

Fibroid Growth Study

FGS _____
FGS FORM: FGS103
VERSION: 051603

Monthly Telephone Questionnaire

DATA ENTRY INTL.: _____

Participant ID: FGS-

Interviewer ID:

Date of Interview:
MONTH DAY YEAR

Length of Interview: Minutes

No. of Sessions:

Outcome Code:



This work was supported by NIH grant #MO1RR00046, NIEHS contracts #N01-ES-95446 and #273-01-C-0157.
For more information, contact Dr. Shyamal Peddada (peddada@niehs.nih.gov; 919-541-1122)

Fibroid Growth Study

Monthly Telephone Questionnaire

FGS _____
FGS FORM: FGS103
VERSION: 051603
DATA ENTRY INTL.: _____

Table of Contents

<u>SECTION</u>		<u>PAGE</u>
A.	INTRODUCTORY SCRIPT	3
B.	MEDICAL INFORMATION	4
C.	PHYSICAL ACTIVITY	8
D.	DIET, SMOKING, AND WEIGHT	9
E.	MENSTRUATION	11
F.	SEXUAL ACTIVITY	14
G.	STRESS	15
H.	CLOSING REMARKS	17
I.	INTERVIEWER REMARKS	18

Fibroid Growth Study

FGS _____
FGS FORM: FGS103

VERSION: 051603

DATA ENTRY INTL.: _____

Monthly Telephone Questionnaire

Time Began: : AM PM

A. INTRODUCTORY SCRIPT

Hello. I am (name of interviewer) and I am calling to talk with _____. Is this _____ or may I speak with _____.

Hello _____. I am _____ and I am calling based on your participation in the Fibroid Growth Study. I would like to ask you questions about your health and lifestyle during the past month. This will take about 15 minutes. Do you have the time now for me to ask you these questions?

[If not], when would be a better time to call?

Many of the questions are very personal. You do not have to answer any questions if you feel they are too personal or that you do not want to answer for any reason. This will not affect your participation in the study itself.

Feel free to ask questions if you do not understand the question or would like to know why we ask such questions.

Do you have any questions right now? Could you get a calendar to have near the phone to help with some of the questions, and if you have a record of your menstrual period, could you get that and keep it handy as well?

Fibroid Growth Study

FGS _____
 FGS FORM: FGS103
 VERSION: 051603

DATA ENTRY INTL.: _____

Monthly Telephone

Questionnaire

B. Medical Information

The first question is about pregnancy.

- B1.** Do you think you are currently pregnant?
- | | | | |
|-------------------|-------|-------|----------|
| Yes | ..... | ..... | 1 |
| No | ..... | ..... | 2 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |

The next questions are about vaginal bleeding.

- B2.** During the last 30 days, how much of a problem was vaginal bleeding (including menstruation) for you?
- | | | | |
|-------------------|-------|-------|----------|
| Big | ..... | ..... | 1 |
| Medium | ..... | ..... | 2 |
| Small | ..... | ..... | 3 |
| None | ..... | ..... | 4 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |

- B3.** During the last 30 days how much did vaginal bleeding interfere with your daily responsibilities, such as going to work/caring for family members and doing housework?
- | | | | |
|-------------------|-------|-------|----------|
| A lot | ..... | ..... | 1 |
| Some | ..... | ..... | 2 |
| A little | ..... | ..... | 3 |
| Not at all | ..... | ..... | 4 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |

- B4.** During the last 30 days how much did vaginal bleeding limit your social activities, such as visiting friends, taking vacations, having company?
- | | | | |
|-------------------|-------|-------|----------|
| A lot | ..... | ..... | 1 |
| Some | ..... | ..... | 2 |
| A little | ..... | ..... | 3 |
| Not at all | ..... | ..... | 4 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |

The next questions are about some symptoms you may have had during the last 30 days.

- B5.** During the last 30 days how much of the time have you felt excessively tired?
- | | | | |
|-------------------------|-------|-------|----------|
| All or Most of the time | ..... | ..... | 1 |
| Some of the time | ..... | ..... | 2 |
| A little of the time | ..... | ..... | 3 |
| None of the time | ..... | ..... | 4 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |

- B6.** During the last 30 days, how much of the time have you had back pain?
- | | | | |
|-------------------------|-------|-------|----------|
| All or Most of the time | ..... | ..... | 1 |
| Some of the time | ..... | ..... | 2 |
| A little of the time | ..... | ..... | 3 |
| None of the time | ..... | ..... | 4 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |

The next two questions ask you to recall the number of days

- B7.** During the last 30 days, about how many days did you have cramps, discomfort or pain the pelvic area?
- | | |
|--|--|
| | |
|--|--|
- No. of days**

- B8.** During the last 30 days, about how many days did you have a feeling of heaviness in the pelvic area?
- | | |
|--|--|
| | |
|--|--|
- No. of days**

Fibroid Growth Study

FGS _____
 FGS FORM: FGS103
 VERSION: 051603

DATA ENTRY INTL.: _____

Monthly Telephone Questionnaire

- B9.** During the last 30 days, how much of a problem was pelvic heaviness, discomfort, or pain for you? Was it:
- | | | | |
|-------------------|-------|-------|---|
| A big problem | ..... | ..... | 1 |
| Medium Problem | ..... | ..... | 2 |
| Small Problem | ..... | ..... | 3 |
| No Problem | ..... | ..... | 4 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |
- B10.** During the last 30 days, how much did pelvic heaviness discomfort or pain interfere with your being able to do the things you like to do or have to do? Did it interfere:
- | | | | |
|-------------------|-------|-------|---|
| A lot | ..... | ..... | 1 |
| Some | ..... | ..... | 2 |
| A little | ..... | ..... | 3 |
| Not at all | ..... | ..... | 4 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |
- B11.** **If at least "a little";** were there days when you just had to stay home because of pelvic discomfort or pain?
- | | | | |
|-------------------|-------|-------|---|
| Yes | ..... | ..... | 1 |
| No | ..... | ..... | 2 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |
- B12.** **IF YES:** In the last 30 days how many days did you stay home because of pelvic discomfort or pain?
- | | | | |
|--|--|--|--------------------|
| | | <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div> | No. of days |
|--|--|--|--------------------|
- B13.** During the last 30 days how much of the time have you been constipated?
- | | | | |
|-------------------------|-------|-------|---|
| All or most of the time | ..... | ..... | 1 |
| Some of the time | ..... | ..... | 2 |
| A little of the time | ..... | ..... | 3 |
| None of the time | ..... | ..... | 4 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |
- B14.** Do you take laxatives, such as Metamucil, on a regular basis?
- | | | | |
|-------------------|-------|-------|---|
| Yes | ..... | ..... | 1 |
| No | ..... | ..... | 2 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |
- IF YES TO # B14**
- B15.** What is your reason for taking laxatives? Is it because you are having a problem, or is it part of your regular habits?
- | | | | |
|-------------------|-------|-------|---|
| Having a problem | ..... | ..... | 1 |
| Regular habits | ..... | ..... | 2 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |
- B16.** During the last 30 days how much of the time have you had a lot of gas?
- | | | | |
|-------------------------|-------|-------|---|
| All or most of the time | ..... | ..... | 1 |
| Some of the time | ..... | ..... | 2 |
| A little of the time | ..... | ..... | 3 |
| None of the time | ..... | ..... | 4 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |

Fibroid Growth Study

FGS _____
 FGS FORM: FGS103
 VERSION: 051603

Monthly Telephone Questionnaire

DATA ENTRY INTL.: _____

B17. During the last 30 days how much of the time have you had stomach aches or nausea?

All or most of the time	.....	1
Some of the time	.....	2
A little of the time	.....	3
None of the time	.....	4
Refused	.....	8
Don't know	.....	9

B18. During the last 30 days have you ever had a urine leak?

Yes	.....	1
No	.....	2
Refused	.....	8
Don't know	.....	9

IF YES TO B18

B19. How much of a problem was it?

A big problem	.....	1
Medium Problem	.....	2
Small Problem	.....	3
No Problem	.....	4
Refused	.....	8
Don't know	.....	9

B20. Was it due to coughing, laughing, sneezing or lifting? Or was it just an uncontrolled response?

Laughing, etc.	.....	1
Uncontrolled	.....	2
Refused	.....	8
Don't know	.....	9

B21. During the last 30 days, did you sometimes feel like you needed to urinate urgently, even though you had little or no warning?

Yes	.....	1
No	.....	2
Refused	.....	8
Don't know	.....	9

B22. How much of a problem was it?

A big problem	.....	1
Medium Problem	.....	2
Small Problem	.....	3
No Problem	.....	4
Refused	.....	8
Don't know	.....	9

Now I am going to ask you about your general health.

B23. In the last 30 days, have you had a cold or been sick?

Yes	.....	1
No	.....	2
Refused	.....	8
Don't know	.....	9

IF YES to B23

B24. Did you have a fever?

Yes	.....	1
No	.....	2
Refused	.....	8
Don't know	.....	9

Fibroid Growth Study

FGS _____
 FGS FORM: FGS103
 VERSION: 051603

DATA ENTRY INTL.: _____

Monthly Telephone Questionnaire

- B25.** In the last 30 days, have you visited a doctor or been hospitalized?
- | | | | |
|----------------------|-------|-------|----------|
| Yes, Visited doctor | ..... | ..... | 1 |
| Yes, In the hospital | ..... | ..... | 2 |
| No | ..... | ..... | 3 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |

IF YES to B25

B26. What was the reason?

Please write reason exactly as stated. →

B27. What examination procedures were done for you during your doctor or hospital visit?

Please write procedures exactly as stated. →

The next question is about scheduled treatment, including surgery. We wish to stress that any decisions about treatment should be made by you. Your decision is not related to study participation. However, it is helpful for us to be informed when a study participant has chosen a treatment option. **In the last month, have you been scheduled to**

B28. receive treatment (including surgery) for your fibroids?

- | | | | |
|-------------------|-------|-------|----------|
| Yes | ..... | ..... | 1 |
| No | ..... | ..... | 2 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |

B29. If yes: What type of treatment is scheduled?

- | | | | |
|--------------|-------|-------|---|
| Hysterectomy | ..... | ..... | 1 |
| Myomectomy | ..... | ..... | 2 |
| Embolization | ..... | ..... | 3 |
| Other: | ..... | ..... | 4 |

Specify: _____

- | | | | |
|-------------------|-------|-------|----------|
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |

B30. If yes: Has a date of the surgery been set?

- | | | | |
|-------------------|-------|-------|----------|
| Yes | ..... | ..... | 1 |
| No | ..... | ..... | 2 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |

Fibroid Growth Study

FGS _____
 FGS FORM: FGS103
 VERSION: 051603

DATA ENTRY INTL.: _____

Monthly Telephone Questionnaire

B31. If yes: What is the date of the surgery?

Month	Day	Year

Write out Month _____

The next three questions are about infections.

B32. In the last 30 days, have you had cold sores
 (Fever sores, fever blisters)?

Yes 1
 No 2
Refused 8
Don't know 9

B33. In the last 30 days, have you had canker sores
 (mouth sores or mouth ulcers)?

Yes 1
 No 2
Refused 8
Don't know 9

B34. In the last 30 days, have you had genital herpes
 sores or blisters?

Yes 1
 No 2
Refused 8
Don't know 9

C. PHYSICAL ACTIVITY

The next questions are about vigorous activity.

C1. Currently do you engage in vigorous recreational
 activities that increase your heart rate or make
 you sweat for at least 30 minutes at a time?

Yes 1
 No 2
Refused 8
Don't know 9

C2. How many times per week do you engage in
 vigorous recreational activity?

No. of times	

Now I'd like to ask you about time that you spend walking to work, during lunch or shopping,
 as well as recreational walking.

C3. During a typical day, how much time do:
 you spend walking?

Between →

--

Up to ½ hour 1
 ½ hour and an hour 2
 1 hour and 1 ½ hour 3
 1 ½ hour and 2 hours 4
 2 and 2 ½ hours 5
 2 ½ and 3 hours 6
 More than 3 hours 7
Refused 8
Don't know 9

Fibroid Growth Study

FGS _____
FGS FORM: FGS103
VERSION: 051603

Monthly Telephone Questionnaire

DATA ENTRY INTL.: _____

D. DIET

The next questions are about diet.

- D1.** How often do you eat red meat?
- | | | | |
|-----------------------|-------|-------|---|
| Daily | ..... | ..... | 1 |
| 3-6 times per week | ..... | ..... | 2 |
| 1-2 times per week | ..... | ..... | 3 |
| Less than once a week | ..... | ..... | 4 |
| Never | ..... | ..... | 5 |
- D2.** Not counting fruit juices, how many servings of fruits and vegetables do you eat per day?
- | | | | |
|-------------|-------|-------|---|
| 5 + per day | ..... | ..... | 1 |
| 3-4 per day | ..... | ..... | 2 |
| 1-2 per day | ..... | ..... | 3 |
| <1 per day | ..... | ..... | 4 |
- D3.** How often do you eat at fast food restaurants?
- | | | | |
|-----------------------|-------|-------|---|
| Daily | ..... | ..... | 1 |
| 3-6 times per week | ..... | ..... | 2 |
| 1-2 times per week | ..... | ..... | 3 |
| Less than once a week | ..... | ..... | 4 |
| Never | ..... | ..... | 5 |
- D4.** How often do you eat fried foods?
- | | | | |
|-----------------------|-------|-------|---|
| Daily | ..... | ..... | 1 |
| 3-6 times per week | ..... | ..... | 2 |
| 1-2 times per week | ..... | ..... | 3 |
| Less than once a week | ..... | ..... | 4 |
| Never | ..... | ..... | 5 |
- D5.** Thinking about the last 30 days, how many caffeinated beverages did you drink each day, each week, or over the month?
- | | | | |
|----------------------|----------------------|----|----------------------|
| <input type="text"/> | <input type="text"/> | or | <input type="text"/> |
| per month | per week | | per day |
- D6.** In the last 30 days, how many alcoholic beverages (beer, wine or liquor) did you drink each day, each week, or over the month?
- | | | | |
|----------------------|----------------------|----|----------------------|
| <input type="text"/> | <input type="text"/> | or | <input type="text"/> |
| per month | per week | | per day |
- D7.** In the last 30 days, were there any days when you didn't eat or drink anything except water or other drinks without calories?
- | | | | |
|-------------------|-------|-------|---|
| Yes | ..... | ..... | 1 |
| No | ..... | ..... | 2 |
| Refused | ..... | ..... | 8 |
| Don't know | ..... | ..... | 9 |

IF YES

D8. How many days?

No. of days

Fibroid Growth Study

FGS _____
FGS FORM: FGS103

VERSION: 051603

DATA ENTRY INTL.: _____

Monthly Telephone Questionnaire

D9. During any of the last 30 days, have you been on a diet?

Yes	.....	.....	1
No	.....	.....	2
Refused	.....	.....	8
Don't know	.....	.....	9

IF YES TO D9

D10. Which of the following types diets were you on?
You can choose one or more than one category

Low calorie	.....	.....	1
Low fat	.....	.....	2
Low carbohydrate	.....	.....	3
Vegetarian	.....	.....	4
High protein like the Atkins Diet	.....	.....	5
Liquid diet like Slim Fast	.....	.....	6
Other (please specify)	.....	.....	7

Refused	.....	.....	8
Don't know	.....	.....	9

D11. In the last 30 days, have you been taking diet pills?

Yes	.....	.....	1
No	.....	.....	2
Refused	.....	.....	8
Don't know	.....	.....	9

IF YES

D12. What type of diet pill did you take?

The next questions are about your weight.

D13. Did you lose any weight in the last 30 days even if you gained it back?

Yes	.....	.....	1
No	.....	.....	2
Refused	.....	.....	8
Don't know	.....	.....	9

IF YES

D14. How many lbs.?

of lbs.

D15. What is your current weight?

of lbs.

D16. Thinking of the last 30 days, how many cigarettes did you smoke per day, on average?

per day

Fibroid Growth Study

FGS _____
 FGS FORM: FGS103

VERSION: 051603

DATA ENTRY INTL.: _____

Monthly Telephone Questionnaire

E. MENSTRUATION

REVIEW LAST MONTH'S QUESTIONNAIRE IN ORDER TO DETERMINE WHEN LAST MENSTRUAL PERIOD OCCURRED. IF COMPLETE HISTORY WAS REPORTED DURING LAST QUESTIONNAIRE BEGIN WITH E1. IF PARTICIPANT WAS IN THE MIDDLE OF A MENSTRUAL PERIOD DURING LAST QUESTIONNAIRE, BEGIN WITH E2.

- E1. Last time you reported having a menstrual period starting on _____ (month/day). Have you had any periods since this one?
If NO, SKIP to E10.
If YES, SKIP to E3.
- | | | | |
|--|-------------------|--------------------|----------------|
| | Yes | ..... | ..... 1 |
| | No | ..... | ..... 2 |
| | Refused | (GO TO E10) | 8 |
| | Don't know | (GO TO E10) | 9 |

- E2. Last time you reported having a menstrual period starting on _____ (month/day) and then another that had just started on _____ (month/day). You had not yet finished that one, so I'd like to ask about it now.
 How long was that period, that is how many days of bleeding, not counting any days of spotting?

		# of days
--	--	-----------

- Ea1. At the time of your last period, how many days of spotting, if any, did you have (READ CATEGORIES):

		# of days
--	--	-----------

Just before real blood flow?

		# of days
--	--	-----------

Just after real blood flow ended?

- Ea2. During that period, on the days of the heaviest bleeding, how many pads and tampons did you need during 24 hours?
(Add pads and tampons together, but not panty liners).

		# of pads+tampons/day
--	--	-----------------------

- Ea3. Did you use high absorbency pads or tampons on these days?

- | | | | |
|--|----------------|-------|----------------|
| | Yes | ..... | ..... 1 |
| | No | ..... | ..... 2 |
| | Refused | ..... | ..... 8 |

- Ea4. Are there additional methods that you needed to use for bleeding, such as towels, Depends or cups?

- | | | | |
|--|-------------------|-------|----------------|
| | Yes | ..... | ..... 1 |
| | No | ..... | ..... 2 |
| | Refused | ..... | ..... 8 |
| | Don't know | ..... | ..... 9 |

Fibroid Growth Study

FGS _____
 FGS FORM: FGS103
 VERSION: 051603

DATA ENTRY INTL.: _____

Monthly Telephone Questionnaire

E3. How many periods have you had since the last questionnaire (including a current one)? Each period should be distinguished by three days of no blood flow or spotting in between.

of periods

IF only one, SKIP to E4.

IF more than one, SKIP to Eb1.

IF none, SKIP to E10.

IF CURRENTLY HAVING A PERIOD, RECORD BEGINNING DATE OF CURRENT PERIOD HERE: _____ →

--	--	--

Month Day Year

Write out Month _____

E4. What was the beginning date of the most recent menstrual period? Please check your calendar. Take your time and be as accurate as possible.

--	--	--

Month Day Year

Write out Month _____

GO TO E5.

Eb1. What was the beginning date of the first complete period you had since the last questionnaire?

--	--	--

Month Day Year

Write out Month _____

Eb2. How long was that period, that is how many days of bleeding, not counting any days of spotting?

--	--

of days

Eb3. At the time of your last period, how many days of spotting, if any, did you have (READ CATEGORIES):

--	--

of days

Just before real blood flow?

--	--

of days

Just after real blood flow ended?

Eb4. During that period, on the days of the heaviest bleeding, how many pads and tampons did you need during 24 hours? **(Add pads and tampons together, but not panty liners).**

--	--

of days

of pads+tampons/day

Eb5. Did you use high absorbency pads or tampons on these days?

Yes	.....	.....	.....	1
No	.....	.....	.....	2
Refused	.....	.....	.....	8

Eb6. Are there additional methods that you needed to use for bleeding, such as towels, Depends or cups?

Yes	.....	.....	.....	1
No	.....	.....	.....	2
Refused	.....	.....	.....	8
Don't know	.....	.....	.....	9

If participant had a second complete period, go to Ec1.
If participant did not have a second complete period, SKIP to E12.
If participant had a second and FINAL period, go back to E4

Fibroid Growth Study

FGS _____
 FGS FORM: FGS103
 VERSION: 051603
 DATA ENTRY INTL.: _____

Monthly Telephone Questionnaire

Now I am going to ask you about the second complete period you had within the last 30 days.

Ec1. What was the beginning date of the second complete period you had since the last questionnaire?

--	--	--

Month Day Year

Write out Month _____

Ec2. How long was your second period, that is how many days of bleeding, not counting any days of spotting?

		# of days
--	--	-----------

Ec3. At the time of your last period, how many days of spotting, if any, did you have (READ CATEGORIES):

		# of days
--	--	-----------

Just before real blood flow?

		# of days
--	--	-----------

Just after real blood flow ended?

Ec4. During your second period, on the days of the heaviest bleeding, how many pads and tampons did you need during 24 hours? (Add pads and tampons together, but not panty liners).

--	--

of pads+tampons/day

Ec5. Did you use high absorbency pads or tampons on these days?

Yes 1
 No 2
Refused 8

Ec6. Are there additional methods that you needed to use for bleeding, such as towels, Depends or cups?

Yes 1
 No 2
Refused 8
Don't know 9

If participant had a third and final period, go to E4.

E5. How long was your most recent complete period, that is how many days of bleeding, not counting any days of spotting?

		# of days
--	--	-----------

E6. At the time of your last period, how many days of spotting, if any, did you have (READ CATEGORIES):

		# of days
--	--	-----------

Just before real blood flow?

		# of days
--	--	-----------

Just after real blood flow ended?

E7. During your most recent period, on the days of the heaviest bleeding, how many pads and tampons did you need during 24 hours? (Add pads and tampons together, but not panty liners).

--	--

of pads+tampons/day

E8. Did you use high absorbency pads or tampons on these days?

Yes 1
 No 2
Refused 8

Fibroid Growth Study

FGS _____
 FGS FORM: FGS103
 VERSION: 051603

DATA ENTRY INTL.: _____

Monthly Telephone Questionnaire

- | | | |
|--|-------------------|---------|
| E9. Are there additional methods that you needed to use for bleeding, such as towels, Depends or cups? | Yes | 1 |
| | No | 2 |
| | Refused | 8 |
| | Don't know | 9 |

If there are no more periods to report, SKIP TO QUESTION E12

The next questions are about vaginal bleeding.

- | | | |
|---|-------------------|---------|
| E10. Have you had any vaginal bleeding in the last 30 days? | Yes | 1 |
| | No | 2 |
| | Refused | 8 |
| | Don't know | 9 |

**If yes, go to E11.
 If no, go to E14.**

- | | | | | |
|---|---|--|--|-----------|
| E11. How many days of vaginal bleeding did you have?
Go to E14. | <table border="1" style="border-collapse: collapse; width: 100px; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> | | | # of days |
| | | | | |

- | | | |
|---|-------------------|---------|
| E12. In the last 30 days, did you have heavy, gushing type bleeding that was too much for your pads or tampons, even when changed frequently? | Yes | 1 |
| | No | 2 |
| | Refused | 8 |
| | Don't know | 9 |

- | | | |
|--|-------------------|---------|
| E13. In the last 30 days, have you passed blood clots that are larger than a tablespoon? | Yes | 1 |
| | No | 2 |
| | Refused | 8 |
| | Don't know | 9 |

- | | | |
|---|-------------------|---------|
| E14. During the last 30 days, did you have hot flashes? | Yes | 1 |
| | No | 2 |
| | Refused | 8 |
| | Don't know | 9 |

- | | | |
|--|-------------------|---------|
| E15. During the last 30 days, did you have night sweats? | Yes | 1 |
| | No | 2 |
| | Refused | 8 |
| | Don't know | 9 |

F. SEXUAL ACTIVITY

Now I am going to ask you about sex.

- | | | | |
|--|--|--|------------|
| F1. In the last 30 days how many times did you have orgasms, either with intercourse or other than with intercourse? | <table border="1" style="border-collapse: collapse; width: 100px; height: 30px;"> <tr> <td style="width: 100%;"></td> </tr> </table> | | # of times |
| | | | |

- | | | |
|---|----------------------|---------|
| F2. In the last 30 days, how frequently did you experience pain deep inside during sex?
(READ FIRST 5 CATEGORIES) | Most or all the time | 1 |
| | Some of the time | 2 |
| | A little of the time | 3 |
| | None of the time | 4 |
| | Not having sex | 5 |
| | Refused | 8 |
| | Don't know | 9 |

Fibroid Growth Study

FGS _____
FGS FORM: FGS103
VERSION: 051603

DATA ENTRY INTL.: _____

Monthly Telephone Questionnaire

The next questions are about vaginal dryness, birth control pills and hormone medications.

F3. In the last 30 days, how frequently did you experience vaginal dryness?

Most or all the time	.....	.....	1
Some of the time	.....	.....	2
A little of the time	.....	.....	3
None of the time	.....	.....	4
Refused	.....	.....	8
Don't know	.....	.....	9

F4. In the last 30 days, have you started or stopped using birth control pills, or switched to a different brand?

No	.....	.....	1
Started	.....	.....	2
Stopped	.....	.....	3
Switched	.....	.....	4
Refused	.....	.....	8
Don't know	.....	.....	9

IF YES

F5. What kind did you start using (or switch to)?

F6. In the last 30 days, have you had Norplant, small rods with hormone inserted under your skin?

Yes	.....	.....	1
No	.....	.....	2
Refused	.....	.....	8
Don't know	.....	.....	9

F7. In the last 30 days, have you had injectables like Depo-Provera?

Yes	.....	.....	1
No	.....	.....	2
Refused	.....	.....	8
Don't know	.....	.....	9

F8. Have you used progesterone cream in the last 30 days?

Yes	.....	.....	1
No	.....	.....	2
Refused	.....	.....	8
Don't know	.....	.....	9

F9. What dosage did you use?

F10. In the last 30 days, have you taken hormone replacement therapy (HRT) such as Premerin or Prempro?

Yes	.....	.....	1
No	.....	.....	2
Refused	.....	.....	8
Don't know	.....	.....	9

F11. In the last 30 days, have you taken other hormone medications for any conditions such as infertility, endometriosis or polycystic ovary disease?

Yes	.....	.....	1
No	.....	.....	2
Refused	.....	.....	8
Don't know	.....	.....	9

IF YES

F12. What type of medication(s)

Fibroid Growth Study

FGS _____
FGS FORM: FGS103
VERSION: 051603

DATA ENTRY INTL.: _____

Monthly Telephone Questionnaire

G. STRESS

Now I am going to ask you about stress.

- G1.** In the last 30 days, how hard was it for your family to pay for basic expenses like food, clothing, shelter, medical care and transportation?
- No Problem 1
Sometimes Difficult 2
Moderately Difficult 3
Very Difficult 4
Refused 8
Don't know 9
- G2.** In the last 30 days, how often did you forget to do important things?
- Always 1
A lot 2
Some 3
Rarely or never 4
Refused 8
Don't know 9
- G3.** In the last 30 days, how often did you feel like you had more to do than you could get done?
- Always 1
A lot 2
Some 3
Rarely or never 4
Refused 8
Don't know 9
- G4.** In the last 30 days, how often did you feel like you were at your limit like you couldn't handle another thing?
- Always 1
A lot 2
Some 3
Rarely or never 4
Refused 8
Don't know 9
- G5.** In the last 30 days, how often did you feel like important issues in your life were not under control?
- Always 1
A lot 2
Some 3
Rarely or never 4
Refused 8
Don't know 9
- Now, please think about the two or three most stressful things in your life. (pause)**
- G6.** In the last 30 days, how often did you think about these things when you didn't want to?
- Always 1
A lot 2
Some 3
Rarely or never 4
Refused 8
Don't know 9
- G7.** In the last 30 days, how often did you try to avoid letting yourself get upset about these things?
- Always 1
A lot 2
Some 3
Rarely or never 4
Refused 8
Don't know 9

Fibroid Growth Study

FGS _____
FGS FORM: FGS103

VERSION: 051603

DATA ENTRY INTL.: _____

Monthly Telephone Questionnaire

G8. In the last 30 days, how often did you have trouble falling asleep because of these things?

Always	.....	.....	1
A lot	.....	.....	2
Some	.....	.....	3
Rarely or never	.....	.....	4
Refused	.....	.....	8
Don't know	.....	.....	9

Time End: : AM PM

H. CLOSING REMARKS

The interview is now complete. Thank you very much for your time and effort. The information you provided will be very helpful in understanding fibroid growth. These updates will take about 15 minutes. We will continue calling monthly to find out about your symptoms and lifestyle then.

Last time you indicated that _____ was convenient for you. Is that still the best time to reach you?

Thanks again. An interviewer will be calling you on (restate date and time). Do you have any questions before we end this call?

[If there are questions, respond to those as instructed in the interview procedure manual or as you were taught in the interview training.]

If no questions or after all questions are answered, 'Goodbye.'

Fibroid Growth Study

FGS _____
 FGS FORM: FGS103
 VERSION: 051603

Monthly Telephone Questionnaire

DATA ENTRY INTL.: _____

I. INTERVIEWER'S REMARKS

- H1. Respondent's cooperation was:
- | | | |
|-----------|-------|---|
| Very Good | ..... | 1 |
| Good | ..... | 2 |
| Fair | ..... | 3 |
| Poor | ..... | 4 |
- H2. The overall quality of this interview was:
- | | | |
|--------------------|-------|---|
| Unsatisfactory | ..... | 1 |
| Questionable | ..... | 2 |
| Generally Reliable | ..... | 3 |
| High Quality | ..... | 4 |
- H3. Place a check for any section for which the quality of the interview was particularly unsatisfactory or questionable

	Unsatisfactory	Questionable
SECTION B. Occupational Data	<input type="checkbox"/>	<input type="checkbox"/>
SECTION C. Medical History	<input type="checkbox"/>	<input type="checkbox"/>
SECTION D. Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>
SECTION E. Diet	<input type="checkbox"/>	<input type="checkbox"/>
SECTION F. Weight Questions	<input type="checkbox"/>	<input type="checkbox"/>
SECTION G. Smoking History	<input type="checkbox"/>	<input type="checkbox"/>
SECTION H. Pregnancy History	<input type="checkbox"/>	<input type="checkbox"/>
SECTION I. Menstruation	<input type="checkbox"/>	<input type="checkbox"/>
SECTION J. Sexual and Contraceptive History	<input type="checkbox"/>	<input type="checkbox"/>
SECTION K. Stress	<input type="checkbox"/>	<input type="checkbox"/>
SECTION L. Ethnicity, Education and Income	<input type="checkbox"/>	<input type="checkbox"/>

H4. Comments
