U	F	S				

Form 0 2 Version 0 3

Interviewer ID: ___

Date of Interview: ___ ___ Month ___ ___ Day ___ ___ ___ ___ Year

Length of Interview: ___ ___ ___ minutes

# of Sessions: ___

Outcome Code: ___

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?

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Data collected by CODA, Inc.

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UTERINE FIBROID STUDY

TELEPHONE QUESTIONNAIRE

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TIME BEGAN: ☐☐ : ☐☐ AM PM

A. BACKGROUND INFORMATION

A1. What is your current age?

☐☐
AGE

A2. What is your date of birth?

☐☐ ☐☐ ☐☐☐☐
MONTH DAY YEAR

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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?

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

B2. Are you currently employed?

YES 1
NO .....(B6) 2

B3. How many hours per week do you work?

☐☐
HOURS PER WEEK

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

_____

_____

(CODE # OF JOBS) ☐

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

1st job _____

_____

_____

_____

_____

2nd job _____

_____

_____

_____

_____

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?

YES ..... (B11) 1
NO 2

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)?

#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?

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

B17. How many years did you work rotating shifts with this type of work? If less than a year, how many months?

|__|__| YEARS **OR** |__|__| MONTHS

B18. Did you work evening or night shifts when you were (doing) (ANSWER FROM B6)?

YES 1
NO ..... (B21) 2
DON'T KNOW ..... (B21) 8

B19. How many years or months did you work evening or night shifts with this type of work?

|__|__| YEARS **OR** |__|__| MONTHS ☐

Check here ____ if sporadic

and specify: _____

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

|__|__|:|__|__| AM PM ☐
to
|__|__|:|__|__| AM PM ☐

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
c.	ionizing radiation such as X-rays	1	2	8
d.	chemo-therapeutic agents	1	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

B23. While (doing) (ANSWER TO B6), did you use or were you around pesticides, herbicides, fungicides or fumigants, that is, chemicals used to kill insects, weeds, mildew or blight?

YES 1
NO ..... (B27) 2
DON'T KNOW ..... (B27) 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 1
WEEKLY.....2
MONTHLY.....3
OTHER 4
SPECIFY: _____

☐☐☐

REFUSED.....7
DON'T KNOW.....8

B27. During a typical day when you were (doing) (ANSWER FROM B6), did you mostly: (READ CATEGORIES 1-4)

Sit 1
Stand 2
Walk.....3
Do heavier physical activity
(lifting, digging, carrying, etc.).....4
OTHER 5

SPECIFY: _____
(E.G. SIT/STAND EQUALLY)

☐☐☐

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C. MENSTRUATION AND DOUCHING

The next questions are about menstrual periods and douching.

C1. How old were you when your menstrual periods began?

⌊__⌋__⌋
AGE (Skip to C4)
(DK=98) (Go to C2)

C2. IF DON'T KNOW C1:
What was your grade in school when your menstrual periods began?

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

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?

SAME TIME.....1
EARLIER.....2
LATER.....3

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?

YES.....1
NO..... (C6).....2
REFUSED..... (C6).....7
DON'T KNOW..... (C6).....8

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?

⌊__⌋__⌋ MONTHS.....1
YEARS.....2

ALWAYS INFREQUENT.....3

C6. Do you currently keep a record of your menstrual periods on a calendar or diary or anywhere?

YES.....1
NO..... (C7) 2
SOMETIMES 3

C6a. (IF YES OR SOMETIMES): Could you get any records so you can use them for the next few questions?

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:

MONTH DAY YEAR

MONTH DAY YEAR

C7a. IF TWO MONTHS OR MORE SINCE MOST RECENT PERIOD, CHECK HERE ____ AND ASK C8. ☐

C7b. IF LESS THAN TWO MONTHS SINCE MOST RECENT PERIOD, CHECK HERE ____ AND SKIP TO C10. ☐

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)]?

_____

_____

☐☐☐

C9. IF MONTH AND YEAR FROM C7 ARE MORE THAN A YEAR AGO, CHECK HERE ____ AND GO TO C13. ☐

C10. Thinking of your last period, how many days of bleeding did you have (don't count spotting)?

#DAYS

C11. On the days of heaviest bleeding, how many pads and tampons would you need during 24 hours? (Add pads and tampons together.)

#PADS+TAMPONS/DAY

Now I have a question about spotting, very light bleeding - just spots of blood rather than real blood flow.

C12. At the time of your last period, how many days of spotting, if any, did you have: (NONE = 00)

just before real blood flow?

just after real blood flow ended?

C12a. During your last menstrual cycle, were you on birth control pills or other medication that regulates your menstrual cycles?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

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.]

|_|_|_| DAYS
(IF OTHER THAN 000, SKIP TO C15)

Too irregular .... (C14) 995

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.]

|_|_| #PERIODS

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.

|_|_|_| #DAYS

C16. What was the shortest menstrual cycle you had during that year?

|_|_| #DAYS

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?

YES 1
NO ..... (C19) 2
REFUSED ..... (C19) 7
DON'T KNOW ..... (C19) 8

C18. How often did this happen?
(READ CATEGORIES 1-3)

Every period 1
Most periods 2
Occasional periods 3
JUST ONCE 4

C19. Thinking of the year before your most recent period, did you ever have any days of spotting in between periods, not counting days just before or after days of normal bleeding?

YES.....1
NO.....(C20a).....2
REFUSED.....(C20a).....7
DON'T KNOW.....(C20a).....8

C20. How often did this happen? (READ CATEGORIES)

Every cycle.....1
Most cycles.....2
Occasional cycles.....3

C20a. During the year before your last period, were you on birth control pills or other medication that regulates your menstrual cycle... (READ CATEGORIES)

None of the time?.....1
Some of the time?.....2
Or all of the time?.....3

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

Sub ☐☐

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

	C25. When you were in your (20s/30s/40s), how long were your menstrual cycles (counting from the first day of your period to the next period)? Include only times when you were not pregnant, not breastfeeding, or not taking birth control pills or not on medication that interfered with your periods. Were they usually... (READ CATEGORIES 1-3)	(ASK ONLY IF C25 IS 4, TOO VARIABLE TO ESTIMATE): C26. About how many periods per year did you have during the year when you had the most irregular periods? #PERIODS PER YEAR
a. 20s	26 days or less ..... (b)..... 1 27-32 days ..... (b)..... 2 more than 32 days ..... (b)..... 3 **too variable to estimate ..... (C26) ..... 4** **NA - no naturally occurring periods.. (b) 5**	☐☐
b. 30s	26 days or less ..... (c)..... 1 27-32 days ..... (c)..... 2 more than 32 days ..... (c)..... 3 **too variable to estimate ..... (C26) ..... 4** **NA - no naturally occurring periods.. (c)..... 5**	☐☐
(IF YOUNGER THAN AGE 40 CHECK HERE ____ AND GO TO C27) ☐ c. 40s	26 days or less ..... (C27).... 1 27-32 days ..... (C27).... 2 more than 32 days ..... (C27).... 3 **too 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 ..... (C34) 7
DON'T KNOW ..... (C34) 8

C28. How old were you when you first douched? ☐☐ AGE

C29. Do you still douche?

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

C30. How old were you when you stopped douching? ☐☐ AGE

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 ever 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?

☐☐ AGE

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?

☐☐ AGE

D2. IF NEVER, CHECK HERE AND SKIP TO D4. NEVER _____ ☐

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 4
REFUSED 7
DON'T KNOW 8

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 ..... (D7) 7
DON'T KNOW ..... (D7) 8

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?

☐☐ AGE

D7. Have you ever used birth control pills? This also includes "progesterone only" pills ("POP").

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

D8. How old were you when you started using birth control pills, whether or not it was to prevent pregnancy?

|__|__| AGE

D9. Let's start with your (teens/20s/30s/40s). At which ages from __ to __ were you using the pill? (START WITH THE AGE RANGE FOR WHEN SHE SAID SHE STARTED IN D8). CIRCLE EACH AGE OF PILL USE. CIRCLE "00" IF NO USE FOR A DECADE)	D10. How many total years or months were you using the pill during these ages? (if less than a year, code months) YEARS OR MONTHS	D11. Were you using the pill to prevent pregnancy or to treat some medical problem or both? YES NO
a. 00 10 11 12 13 14 15 16 17 18 19	|__|__| YRS OR |__|__| MOS	Prevent pregnancy 1 2 Medical problem 1 2 SPECIFY: _____ _____
b. 00 20 21 22 23 24 25 26 27 28 29	|__|__| YRS OR |__|__| MOS	Prevent pregnancy 1 2 Medical problem 1 2 SPECIFY: _____ _____
c. 00 30 31 32 33 34 35 36 37 38 39	|__|__| YRS OR |__|__| MOS	Prevent pregnancy 1 2 Medical problem 1 2 SPECIFY: _____ _____
(IF LESS THAN AGE 40, CHECK HERE ____ AND SKIP TO D14) ☐ d. 00 40 41 42 43 44 45 46 47 48 49	|__|__| YRS OR |__|__| MOS	Prevent pregnancy 1 2 Medical problem 1 2 SPECIFY: _____ _____

D12. How many different brands did you use during your (teens/20s/30s/40s)? # BRANDS	D13. Were any of these brands a “progesterone only” pill? YES NO DK
a. ⌊__⌋	1 2 8
b. ⌊__⌋	1 2 8
c. ⌊__⌋	1 2 8
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
c.	wanted to get pregnant?	1	2	7	8
d.	stopped needing the pill for medical reasons?	1	2	7	8
e.	stopped being sexually active?	1	2	7	8
f.	OTHER	1	2	7	8

SPECIFY: _____ ☐

D15. Have you ever had Norplant, small rods with hormone inserted under your skin?

YES.....1
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? ☐☐ YEARS **OR** ☐☐ MONTHS

D16. Have you ever had injectables like Depo-Provera?

YES.....1
NO.....(D17).....2
REFUSED.....(D17).....7
DON'T KNOW.....(D17).....8

[IF YES:]

D16a. How old were you when you first had injectables like Depo-Provera? ☐☐ AGE

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

IF STILL USING, CHECK HERE____. ☐☐

D16c. How many years or months in total did you have injectables like Depo-Provera? ☐☐ YEARS **OR** ☐☐ MONTHS

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
REFUSED..... (D19).....7
DON'T KNOW.... (D19).....8

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?

☐☐ #TIMES

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 3
b. Second IUD AGE: ☐☐	_____ ☐☐	☐☐ DAYS ..... 1 MONTHS ..... 2 YEARS 3
c. Third IUD AGE: ☐☐	_____ ☐☐	☐☐ DAYS ..... 1 MONTHS ..... 2 YEARS 3

Sub ☐☐

D24.

What happened to it? Did you have it removed because.....?
(READ CHOICES)

	Y	N	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	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.					☐
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.					☐
c 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: _____					☐☐☐

E. HORMONE MEDICATION HISTORY

E1. There are a number of reasons women are given female hormones other than for birth control. Please tell me if you ever took female hormones for any of the following reasons. Did you ever take female hormones (REASON)?			E2. Was the medication in the form of pills or skin patches, shots, creams or suppositories?		E3. At what age did you first start taking (this/these) hormone(s)?
REASONS:	YES	NO	YES	NO	AGE
a. To prevent a miscarriage	1	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	Pill .....1 Patch.....1 Shot .....1 Cream/Suppos 1	2 2 2 2	⌊__⌋⌊__⌋
c. As a morning after pill (to prevent a pregnancy after having unprotected sexual intercourse)	1	2	Pill .....1 Patch.....1 Shot .....1 Cream/Suppos 1	2 2 2 2	⌊__⌋⌊__⌋

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?
☐☐		_____ ☐☐☐☐☐ _____ ☐☐☐☐☐ _____ ☐☐☐☐☐
☐☐		_____ ☐☐☐☐☐ _____ ☐☐☐☐☐ _____ ☐☐☐☐☐
☐☐		_____ ☐☐☐☐☐ _____ ☐☐☐☐☐ _____ ☐☐☐☐☐

E1. Did you ever take female hormones (REASON)?	YES	NO	E2. Was the medication in the form of pills or skin patches, shots, creams or suppositories?	YES	NO	E3. At what age did you first start taking (this/these) hormone(s)? AGE
d. For heavy or irregular or too frequent menstrual periods	1	2	Pill Patch Shot Cream/Suppos	1 1 1 1	2 2 2 2	☐☐
e. For symptoms associated with PMS (Premenstrual syndrome)	1	2	Pill Patch Shot Cream/Suppos	1 1 1 1	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 Patch Shot Cream/Suppos	1 1 1 1	2 2 2 2	☐☐
g. For any other reasons, other than infertility. We'll be asking about infertility later. SPECIFY: 1. _____ ☐☐☐ 2. _____ ☐☐☐	1	2	Pill Patch Shot Cream/Suppos Pill Patch Shot Cream/Suppos	1 1 1 1 1 1 1 1	2 2 2 2 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 .... 1 WEEKS .... 2 MONTHS ...... 3 YEARS 4	________ |_|_|_|_|_| ________ |_|_|_|_|_| ________ |_|_|_|_|_|
	|_|_| DAYS .... 1 WEEKS .... 2 MONTHS ...... 3 YEARS .... 4 |_|_| DAYS .... 1 WEEKS .... 2 MONTHS ...... 3 YEARS 4	________ |_|_|_|_|_| ________ |_|_|_|_|_| ________ |_|_|_|_|_| ________ |_|_|_|_|_|

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F. PREGNANCY HISTORY

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 because of difficulty becoming pregnant?

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

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

|_|_| AGE

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 analysis	1	2	8
b.	temperature chart	1	2	8
c.	hysterosalpingogram to see if tubes are open	1	2	8
d.	post-coital test	1	2	8
e.	hormone measurements in the blood	1	2	8
f.	endometrial biopsy	1	2	8
g.	other	1	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 .....(F6) 8

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. What is the name of the (first/next) drug you took?	F8. In what month and year did you start taking (DRUG)?	F9. 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 ☐☐☐☐ YEAR	☐☐ DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4 CYCLES..... 5
B. 2nd _____ ☐☐☐	☐☐ MONTH ☐☐☐☐ YEAR	☐☐ DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4 CYCLES..... 5
C. 3rd _____ ☐☐☐	☐☐ MONTH ☐☐☐☐ YEAR	☐☐ DAYS ..... 1 WEEKS ..... 2 MONTHS ..... 3 YEARS ..... 4 CYCLES..... 5

[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) 8

F12. How many babies have you given birth to? #CHILDREN RF=97/DK=98 ☐☐

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

F13. A miscarriage or blighted ovum?
YES.....1
NO ..... (F15).....2
REFUSED ..... (F15).....7
DON'T KNOW ..... (F15).....8

F14. How many? #MISCARRIAGES RF=97/DK=98 ☐☐

F15. An abortion?
YES.....1
NO ..... (F17).....2
REFUSED ..... (F17).....7
DON'T KNOW ..... (F17).....8

F16. How many? #ABORTIONS RF=97/DK=98 ☐☐

F17. A stillbirth?
YES.....1
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.....1
NO ..... (F21).....2
REFUSED ..... (F21).....7
DON'T KNOW ..... (F21).....8

F20. How many? #TUBAL OR ECTOPIC PREGS. RF=97/DK=98 ☐☐

F21. A molar pregnancy?
YES.....1
NO ..... (F23).....2
REFUSED ..... (F23).....7
DON'T KNOW ..... (F23).....8

F22. How many? #MOLAR PREGNANCIES RF=97/DK=98 ☐☐

IF ALL OUTCOMES REFUSED OR ALL 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. ☐☐
TOTAL OUTCOMES

Now I would like to find out more about (each of) your (pregnancy/pregnancies.)
(Let's start with your first pregnancy.)

FOR ALL PREGNANCIES:

Pregnancy #	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.....01 Stillbirth .....02 Miscarriage .....03 Elective abortion .....04 Tubal or ectopic pregnancy.....05 Molar pregnancy .....06 Other or multiple births.....07 SPECIFY OUTCOME: _____ ☐☐☐	☐☐ MONTH ☐☐☐☐ YEAR	☐☐ #WEEKS **GO TO NEXT PREGNANCY OR F34**
02	Live birth.....01 Stillbirth .....02 Miscarriage .....03 Elective abortion .....04 Tubal or ectopic pregnancy.....05 Molar pregnancy .....06 Other or multiple births.....07 SPECIFY OUTCOME: _____ ☐☐☐	☐☐ MONTH ☐☐☐☐ YEAR	☐☐ #WEEKS **GO TO NEXT PREGNANCY OR F34**
03	Live birth.....01 Stillbirth .....02 Miscarriage .....03 Elective abortion .....04 Tubal or ectopic pregnancy.....05 Molar pregnancy .....06 Other or multiple births.....07 SPECIFY OUTCOME: _____ ☐☐☐	☐☐ MONTH ☐☐☐☐ YEAR	☐☐ #WEEKS **GO TO NEXT PREGNANCY OR F34**
04	Live birth.....01 Stillbirth .....02 Miscarriage .....03 Elective abortion .....04 Tubal or ectopic pregnancy.....05 Molar pregnancy .....06 Other or multiple births.....07 SPECIFY OUTCOME: _____ ☐☐☐	☐☐ MONTH ☐☐☐☐ YEAR	☐☐ #WEEKS **GO TO NEXT PREGNANCY OR F34**
05	Live birth.....01 Stillbirth .....02 Miscarriage .....03 Elective abortion .....04 Tubal or ectopic pregnancy.....05 Molar pregnancy .....06 Other or multiple births.....07 SPECIFY OUTCOME: _____ ☐☐☐	☐☐ MONTH ☐☐☐☐ YEAR	☐☐ #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. Was this baby born early, late or on time?	F28. How many weeks (early/late)?	F29. Did you have any special medical problems during the pregnancy including:	Y	N	RF	DK
Early........1	|__|__| #WEEKS	a. Toxemia, preeclampsia or eclampsia	1	2	7	8
Late........2		b. Anemia	1	2	7	8
On time.... (F29)......3		c. Pregnancy induced high blood pressure or gestational hypertension	1	2	7	8
		d. Gestational diabetes (diabetes beginning during pregnancy)	1	2	7	8
		e. Bleeding during pregnancy	1	2	7	8
		f. Prescribed bed rest (>10 days)	1	2	7	8
		g. C-Section rather than vaginal delivery	1	2	7	8
		h. Other	1	2	7	8
		SPECIFY: ______________				
Early........1	|__|__| #WEEKS	a. Toxemia, preeclampsia or eclampsia	1	2	7	8
Late........2		b. Anemia	1	2	7	8
On time.... (F29)......3		c. Pregnancy induced high blood pressure or gestational hypertension	1	2	7	8
		d. Gestational diabetes (diabetes beginning during pregnancy)	1	2	7	8
		e. Bleeding during pregnancy	1	2	7	8
		f. Prescribed bed rest (>10 days)	1	2	7	8
		g. C-Section rather than vaginal delivery	1	2	7	8
		h. Other	1	2	7	8
		SPECIFY: ______________				
Early........1	|__|__| #WEEKS	a. Toxemia, preeclampsia or eclampsia	1	2	7	8
Late........2		b. Anemia	1	2	7	8
On time.... (F29)......3		c. Pregnancy induced high blood pressure or gestational hypertension	1	2	7	8
		d. Gestational diabetes (diabetes beginning during pregnancy)	1	2	7	8
		e. Bleeding during pregnancy	1	2	7	8
		f. Prescribed bed rest (>10 days)	1	2	7	8
		g. C-Section rather than vaginal delivery	1	2	7	8
		h. Other	1	2	7	8
		SPECIFY: ______________				
Early........1	|__|__| #WEEKS	a. Toxemia, preeclampsia or eclampsia	1	2	7	8
Late........2		b. Anemia	1	2	7	8
On time.... (F29)......3		c. Pregnancy induced high blood pressure or gestational hypertension	1	2	7	8
		d. Gestational diabetes (diabetes beginning during pregnancy)	1	2	7	8
		e. Bleeding during pregnancy	1	2	7	8
		f. Prescribed bed rest (>10 days)	1	2	7	8
		g. C-Section rather than vaginal delivery	1	2	7	8
		h. Other	1	2	7	8
		SPECIFY: ______________				
Early........1	|__|__| #WEEKS	a. Toxemia, preeclampsia or eclampsia	1	2	7	8
Late........2		b. Anemia	1	2	7	8
On time.... (F29)......3		c. Pregnancy induced high blood pressure or gestational hypertension	1	2	7	8
		d. Gestational diabetes (diabetes beginning during pregnancy)	1	2	7	8
		e. Bleeding during pregnancy	1	2	7	8
		f. Prescribed bed rest (>10 days)	1	2	7	8
		g. C-Section rather than vaginal delivery	1	2	7	8
		h. Other	1	2	7	8
		SPECIFY: ______________				

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.
Boy.......1 Girl.......2 Twins or more.......3 (RECORD F31-F33 FOR FIRST OF MULTIPLE SET)	LBS OZS	Yes.......1 No.......2 **(IF NO, GO TO NEXT PREGNANCY OR F34)**	#MONTHS (LESS THAN 1 MONTH="00") **(NEXT PREGNANCY OR F34)**
Boy.......1 Girl.......2 Twins or more.......3 (RECORD F31-F33 FOR FIRST OF MULTIPLE SET)	LBS OZS	Yes.......1 No.......2 **(IF NO, GO TO NEXT PREGNANCY OR F34)**	#MONTHS (LESS THAN 1 MONTH="00") **(NEXT PREGNANCY OR F34)**
Boy.......1 Girl.......2 Twins or more.......3 (RECORD F31-F33 FOR FIRST OF MULTIPLE SET)	LBS OZS	Yes.......1 No.......2 **(IF NO, GO TO NEXT PREGNANCY OR F34)**	#MONTHS (LESS THAN 1 MONTH="00") **(NEXT PREGNANCY OR F34)**
Boy.......1 Girl.......2 Twins or more.......3 (RECORD F31-F33 FOR FIRST OF MULTIPLE SET)	LBS OZS	Yes.......1 No.......2 **(IF NO, GO TO NEXT PREGNANCY OR F34)**	#MONTHS (LESS THAN 1 MONTH="00") **(NEXT PREGNANCY OR F34)**
Boy.......1 Girl.......2 Twins or more.......3 (RECORD F31-F33 FOR FIRST OF MULTIPLE SET)	LBS OZS	Yes.......1 No.......2 **(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.

YES 1
NO.....(F36) 2
REFUSED.....(F36) 7
DON'T KNOW.....(F36) 8

F35. For which pregnancy or pregnancies did this happen?
IF PREGNANT ONLY ONCE, CHECK HERE ____ AND SKIP TO F36. ☐

a. PREGNANCY ENDING ___ ___ MONTH ___ ___ ___ ___ YEAR

b. PREGNANCY ENDING ___ ___ MONTH ___ ___ ___ ___ YEAR

c. PREGNANCY ENDING ___ ___ MONTH ___ ___ ___ ___ YEAR

F36. Did you try for a year or more to become pregnant again since your last pregnancy?

YES 1
NO..... (F40)..... 2
REFUSED..... (SECTION G) 7
DON'T KNOW.... (SECTION G) 8

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

___ ___ AGE

GO TO SECTION G

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

YES 1
NO.....(F40) 2
REFUSED.....(SECTION G).....7
DON'T KNOW...(SECTION G).....8

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.

___ ___ AGE

F40. Even if you weren't <u>trying</u> 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.)

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

F41. How old were you at the beginning of this time period?

___ ___ 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")

☐☐ AGE

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?)

☐☐ YEARS **OR** ☐☐ MONTHS

G5. As an adult (age 18 and older), did you ever live on a farm?

YES 1
NO ..... (G7) 2
REFUSED ..... (G7) 7
DON'T KNOW ..... (G7) 8

G6. About how many years or months in total did you live on a farm as an adult?

☐☐ YEARS **OR** ☐☐ MONTHS

G7. Have you ever lived in a house, apartment, or trailer home that was less than three years old?

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?

☐☐ AGE

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

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

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 IS AGE 17 OR OLDER): Does (he/she) live with you full-time? (>80% of the time) YES	NO
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)?

|_|_| #ROOMS

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

|_|_| #PEOPLE

G16. How would you categorize the income level of your family during the majority of your time growing up? Would you say..... (READ CATEGORIES)

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

G17. As a child, were there times when your family just didn't have enough to eat?

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

The next questions are about your early development.

G18. How old was your mother when she gave birth to you? (DK=98)

|_|_| AGE

G19. IF DON'T KNOW G18, ASK:
What is your mother's year of birth?

|_|_|_|_| YR OF BIRTH

G20. How much did you weigh when you were born? (DK = 98 98)

|_|_| LBS |_|_| OZS

G21. IF DON'T KNOW ACTUAL WEIGHT ASK:
Were you a big baby, medium size baby, or a small baby at birth?

BIG.....1
MEDIUM.....2
SMALL 3

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?

YES 1
NO.....(G24).....2
REFUSED.....(G24).....7
DON'T KNOW.....(G24).....8

G23. Was this time in the hospital related to being premature, or born too early?

YES 1
NO.....2
DON'T KNOW.....8

G24. Did your mother take DES (diethylstilbestrol) during her pregnancy with you? This was a drug that was given to women to help prevent miscarriage.

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

G25. Did your mother breastfeed you when you were a baby?

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

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?

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

G27. Approximately what was your weight at age 20?

LBS

G28. Approximately what was your weight at age 30?

LBS

G29. What is your current weight?

LBS

G30. What is your current height?

FT IN

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?

LBS

G32. What was the least you ever weighed since the age of 20, not counting weight loss due to illness?

LBS

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.

#OF TIMES

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?

YES 1
NO 2
REFUSED 7
DON'T KNOW 8

H2. Have you been on a sports team since leaving school?

YES 1
NO ..... (H4) 2
REFUSED ..... (H4) 7
DON'T KNOW ..... (H4) 8

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

|_|_|
#SEASONS

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 ..... (H6) 2
REFUSED ..... (H6) 7
DON'T KNOW ..... (H6) 8

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

|_|_|_|_| PER
#MINUTES

DAY 1
WEEK 2
MONTH 3

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?

				PER	DAY	1
					WEEK	2
#MINUTES					MONTH	3

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 a teenager. Did you engage in vigorous or moderately-paced recreational activities at that time? Do not include walking, which we ask about separately.

YES		1
NO	(H11)	2
REFUSED	(H11)	7
DON'T KNOW	(H11)	8

H9. What recreational activities were you doing then?

_____

_____

_____

H10. How many minutes per day, week, or month did you engage in vigorous or moderately-paced recreational activities at that time?

				PER	DAY	1
					WEEK	2
#MINUTES					MONTH	3

Activity	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)	8

H12. What recreational activities were you doing then?

_____

_____

_____

_____

H13. How many minutes per day, week, or month did you engage in vigorous or moderately-paced recreational activities at that time?

|_|_|_|_| #MINUTES PER

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

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. About how many minutes per day, week, or month (do/did) you spend walking....		(NONE = 0000) #MINUTES	DAY	WK	MO
a.	at the present time?	|_|_|_|_|	1	2	3
b.	when you were around age 30?	|_|_|_|_|	1	2	3
c.	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?

	#HOURS

(LESS THAN 1 HOUR=00)

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.....7
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 ..... (I-11) 7
DON'T KNOW ..... (I-11) 8

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

|_|_| AGE

I-2a. Did you smoke cigarettes regularly during your (teens/20s/30s/40s)? (START WITH APPROPRIATE DECADE BASED ON I-2.)	Y	N	I-2b. How many years of your (teens/20s/30s/40s) did you smoke, not counting any times when you quit for six months or longer? (CODE 00 IF LESS THAN A YEAR.) #YEARS	I-2c. How many cigarettes per day did you smoke during your (teens/20s/30s/40s)? #CIGS PER DAY
a. teens	1	2	|_|_|	|_|_|
b. 20s	1	2	|_|_|	|_|_|
c. 30s	1	2	|_|_|	|_|_|
(IF LESS THAN AGE 40, CHECK HERE ____ AND SKIP TO e)				☐
d. 40s	1	2	|_|_|	|_|_|
e. I have recorded a total of :			|_|_| TOTAL YEARS (ADD YEARS FROM I-2b)	

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

YES ..... (I-5) 1
NO ..... (I-4) 2
REFUSED ..... (I-5) 7
DON'T KNOW ..... (I-5) 8

IF NO TO I-3
I-4. How old were you when you quit?

|_|_| AGE

I-5. (IF TOTAL YEARS IN I-2b IS <u>10 YEARS OR MORE</u>, CHECK HERE ____ AND ASK I-6 TO I-10.) ☐

(IF TOTAL YEARS IN I-2b IS <u>LESS THAN 10 YEARS</u>, CHECK 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 1
MOUTH/THROAT 2

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.]

BRAND ☐☐☐☐

I-8. What year did you start smoking this brand?

☐☐☐☐ YEAR

I-9. What year did you stop smoking this brand? [IF STILL SMOKING THIS BRAND, RECORD CURRENT YEAR.]

☐☐☐☐ YEAR

I-10. Were these cigarettes.....? (READ CATEGORIES)

a. regular size 1
kings 2
100s 3
longer 4
DON'T KNOW 8

b. filter 1
non-filter 2
DON'T KNOW 8

c. flip top 1
regular pack 2
DON'T KNOW 8

d. regular (full flavor) 1
light 2
ultralight 3
DON'T KNOW 8

e. menthol 1
non-menthol 2
DON'T KNOW 8

TAR ☐☐

NICOTINE ☐☐

CARBON MONOXIDE ☐☐

MATCH ☐

I-11. In your childhood home (when you were under age 18), did (PERSON) smoke tobacco?

	YES	NO	RF	DK
a. Your mother (or mother figure)	1	2	7	8
b. Your father (or father figure)	1	2	7	8
c. Any other people living in your household (IF NO OTHERS, SKIP TO I-13)	1	2	7	8

IF YES TO I-11c:

I-12. How many **others**? ☐☐ # OTHER

SMOKERS

I-13. Did your mother smoke cigarettes regularly while she was pregnant with you?

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

I-14. During how much of your **adult** life (since age 18) have you lived with someone who smokes tobacco in your home? (READ FIRST 3 CATEGORIES)

Very little or none.....1
Less than half of adult life.....2
More than half of adult life.....3
REFUSED.....7
DON'T KNOW.....8

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

YES.....1
NO.....2
REFUSED.....7
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

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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, or highlighted more than once or twice in your life? Count either products that you used at home or that were used at a hair dresser's.

YES 1
NO .....(J3) 2
REFUSED .....(J3) 7
DON'T KNOW .....(J3) 8

J2. At what age did you first have your hair colored?

|_|_| AGE

J3. How much gray do you have in your natural hair? (READ CATEGORIES)

All gray 1
Mostly gray 2
Partly gray ..... (J5) 3
Little or no gray ..... (J5) 4

J4. At what age did you become mostly gray haired?

|_|_| AGE

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.

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

J6. Have you used perms to straighten your hair, curl your hair, or both?

STRAIGHTEN 1
CURL 2
BOTH 3

J7. How many years in total have you had permed hair?

|_|_| #YEARS

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K. NONPRESCRIPTION MEDICATIONS AND SLEEP PATTERNS

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

	K1. Have there been times in your life when you took (MEDICATION) daily for a month or longer?					K2. How old were you when this first happened?	K3. In all, how many months or years have you taken (MEDICATION) daily?	
		YES	NO	RF	DK	AGE	MONTHS	YEARS
a.	aspirin	1	2	7	8	☐☐	☐☐	☐☐
b.	acetaminophen or Tylenol	1	2	7	8	☐☐	☐☐	☐☐
c.	anti-inflammatory drugs like Advil or Motrin	1	2	7	8	☐☐	☐☐	☐☐
d.	cold medicines like Contac or 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)

FROM ☐☐ #HRS TO ☐☐ #HRS

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?

YES.....1
NO.....(K8).....2

K6. How many days per month do you have trouble sleeping?

☐☐ #DAYS

K7. What do you usually do when you have trouble sleeping? Do you stay in bed or get up and do something?

STAY IN BED.....1
GET UP.....2
DO BOTH ABOUT EQUALLY OFTEN.....3

K8. While you are sleeping, how dark is your bedroom usually?
(READ CATEGORIES)

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

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?

☐ #DAYS

K10. How many days per week do you wake up from your sleep time feeling rested?

☐ #DAYS

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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.)

YES 1
NO ..... (L3) 2
REFUSED ..... (L3) 7
DON'T KNOW ... (L3) 8

L2. In what year did you have a tubal ligation?
(IF DON'T KNOW, ASK L2a)

|_|_|_|_| YEAR
(DK=9998)

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

|_|_| AGE

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 ..... (L9) 7
DON'T KNOW ... (L9) 8

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

Sub ☐☐

L6. 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.)	YES	NO	L7. IF CODE YES, OR DK IF SURGERY INVOLVED THE UTERUS, GO TO L8. (INTERVIEWER CODES OR CODER)	YES	NO	DK
a. PART OF ONE OVARY	1	2				
b. PART OF BOTH OVARIES	1	2	UTERUS?	1	2	8
c. ALL OF ONE OVARY	1	2				
d. BOTH OVARIES	1	2				
e. PART OR ALL OF ONE TUBE	1	2				
f. PART OR ALL OF BOTH TUBES	1	2				
g. FIBROIDS FROM UTERUS (MYOMECTOMY)	1	2				
h. OTHER PART OF UTERUS	1	2				
SPECIFY WHAT WAS REMOVED: ______ ☐☐☐						
i. ALL OF UTERUS	1	2				
j. DON'T KNOW OR OTHER	1	2				
SPECIFY WHAT WAS REMOVED: ______ ☐☐☐						
a. PART OF ONE OVARY	1	2				
b. PART OF BOTH OVARIES	1	2	UTERUS?	1	2	8
c. ALL OF ONE OVARY	1	2				
d. BOTH OVARIES	1	2				
e. PART OR ALL OF ONE TUBE	1	2				
f. PART OR ALL OF BOTH TUBES	1	2				
g. FIBROIDS FROM UTERUS (MYOMECTOMY)	1	2				
h. OTHER PART OF UTERUS	1	2				
SPECIFY WHAT WAS REMOVED: ______ ☐☐☐						
i. ALL OF UTERUS	1	2				
j. DON'T KNOW OR OTHER	1	2				
SPECIFY WHAT WAS REMOVED: ______ ☐☐☐						
a. PART OF ONE OVARY	1	2				
b. PART OF BOTH OVARIES	1	2	UTERUS?	1	2	8
c. ALL OF ONE OVARY	1	2				
d. BOTH OVARIES	1	2				
e. PART OR ALL OF ONE TUBE	1	2				
f. PART OR ALL OF BOTH TUBES	1	2				
g. FIBROIDS FROM UTERUS (MYOMECTOMY)	1	2				
h. OTHER PART OF UTERUS	1	2				
SPECIFY WHAT WAS REMOVED: ______ ☐☐☐						
i. ALL OF UTERUS	1	2				
j. DON'T KNOW OR OTHER	1	2				
SPECIFY WHAT WAS REMOVED: ______ ☐☐☐						

ASK ONLY IF SURGERY INVOLVED THE UTERUS:

L8. and 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 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?

YES 1
NO 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?

YES 1
NO ..... (L28) 2
REFUSED ..... (L28) 7
DON'T KNOW ... (L28) 8

L10. How old were you when you were first told by a health person that you had uterine fibroids?

AGE

L11. What type of health person told you that you had fibroids?

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

_____

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 3
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) 8

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	L16. Are you currently taking (MEDICATION LISTED IN L14) for fibroids? YES	NO
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 ..... (L20) 2
REFUSED ..... (L20) 7
DON'T KNOW ... (L20) 8

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.)

☐☐ #VISITS

(IF ONLY 1 VISIT, SKIP TO L22.)

L21. Including the first diagnosis and later follow-up, how many (EXAMS) have you had to evaluate your fibroids?

a. ultrasound exams? ☐☐ #ULTRASOUND

b. internal pelvic exams? ☐☐ #PELVIC

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

☐☐☐☐ YEAR

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

Ultrasound.....1
Internal pelvic exam.....2
External pelvic exam.....3
or all three 4
Other 5
SPECIFY:
_____

☐☐☐

REFUSED.....7
DON'T KNOW.....8

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

_____ ☐☐

_____

L24. What was the size of the largest fibroid?
(RECORD VERBATIM) (DK=998)
(IF DK, PROBE FOR SOME KIND OF SIZE.)

_____ ☐☐☐
CM

_____

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

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

SPECIFY:
_____

☐☐☐

L26. Do you still have fibroids?

YES 1
NO ..... (L26a) 2
REFUSED 7
DON'T KNOW ..... (L26a) 8

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 for any reason other than fibroids or pregnancy?

YES ..... (L29) 1
NO ..... (L32) 2
REFUSED ..... (L32) 7
DON'T KNOW ..... (L32) 8

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

YES 1
NO ..... (L32) 2
REFUSED ..... (L32) 7
DON'T KNOW ..... (L32) 8

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

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	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: _____ _____ _____ _____ ☐☐☐
c. 3rd	☐☐☐☐ YEAR ☐ IF SERIES, CHECK HERE ____ AND DESCRIBE: _____ _____ _____ _____ ☐☐☐
d. 4th	☐☐☐☐ YEAR ☐ IF SERIES, CHECK HERE ____ AND DESCRIBE: _____ _____ _____ _____ ☐☐☐
e. Any others? IF YES: How many?	YES .....1 NO .....(L32) .....2 ☐☐ #

Sub

L30. What was the reason for the ultrasound(s) in (DATE IN L29)?	L31. What was found?
Pelvic pain .... 1 Bleeding .... 2 Other .... 3 Specify: ______	______
Pelvic pain .... 1 Bleeding .... 2 Other .... 3 Specify: ______	______
Pelvic pain .... 1 Bleeding .... 2 Other .... 3 Specify: ______	______
Pelvic pain .... 1 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)

|___|___|___| / |___|___|___|
SYSTOLIC DIASTOLIC
(DK=998/998)

L33. Does it tend to be normal, high, or low?

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?

|___|___| |___|___|___|___|
MONTH YEAR

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.

|___|___|
PULSE

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

L36. We would like to be able to contact you two or three years from now to follow-up on your gynecologic health and to send you results of this study. Could you give us the name, address, and telephone number of a relative or friend who will know where you are? It can be someone outside of the DC area, if you prefer.

RELATIONSHIP: _____

Name: _____

Address: _____
Street

_____
City State Zip

Phone number: (_____) _____

We've completed the interview. Thank you very much for your time.
(RECORD TIME ENDED THEN GO TO SCRIPT FOR WALK-THRU OF MAIL PACKET AND/OR SET CLINIC APPOINTMENT.)

TIME END : ⌊__⌋⌊__⌋ : ⌊__⌋⌊__⌋ AM PM

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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 06
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:Pregnancy 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:

_____

_____

_____

_____

_____

_____

☐