

HALT-C Trial

Hormones and Women – Risk Factors AS

Form # 144 Version A: 06/15/2000 (Rev. 12/08/2003)

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

A2. Patient initials: \_\_\_\_\_

A3. Visit number: \_\_\_\_\_

A4. Visit Date: MM / DD / YYYY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

A5. Initials of person completing form: \_\_\_\_\_

Note: Information on this form is collected by patient interview.

We are asking women about their history of pregnancy, use of contraception and hormone replacement therapy. Some people find it easier to remember when they took medications or did specific things if they can relate those times to other dates that are important to them. I may use a calendar for this interview to help you recall and record dates.

(IT IS OPTIONAL TO SHOW CALENDAR TO SUBJECT AND USE IT TO HELP HER REMEMBER HER HISTORY OF PREGNANCY, CONTRACEPTIVE USE, AND/OR HORMONE REPLACEMENT THERAPY.)

SECTION B: HISTORY OF PREGNANCY

B1. Have you ever had monthly cycles of your period?

YES ..... 1

NO ..... 2 (B3)

B2. How old were you when you had your first period? \_\_\_\_\_

B3. Have you ever been pregnant?

YES ..... 1

NO ..... 2 (SECTION C)

B4. How many times have you been pregnant? \_\_\_\_\_

(Include all pregnancies, even those which ended in miscarriage, abortion or still birth).

ASK QUESTIONS B5a-B5c FOR EACH PREGNANCY. RECORD ANSWERS ON THE FOLLOWING TABLE.

B5. Now I would like to discuss each of your pregnancies.

	In what year did your [FIRST/NEXT] pregnancy end?	How many months were you pregnant?	What was the outcome of this pregnancy?	Did you breast feed for a minimum of one month?
	a.	b.	c.	d.
1. FIRST PREGNANCY	_____	_____	Live Birth..... 1 Miscarriage ..... 2 (NEXT PREGNANCY) Abortion ..... 3 (NEXT PREGNANCY) Still Birth..... 4 (NEXT PREGNANCY)	YES..... 1 NO..... 2
2. SECOND PREGNANCY	_____	_____	Live Birth..... 1 Miscarriage ..... 2 (NEXT PREGNANCY) Abortion ..... 3 (NEXT PREGNANCY) Still Birth..... 4 (NEXT PREGNANCY)	YES..... 1 NO..... 2
3. THIRD PREGNANCY	_____	_____	Live Birth..... 1 Miscarriage ..... 2 (NEXT PREGNANCY) Abortion ..... 3 (NEXT PREGNANCY) Still Birth..... 4 (NEXT PREGNANCY)	YES..... 1 NO..... 2
4. FOURTH PREGNANCY	_____	_____	Live Birth..... 1 Miscarriage ..... 2 (NEXT PREGNANCY) Abortion ..... 3 (NEXT PREGNANCY) Still Birth..... 4 (NEXT PREGNANCY)	YES..... 1 NO..... 2
5. FIFTH PREGNANCY	_____	_____	Live Birth..... 1 Miscarriage ..... 2 (NEXT PREGNANCY) Abortion ..... 3 (NEXT PREGNANCY) Still Birth..... 4 (NEXT PREGNANCY)	YES..... 1 NO..... 2
6. SIXTH PREGNANCY	_____	_____	Live Birth..... 1 Miscarriage ..... 2 (NEXT PREGNANCY) Abortion ..... 3 (NEXT PREGNANCY) Still Birth..... 4 (NEXT PREGNANCY)	YES..... 1 NO..... 2
7. SEVENTH PREGNANCY	_____	_____	Live Birth..... 1 Miscarriage ..... 2 (NEXT PREGNANCY) Abortion ..... 3 (NEXT PREGNANCY) Still Birth..... 4 (NEXT PREGNANCY)	YES..... 1 NO..... 2

Patient ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

	In what year did your next pregnancy end?	How many months were you pregnant?	What was the outcome of this pregnancy?	Did you breast feed for a minimum of one month?
	a.	b.	c.	d.
8. EIGHTH PREGNANCY	_____	_____	Live Birth..... 1 Miscarriage ..... 2 (NEXT PREGNANCY) Abortion ..... 3 (NEXT PREGNANCY) Still Birth..... 4 (NEXT PREGNANCY)	YES..... 1 NO..... 2
9. NINTH PREGNANCY	_____	_____	Live Birth..... 1 Miscarriage ..... 2 (NEXT PREGNANCY) Abortion ..... 3 (NEXT PREGNANCY) Still Birth..... 4 (NEXT PREGNANCY)	YES..... 1 NO..... 2
10. TENTH PREGNANCY	_____	_____	Live Birth..... 1 Miscarriage ..... 2 (C1) Abortion ..... 3 (C1) Still Birth..... 4 (C1)	YES..... 1 NO..... 2

**SECTION C: HISTORY OF CONTRACEPTION USE**

Now I am going to ask you questions about your use of different types of birth control methods from the time of your first menstrual period to the time of your last menstrual period.

C1. Have you ever used birth control pills?

YES ..... 1  
 NO ..... 2 (C3)

I would like to discuss each of your successive episodes of using birth control pills.

C2. STARTING AT THE AGE OF FIRST MENSTRUATION, FOR EACH SUCCESSIVE EPISODE OF USING BIRTH CONTROL PILLS, ASK:

	What month and year did you [FIRST/NEXT] use birth control pills?	ONGOING/ DISCONTINUED	What month and year did you stop using birth control pills for this episode?
	a.	b.	c.
1. FIRST EPISODE	_____ / _____ M M / Y Y Y Y	Ongoing.... 1 (C3) Disc..... 2	_____ / _____ M M / Y Y Y Y
2. SECOND EPISODE	_____ / _____ M M / Y Y Y Y	Ongoing.... 1 (C3) Disc..... 2	_____ / _____ M M / Y Y Y Y

Patient ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. THIRD EPISODE	____ / ____ M M / Y Y Y Y	Ongoing....1 (C3) Disc.....2	____ / ____ M M / Y Y Y Y
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	What month and year did you next use birth control pills? a.	ONGOING/ DISCONTINUED b.	What month and year did you stop using birth control pills for this episode? c.
4. FOURTH EPISODE	____ / ____ M M / Y Y Y Y	Ongoing....1 (C3) Disc.....2	____ / ____ M M / Y Y Y Y
5. FIFTH EPISODE	____ / ____ M M / Y Y Y Y	Ongoing....1 (C3) Disc.....2	____ / ____ M M / Y Y Y Y

C3. Have you ever used birth control shots?

YES ..... 1  
NO ..... 2 (C5)

I would like to discuss each of your successive episodes of using birth control shots.

C4. STARTING AT AGE OF FIRST MENSTRUATION, FOR EACH SUCCESSIVE EPISODE OF USING BIRTH CONTROL SHOTS, ASK:

	What month and year did you [FIRST/NEXT] use birth control shots? a.	ONGOING/ DISCONTINUED b.	What month and year did you stop using birth control shots for this episode? c.
1. FIRST EPISODE	____ / ____ M M / Y Y Y Y	Ongoing....1 (C5) Disc.....2	____ / ____ M M / Y Y Y Y
2. SECOND EPISODE	____ / ____ M M / Y Y Y Y	Ongoing....1 (C5) Disc.....2	____ / ____ M M / Y Y Y Y
3. THIRD EPISODE	____ / ____ M M / Y Y Y Y	Ongoing....1 (C5) Disc.....2	____ / ____ M M / Y Y Y Y
4. FOURTH EPISODE	____ / ____ M M / Y Y Y Y	Ongoing....1 (C5) Disc.....2	____ / ____ M M / Y Y Y Y
5. FIFTH EPISODE	____ / ____ M M / Y Y Y Y	Ongoing....1 (C5) Disc.....2	____ / ____ M M / Y Y Y Y

C5. Have you ever used birth control implants?

YES ..... 1  
NO ..... 2 (SECTION D)

I would like to discuss each of your successive episodes of using birth control implants.

**C6. STARTING AT AGE OF FIRST MENSTRUATION, FOR EACH SUCCESSIVE EPISODE OF USING BIRTH CONTROL IMPLANTS, ASK:**

	What month and year did you [FIRST/NEXT] use birth control implants?	ONGOING/ DISCONTINUED	What month and year did you stop taking a birth control implant for this episode?
	a.	b.	c.
1. FIRST EPISODE	____ / ____ M M Y Y Y Y	Ongoing....1 (D1) Disc.....2	____ / ____ M M Y Y Y Y
2. SECOND EPISODE	____ / ____ M M Y Y Y Y	Ongoing....1 (D1) Disc.....2	____ / ____ M M Y Y Y Y
3. THIRD EPISODE	____ / ____ M M Y Y Y Y	Ongoing....1 (D1) Disc.....2	____ / ____ M M Y Y Y Y
4. FOURTH EPISODE	____ / ____ M M Y Y Y Y	Ongoing....1 (D1) Disc.....2	____ / ____ M M Y Y Y Y
5. FIFTH EPISODE	____ / ____ M M Y Y Y Y	Ongoing....1 (D1) Disc.....2	____ / ____ M M Y Y Y Y

**SECTION D: HISTORY OF HORMONE REPLACEMENT**

D1. Have you had a period within the last 12 months?

YES ..... 1 (D7)

NO ..... 2

D2. When did you have your last period? \_\_\_\_ / \_\_\_\_  
M M Y Y Y Y

D3. Why did your periods stop? Did they stop because ..... ?

- They stopped naturally, ..... 1 (D7)
- They stopped after a hysterectomy, ..... 2 (D4)
- They stopped due to illness or medication ..... 3 (D7)
- You began hormones before natural period stopped, or ..... 4 (D7)
- You have not started menstruating after a recent pregnancy, or ..... 5 (D7)
- Some other reason? ..... 99

SPECIFY OTHER \_\_\_\_\_ (D7)

D4. When did you have your hysterectomy? \_\_\_\_ / \_\_\_\_  
M M Y Y Y Y

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D5. At the time of your hysterectomy, were your ovaries removed?

- Yes.....1
- No .....2 (D7)
- Do not know ovarian status.....-8 (D7)

D6. Was one or were both ovaries removed?

- One ovary removed ..... 1
- Both ovaries removed..... 2
- Unknown.....-8

D7. Have you ever been prescribed hormone replacement pills or patches?

- YES ..... 1
- NO ..... 2 (END OF FORM)

STARTING AT AGE OF MENSTRUATION, FOR EACH SUCCESSIVE EPISODE OF USING HORMONE REPLACEMENT PILLS OR PATCHES ASK:

D8.	What month and year did you start using hormone replacement pills or patches for the [FIRST/NEXT] episode?	ONGOING/ DISCONTIN. (If ongoing, D8d)	What month and year did you stop using this hormone replacement pill or patch?	What was the name of the hormone you used?	CODE (MOO K-7 Appendix A)	How many days per month did you take or wear it?
	a.	b.	c.	d.	e.	f.
1. Episode 1	M M / Y Y Y Y	Ongoing...1 Disc.....2	M M / Y Y Y Y	_____	_____	---
2. Episode 2	M M / Y Y Y Y	Ongoing...1 Disc.....2	M M / Y Y Y Y	_____	_____	---
3. Episode 3	M M / Y Y Y Y	Ongoing...1 Disc.....2	M M / Y Y Y Y	_____	_____	---
4. Episode 4	M M / Y Y Y Y	Ongoing...1 Disc.....2	M M / Y Y Y Y	_____	_____	---
5. Episode 5	M M / Y Y Y Y	Ongoing...1 Disc.....2	M M / Y Y Y Y	_____	_____	---