

**UTERINE FIBROID FOLLOW-UP 2004
MINI-QUESTIONNAIRE
(SHORT FORM)**

INFORMED CONSENT SCRIPT

Your participation is completely voluntary and all the information collected will be kept private and confidential, to the extent permitted by law. Your name does not go on this form, only an ID number. If for any reason you would rather not answer a question, just skip it. You may choose not to participate in this study at any time.

[INTERVIEWER MUST PULL THE FOLLOWING FROM SCREEN OR CONTACT RECORD]

STUDY ID:

MONTH/YEAR OF LAST INTERVIEW /
(month) (year)

AGE AT LAST INTERVIEW

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Thank you for agreeing to answer this brief questionnaire. Many of the questions require a 'yes' or 'no' response. However, if you cannot choose one of the suggested responses, you may write out your response in the open spaces on this form.

Dates are very important to us. If you do not know an exact date, please give us your best estimate of when the event occurred. Also, please be aware that many of the questions ask you to recall an event since the date of your last interview, which occurred on [MONTH/YEAR OF LAST INTERVIEW] when you were [AGE AT LAST INTERVIEW] years old.

1. Have you been pregnant since your last interview in [MONTH/YEAR OF LAST INTERVIEW]?

1 YES 2 NO

2. Since your last interview in [MONTH/YEAR OF LAST INTERVIEW], have you had any medical exams or procedures where they found or confirmed that you have uterine fibroids?

1 YES 2 NO → [GO TO QUESTION 3.]

↓

2a. What was the month and year this happened most recently? (Please give a best estimate if you don't know exact date).

AND
(month) (year)

2b. Since your last interview in [MONTH/YEAR OF LAST INTERVIEW], have you had one of the following procedures to treat fibroids: a myomectomy, a hysteroscopic resection, or uterine artery embolization?

1 YES 2 NO → [GO TO QUESTION 3.]

↓

[IF YES:]

2c. What was the month and year when you had this procedure? (Please give a best estimate if you don't know exact date).

AND
(month) (year)

3. Have you had a hysterectomy (your uterus and/or cervix removed)?

1 YES 2 NO → [GO TO QUESTION 4.]
↓

3a. What was the month and year when you had the hysterectomy? (Please give a best estimate if you don't know exact date).

AND
(month) (year)

4. Have your menstrual periods stopped permanently?

1 YES 2 NO

5. What was the date (month/day/year) of the start of your last menstrual period? (Please give a best estimate if you don't know exact date).

/ /
(month) (day) (year)

6. Have you had any symptoms of menopause, such as hot flashes?

1 YES 2 NO

7. Since your last interview in [MONTH/YEAR OF LAST INTERVIEW], have you taken birth control pills or hormone replacement therapy (medication for menopausal symptoms)?

1 YES 2 NO

8. If you have had any of the following procedures since [MONTH/YEAR OF LAST INTERVIEW]: a myomectomy, a hysteroscopic resection, uterine artery embolization or a hysterectomy, may we have your permission to send you a release form to obtain a copy of the medical report?

1 YES 2 NO

Date you completed this questionnaire:

/ /
(month) (day) (year)

(interviewer's initials)

Thank you for your time. Please return your questionnaire to CODA Research, Inc. using the contact information below.

Attn: Glenn Heartwell, Study Manager

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