| UC | ID | CODE | # | |
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FMMP - Female Oral Contraceptive and Reproductive History Questions

| FOR E | FEMAL: | ES ONI | -Υ: | | | | | | | | |
|-------|--------|--------|------|------|---------------|--------|---------|--------|-----|-----|--------|
| .Have | vou | ever | used | oral | contraceptive | (birth | control | pills) | for | anv | reason |

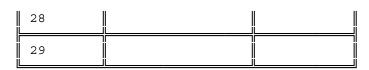
1. Have you ever used oral contraceptive (birth control pills) for any reason (birth control, acne, menstrual irregularity, etc.)?

T YES NO

la.If YES, for each age listed below, indicate with an "X" if you used birth control pills (BCPs) for at least two months during that year. If you used birth control pills for ten months or more that year, also place an "X" in the "10+ months" box.

For example: if you used birth control pills for eleven months of a year, you would place an "X" in both the "2 months or more" and the "10+ months" box.

| | BCP Use | 2 | | | BCP Use | 9 |
|---------------------|------------------|------------|------|-----|------------------|------------|
| Age | 2 months or more | 10+ months | | Age | 2 months or more | 10+ months |
| 13 years or less | | | | 30 | | |
| 14 | | | | 31 | | |
| 15 | | | | 32 | | |
| 16 | | | | 33 | | |
| 17 | | | | 34 | | |
| 18 | | | | 35 | | |
| 19 | | | | 36 | | |
| 20 | | | | 37 | | |
| 21 | | | | 38 | | |
| 22 | | | | 39 | | |
| 23 | | | | 40 | | |
| 24 | | | | 41 | | |
| 25 | | | | 42 | | |
| 26 | | | | 43 | | |
| 27 | | | | 44 | | |
| | | | ı II | | | |



45

| FOR FEMAI | LES ONLY: |
|--------------------|---|
| 2.Have you | r menstrual periods stopped permanently? |
| a. | NO - still menstruating |
| b. | YES - No menstrual periods |
| С. | YES - Had menopause, but now have periods because taking medication (hormones) |
| d. | NOT SURE |
| <u>IF YES</u> (eit | ther ${f b}$ or ${f c}$): |
| 2a. | At what age did your menstrual periods stop? |
| | Age = years |
| 2b. | For what reason did your periods cease? |
| | a. L' Surgery |
| | If surgery, were your ovaries removed? |
| | YES, both ovaries |
| | YES, but only one ovary |
| | Only uterus removed |
| | b. Radiation or Chemotherapy |
| | c. Natural |
| | If <u>natural</u> menopause, since menopause have you had surgery to remove ovaries or uterus? (check all that apply) |
| | □ NO |
| | ☐ Uterus removed |
| | One ovary removed |
| | Both ovaries removed |

| FERNALD | MEDICAL | MONITORING | PROGRAM |
|---------|----------|-------------|---------|
| ONGOING | YEAR 4A | - 1995 | |
| MEDICAL | INFORMAT | TION UPDATE | |

3a.

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| | | | | |

| | _ | | used etc.)? | estrogen | replacement | therapy | (such | as | Premarin, | Estraderm, | 0gen |
|--------|------------|------|-------------|------------------|-------------|---------|-------|----|-----------|------------|------|
| • | БРСТА | | ecc. / : | | | | | | | | |
| ; | a. | | Never | | | | | | | | |
| j | b. | | Past o | only | | | | | | | |
| | c. | | Currer | ntly | | | | | | | |
| IF YES | b (| Past | only) | or c (Cur | rently)? | | | | | | |

For how many total years? ____ years