK..... 8

HR33. How many years and/or months in total did your menstrual periods stop?

YEARS # MONTHS

HR34. Have you ever had a hysterectomy, that is, an operation to remove your uterus or womb?

YES..... 1
NO.....[HR40] 2
REF.....[HR40] 7
DK.....[HR40] 8

HR35. At what age did you have the hysterectomy?

AGE

HR36. In the six months before your hysterectomy, did you have any of the following...

Y N
a. abnormal bleeding.....1 2
b. pelvic pain.....1 2
c. urinary incontinence1 2
d. uterine prolapse.....1 2
e. any other symptoms1 2
SPECIFY: _____

HR37. Did you have part or all of either of your ovaries removed at the same time you had the hysterectomy?

YES..... 1
 NO.....[HR39] 2
 REF.....[HR39] 7
 DK.....[HR39] 8

HR38. Did you have...

both ovaries totally removed... [HR45].... 1
 one ovary totally removed 2
 part of one or part of
 both ovaries removed..... 3

HR39. Did you still have part of at least one ovary left after the hysterectomy?

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

<BEGIN REPEATING RECORDS – OVARIAN SURGERY>

<FILL IF HR37 = YES>

HR40. **<FIRST OCCURRENCE:>** [*Aside from during your hysterectomy,*] Have you ever had surgery to remove part or all of either of your ovaries? Please include wedge resections on the ovaries.

<ALL OTHER OCCURRENCES:> Have you had any other surgeries to remove part or all of either of your ovaries? (Please include wedge resections on the ovaries.)

YES..... 1
 NO.....[HR45] 2
 REF.....[HR45] 7
 DK.....[HR45] 8

HR41. What was the reason for this surgery? Was it...

	Y	N
a. ovarian cysts	1	2
b. ovarian cancer.....	1	2
c. some other reason	1	2

SPECIFY: _____

HR42. At what age did you have this ovarian surgery?

--	--

AGE

HR43. During this surgery did you have...

both ovaries totally removed... [HR45].... 1
 one ovary totally removed 2
 part of one or part of
 both ovaries removed..... 3

<IF R IS CURRENTLY PREGNANT, GO TO HR40>

<ASK HR44 ONLY IF HR43 = 2 OR 3>

HR44. Did you still have part of at least one ovary left after this surgery?

YES.....[HR40] 1
 NO..... 2

<END REPEATING RECORDS – OVARIAN SURGERY>

Menstrual Cycles, LMP, and Menopause

Now I'd like to ask you some questions about your menstrual cycles.

<IF R IS CURRENTLY PREGNANT, GO TO HR47>

<IF R DID NOT HAVE A HYSTERECTOMY (HR34 = NO), SKIP HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND NO OTHER MEDICAL PROCEDURES (HR22 = NO, HR24 = NO; HR29 = NO, HR40 = NO), ASK HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND RAD/CHEMO (HR22 = YES), SKIP HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND ABLATION THAT STOPPED PDS (HR24 = YES AND HR26 = YES), SKIP HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND ABLATION BUT PDS DID NOT STOP (HR24 = YES AND HR26 = NO), ASK HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND EMBOLIZATION THAT STOPPED PDS (HR29 = YES AND HR31 = YES), SKIP HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND EMBOLIZATION BUT PDS DID NOT STOP (HR29 = YES AND HR31 = NO), ASK HR45;

IF R HAD HYST (HR34 = YES) AND ALSO HAD OVAR SURG (HR40 = YES), AND AGE(S) OF OVAR SURG (HR42) > AGE OF HYST (HR35), ASK HR45;

IF R HAD HYST AND OVAR SURG, AND AGE(S) OF OVAR SURG < AGE OF HYST, AND R STILL HAD OVARIAN TISSUE (HR44 = YES), ASK HR45;

IF R HAD HYST AND OVAR SURG, AND AGE(S) OF OVAR SURG < AGE OF HYST, AND R HAD NO OVARIAN TISSUE REMAINING (EITHER HR43 = 1 OR HR44 = NO), SKIP HR45>

HR45. Had your menstrual periods stopped permanently <u>before</u> your hysterectomy?	YES..... [*]..... 1
	NO..... [HR50] 2
	REF 7
	DK..... 8

<* IF HR45 = YES AND R HAD OVAR SURG (HR40 = YES) AND HYST (HR34 = YES), AND AGE(S) OF OVAR SURG (HR42) < AGE OF HYST (HR35), AND R STILL HAD OVARIAN TISSUE (HR44 = YES), ASK HR46; FOR ALL OTHER HR45 = YES, GO TO HR49

<IF R DID NOT HAVE OVARIAN SURGERY (HR40 = NO), SKIP HR46;

IF R HAD OVARIAN SURGERY (HR40 = YES), AND NO OTHER MEDICAL PROCEDURES (HR22 = NO, HR24 = NO; HR29 = NO, HR34 = NO), ASK HR46;

IF R HAD OVARIAN SURGERY (HR40 = YES), AND RAD/CHEMO (HR22 = YES), SKIP HR46;

IF R HAD OVAR SURG, AND ABLAT THAT STOPPED PDS (HR24 = YES AND HR26 = YES), SKIP HR46;

IF R HAD OVARIAN SURGERY (HR40 = YES), AND ABLAT BUT PDS DID NOT STOP (HR24 = YES AND HR26 = NO), ASK HR46;

IF R HAD OVARIAN SURGERY (HR40 = YES), AND EMBOL THAT STOPPED PDS (HR29 = YES AND HR31 = YES), SKIP HR46;

IF R HAD OVARIAN SURGERY (HR40 = YES), AND EMBOL BUT PDS DID NOT STOP (HR29 = YES AND HR31 = NO), ASK HR46;

IF R HAD OVAR SURG (HR40 = YES) AND HYST (HR34 = YES), AND AGE(S) OF OVAR SURG (HR42) < AGE OF HYST (HR35), ASK HR46

IF R HAD MORE THAN ONE OVARIAN SURGERY, ASK HR46 FOR THE LATEST INSTANCE>

HR46. Had your menstrual periods stopped permanently <u>before</u> your ovarian surgery at age [AGE FROM HR42]?	YES..... [HR49] 1
	NO..... [**] 2
	REF [**] 7
	DK..... [**] 8

<**IF HR46 = NO AND HR45 = YES AND HR42 < HR35 AND HR44 = YES, GO TO HR49.>
 <** IF HR46 = [NO OR REF OR DK] AND R HAD OVARIAN SURGERY (HR40 = YES) AND HAS NOT HAD A HYSTERECTOMY (HR34 = NO), AND R STILL HAS OVARIAN TISSUE (HR44 = YES), GO TO HR47; FOR ALL OTHER HR46 = NO, REF, OR DK, GO TO HR50>

<IF R HAD RADIATION OR CHEMO THAT STOPPED PDS (HR22 = YES), GO TO HR50>
 <IF R HAD ABLAT. THAT STOPPED PDS (HR24 = YES AND HR26 = YES AND HR27 = NO), GO TO HR50>
 <IF R HAD ABLAT. BUT PDS DID NOT STOP (HR24 = YES AND HR26 = NO), GO TO HR47>
 <IF R HAD ABLAT. AND PDS STOPPED AND RESUMED AGAIN (HR24 = YES AND HR26 = YES AND HR27 = YES), GO TO HR47>
 <IF R HAD EMBOL. THAT STOPPED PDS (HR29 = YES AND HR31 = YES AND HR32 = NO), GO TO HR50>
 <IF R HAD EMBOL. BUT PDS DID NOT STOP (HR29 = YES AND HR31 = NO), GO TO HR47>
 <IF R HAD EMBOL. AND PDS STOPPED AND RESUMED AGAIN (HR29 = YES AND HR31 = YES AND HR32 = YES), GO TO HR47>

HR47. Have you had a menstrual period in the past 12 months? YES..... 1
 NO.....[HR49]..... 2

HR48. What was the month and year of your most recent menstrual period?
 MONTH YEAR
 <GO TO HR50>

HR49. How old were you when you had your last menstrual period?
 AGE

<ASK EVERYONE>
 <CATI WILL CHECK FOR ANY SEGMENT OF HORMONE USE THAT COINCIDES WITH LMP AGE>
 <LMP AGE IS ONE THE FOLLOWING; IF MORE THAN ONE IS ANSWERED, CHOOSE THE YOUNGEST:
 HR23 (CHEMO OR RADIATION THAT STOPPED PDS PERMANENTLY);
 HR25 WHEN HR26 =YES AND HR27 = NO (ABLATION THAT STOPPED PDS PERMANENTLY);
 HR30 WHEN HR31 = YES AND HR32 = NO (EMBOILIZATION THAT STOPPED PDS PERMANENTLY);
 HR35 WHEN HR45 = NO (R HAD HYSTERECTOMY AND PDS DID NOT STOP PRIOR TO HYST.);
 HR42 WHEN HR46 = NO AND [EITHER HR43 = 1 OR HR44 = NO] (R HAD OVARIAN SURGERY AND PDS DID NOT STOP PRIOR TO SURG. AND NO OVARIAN TISSUE WAS REMAINING AFTER SURG.);
 HR48 (LMP WAS WITHIN PAST 12 MONTHS);
 HR49 (LMP AGE FOR EVERYONE ELSE NOT COVERED BY THE ABOVE)>

<IF THERE IS NO HORMONE USE, ASK HR50a>
 <IF HORMONE USE BEGINS AT LMP AGE, ASK HR50b>
 <IF HORMONE USE SURROUNDS LMP, OR IF IT ENDS AT LMP AGE, ASK HR50b>
 <IF HORMONE USE ENDS THE YEAR BEFORE LMP: ASK BOTH HR50a AND HR50b>

HR50a. How many periods did you have in the 12 months before you had your last menstrual period at the age of [LMP AGE]? Was it... none..... 01
 1 to 3 02
 4 to 6 03
 7 to 9 04
 10 to 12 05
 13 to 15 06
 16 or more..... 07

HR50b. I have recorded that you were taking [HORMONE] [at the same age/the year before] you had your last menstrual period. How many periods did you have in the 12 months before you started taking [HORMONE] at the age of [PRE-LMP START AGE]? Was it... none..... 01
 1 to 3 02
 4 to 6 03
 7 to 9 04
 10 to 12 05
 13 to 15 06
 16 or more..... 07

<FILL “Around the time of your last menstrual period” IF HR50a IS ANSWERED>

<FILL “Before you started taking [HORMONE]...” IF HR50b IS ANSWERED>

<FILL “Around the time of your last menstrual period” IF BOTH HR50a AND HR50b ARE ANSWERED>

HR51. [Around the time of your last menstrual period/ Before you started taking [HORMONE] at age [PRE-LMP START AGE]], were you having hot flashes? [DO NOT INCLUDE NIGHT SWEATS] YES..... 1 NO..... 2

HR52. [Around the time of your last menstrual period/ Before you started taking [HORMONE] at age [PRE-LMP START AGE]], were you having any other symptoms of menopause such as poor sleeping, night sweats, irritability, or depression? YES..... 1 NO..... 2

<IF HR51 = YES, GO TO HR54>

HR53. Have you ever had hot flashes? [DO NOT INCLUDE NIGHT SWEATS] YES..... 1 NO.....[HR55] 2 REF[HR55] 7 DK.....[HR55] 8

HR54. How old were you when you first had hot flashes? AGE

<IF HR52 = YES, GO TO HR56>

HR55. Have you ever had any other symptoms of menopause such as poor sleeping, night sweats, irritability, or depression? YES..... 1 NO.....[HR57] 2 REF[HR57] 7 DK.....[HR57] 8

HR56. How old were you when you first had these other menopausal symptoms? AGE

<CATI WILL CHECK FOR INSTANCES OF HORMONE USE AND BIRTHS BETWEEN THE AGES OF 25-35. IF THERE IS A SPAN OF YEARS WHEN NEITHER OCCURRED, USE AGES TO FILL IN HR57. IF THERE IS MORE THAN ONE SPAN OF YEARS, CHOOSE THE FIRST SPAN. IF THERE IS NO SUCH SPAN, GO TO HR58.>

HR57. Thinking about the ages of [SPAN OF YEARS WHEN R WAS NOT PREGNANT OR TAKING BC HORMONES OR HRT], when you were not pregnant, not breastfeeding, and not taking any hormones or hormonal birth control, about how many days would pass between the start of one period and the start of the next period? Was it... less than 21 days, and fairly regular..... 01 21 to 24 days, and fairly regular 02 25 to 34 days, and fairly regular 03 35 to 60 days, and fairly regular 04 more than 2 months..... 05 too irregular to say 06 DID NOT HAVE PERIODS 96 [IF R DISAGREES WITH THE AGES, PROBE: “Thinking about the ages in your 20s or 30s when you were not pregnant, not breastfeeding, and not taking any hormones, about how many days would pass between the start of one period and the start of the next period?”]

<DO NOT ASK HR58-HR60 IF LMP ≤ 35>

<BEGIN REPEATING RECORD>

HR58. <FIRST OCCURRENCE:> As women get older, they may experience changes in how often they have their menstrual periods. Since the age of 35, did you notice a change in the frequency of your periods when you weren’t pregnant, breastfeeding, or taking hormones, or hormonal birth control? YES..... 1 NO.....[HR61] 2 REF[HR61] 7 DK.....[HR61] 8

<ALL OTHER OCCURRENCES:> Did you experience any other changes in the frequency of your menstrual cycle after this (when you weren't pregnant, breastfeeding, or taking hormones, or hormonal birth control)?

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AGE

HR59. At what age did you [*first/next*] notice a change?

HR60. When you [*first/next*] noticed a change, did the length of time between your periods...

- become shorter[HR58] 1
- become longer[HR58] 2
- become less regular[HR58] 3
- became more regular[HR58] 4
- periods stopped permanently 5
- OTHER[HR58] 6

<END REPEATING RECORD>

<DO NOT ASK HR61 AND HR62 IF R IS CURRENTLY PREGNANT>

HR61. Has a doctor or other health professional ever told you that you have gone through menopause?

- YES[HR63] 1
- NO 2
- GOING THROUGH IT/
IN MIDDLE OF IT[HR63] 3

HR62. Do you think that you have gone through menopause?

- YES 1
- NO 2
- GOING THROUGH IT/
IN MIDDLE OF IT 3

Other Hormones

HR63. <FIRST OCCURRENCE:> Have you ever been a participant in a clinical trial in which you received a hormone that was being tested? Please do not include trials in which you know you received a placebo.

- YES 1
- NO[HR70] 2
- REF[HR70] 7
- DK[HR70] 8

<ALL OTHER OCCURRENCES:> Were there any other times when you were a participant in a clinical trial in which you received a hormone that was being tested?

HR64. What is the name of the hormone or hormones that you received? [IF R OFFERS >1 CLINICAL TRIAL: Please tell me about these trials one at a time.]

HORMONE(S): _____

HR65. How old were you when you [*first/next*] started taking [*HORMONE NAME*]?

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AGE

<IF HR65 = CURRENT AGE GO TO HR69>

HR66. Have you stopped taking [*HORMONE NAME*] for at least one year since you were [*AGE FROM HR65*]?

- YES 1
- NO[HR69] 2
- REF[HR69] 7
- DK[HR69] 8

HR67. How old were you when you [*first/next*] stopped taking [*HORMONE NAME*] for at least a year?

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AGE

HR68. Were there any other times that you started taking [HORMONE NAME] again? YES.....[HR65] 1
 NO.....[HR63] 2
 REF.....[HR63] 7
 DK.....[HR63] 8

HR69. Are you currently taking [HORMONE NAME]? YES.....[HR63] 1
 NO.....[HR63] 2

HR70. <FIRST OCCURRENCE:> Have you ever taken Lupron or Danocrine (for reasons other than infertility)? YES..... 1
 <ALL OTHER OCCURRENCES:> Were there any other periods of time that you took Lupron or Danocrine (for reasons other than infertility)? NO.....[HR75] 2
 REF.....[HR75] 7
 DK.....[HR75] 8

HR71. How old were you when you [first/next] started taking Lupron or Danocrine for reasons other than infertility?
 AGE
 <IF HR71 = CURRENT AGE GO TO HR74>

HR72. Have you stopped taking Lupron or Danocrine since you were [AGE FROM HR71]? Only consider times when you stopped for a year or longer. YES..... 1
 NO.....[HR74] 2
 REF.....[HR74] 7
 DK.....[HR74] 8

HR73. How old were you when you [first/next] stopped taking Lupron or Danocrine for reasons other than infertility?
 AGE
 <GO TO HR70>

HR74. Are you currently taking Lupron or Danocrine for reasons other than infertility? YES.....[HR70] 1
 NO.....[HR70] 2

HR75. <FIRST OCCURRENCE:> Have you ever taken testosterone by patch, pill, or injection? Please do not include testosterone cream. YES..... 1
 <ALL OTHER OCCURRENCES:> Were there any other times when you took testosterone by patch, pill, or injection? (Please do not include testosterone cream.) NO..... [NEXT SECTION]..... 2
 REF..... [NEXT SECTION]..... 7
 DK..... [NEXT SECTION]..... 8

HR76. How old were you when you [first/next] started taking testosterone?
 AGE
 <IF HR76 = CURRENT AGE GO TO HR79>

HR77. Have you stopped taking testosterone since you were [AGE FROM HR76]? Only consider times when you stopped for a year or longer. YES..... 1
 NO.....[HR79] 2
 REF.....[HR79] 7
 DK.....[HR79] 8

HR78. How old were you when you [first/next] stopped taking testosterone?
 AGE
 <GO TO HR75>

HR79. Are you currently taking testosterone? YES.....[HR75] 1
 NO.....[HR75] 2