

# Fibroid Growth Study

FGS \_\_\_\_\_

FORM: FGS102

VERSION: 082901

DATA ENTRY INTL.: \_\_\_\_\_

## Follow-up Medical Questionnaire (for the 3,6 and 12 month visits)

Participant ID:	FGS-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interviewer ID:		<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Interview:		<input type="text"/>	<input type="text"/>	<input type="text"/>
		MONTH	DAY	YEAR
Length of Interview:		<input type="text"/>	<input type="text"/>	Minutes
No. of Sessions:		<input type="text"/>	<input type="text"/>	
Outcome Code:		<input type="text"/>	<input type="text"/>	



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For more information, contact Dr. Shyamal Peddada (peddada@niehs.nih.gov; 919-541-1122)

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1. Record each medication brought to the appointment (including prescription, over the counter, vitamins and supplements and herbal remedies).

	What is this medication?	Dosage taken?	How often do you take the medication? [If frequency is listed on the bottle and response does not match what was shown, ask again to confirm. Record patient's response.]	How long have you been taking this?
1a.				
1b.				
1c.				
1d.				
1e.				
1f.				
1g.				
1h.				
1i.				

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2. Are there other medications that you take on a regular basis, but did not bring with you? This includes prescription, over-the-counter, vitamins and supplements and herbal remedies.

YES .....1  
 NO .....2  
 REFUSED .....8  
 DON'T KNOW .....9

**IF YES:**

	What is this medication?	What dose do you take?	How often do you take the medication? [If frequency is listed on the bottle and response does not match what was shown, ask again to confirm. Record patient's response.]	How long have you been taking this?
2a.				
2b.				
2c.				
2d.				
2e.				
2f.				
2g.				
2h.				
2i.				

**Now I am going to ask you about recent use of some common medications.**

3. In the last 30 days, have you taken aspirin?

YES .....1  
 NO .....2  
 REFUSED .....8  
 DON'T KNOW .....9

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**IF YES:**

**3a.** How many do you usually take at a time?

# taken

**3b.** How often did you take aspirin in the last 30 days?

---

frequency

**4.** In the last 30 days, have you taken acetaminophen or Tylenol-type medicine?

YES .....1  
NO .....2  
REFUSED .....8  
DON'T KNOW .....9

**IF YES:**

**4a.** How many do you usually take at a time?

# taken

**4b.** How often did you take Tylenol or Tylenol-type medications in the last 30 days?

---

frequency

**5.** In the last 30 days, have you taken anti-inflammatory drugs like Advil or Motrin?

YES .....1  
NO .....2  
REFUSED .....8  
DON'T KNOW .....9

**IF YES:**

**5a.** How many do you usually take at a time?

# taken

**5b.** How often did you take Advil or Motrin-like drugs in the last 30 days?

---

frequency

**6.** In the last 30 days, have you taken cold, sinus, or allergy pills (like Contac)?

YES .....1  
NO .....2  
REFUSED .....8  
DON'T KNOW .....9

**IF YES:**

**6a.** How many do you usually take at a time?

# taken

**6b.** How often did you take cold, sinus or allergy drugs in the last 30 days?

---

frequency

**7.** Have you tried any alternative methods to treat your fibroids, such as:  
**7a.** acupuncture?

YES .....1  
NO .....2  
REFUSED .....8  
DON'T KNOW .....9

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**7b.** chiropractic services? YES .....1  
 NO .....2  
 REFUSED .....8  
 DON'T KNOW .....9

**7c.** progesterone cream? YES .....1  
 NO .....2  
 REFUSED .....8  
 DON'T KNOW .....9

IF YES and dosage not already provided, ASK:

**7d.** What dose of the progesterone cream do you use? \_\_\_\_\_

**7e.** Herbal remedies? YES .....1  
 NO .....2  
 REFUSED .....8  
 DON'T KNOW .....9

**7f.** What type(s) of herbal remedies have you used? \_\_\_\_\_

**8.** Are there other practices you have tried in the past month for your fibroids? YES .....1  
 NO .....2  
 REFUSED .....8  
 DON'T KNOW .....9

IF YES

**8a.** What were those practices?

Practices	Description