Entered: _ _ / _ _ / 20_ _ Initials: _____ Verified: _ _ / _ _ /20 _ _ Initials: _____
mm dd yy mm dd yy

Patient ID __ __ __ - __ __ __ __ - __ __ **ID** **Visit: 1**

For office use only.

RHB –Version 02/01/2008 FORMV

Form Completion Date __ __ / __ __ / 20 __ __ **RHBDAT**
mm dd yy

The following set of questions is for females only.

1. Have you had irregular periods (less than 8 periods a year) throughout life **starting in your teens**? **IRRPERD** ☐ 0. No ☐ 1. Yes

2. Have you ever had the following symptoms **before age 45?**

2.1 Excess facial, chest or body hair **HAIR**	☐ 0. No	☐ 1. Yes
2.2 Male pattern baldness, such as thinning of hair at the crown or temple **BALD**	☐ 0. No	☐ 1. Yes
2.3 Severe **adult** acne **ACNE**	☐ 0. No	☐ 1. Yes

3. Has a healthcare professional ever told you that you have/had polycystic ovary syndrome (PCOS)? **PCOS**

☐ 0. No → *Go to question 4*

☐ 1. Yes → Are you currently treating your PCOS? **PCOSTX**

☐ 0. No → *Go to question 4*

☐ 1. Yes

3.1 How are you currently treating your PCOS? *(Check "no" or "yes" to each)*

No	Yes		No	Yes	
☐	☐	Exercise **PCOSEXER**	☐	☐	Prescription medication **PCOSPMED**
☐	☐	Diet **PCOSDIET**			

4. In the **past 12 months** have you taken any hormonal medication, such as HRT, the pill, or fertility medication? **HORM**

☐ 0. No → *Go to question 5*

☐ 1. Yes

4.1 Please indicate which type of hormonal medication you have taken in the **past 12 months**: **HORMTYPE**

☐ 1. Hormone replacement therapy → *Skip to question 9, next page*
☐ 2. Hormonal birth control (such as pill, ring, shot, Mirena) → *Skip to question 12, next page*
☐ 3. Fertility medication → *Skip to question 12, next page*

Thinking back over the **past 12 months…**

5. In how many of those months did you have a period? #_**PERIOD**_ ***If zero, please skip to question 9, next page***

6. What was the usual length of your menstrual cycle (interval from the first day of period to the first day of next period)? **MCYCLE**

☐ 1. Less than 21 days ☐ 2. 21 – 35 days ☐ 3. More than 35 days ☐ 4. Too irregular to estimate

7.On average, how many days did your period (bleeding) last? **PLAST**

☐ 1. 1 – 4 days ☐ 2. 5 – 7 days ☐ 3. 8 – 9 days ☐ 4. More than 9 days

8. Did you have spotting or bleeding that occurred at times other than your menstrual period? **SPOT**

☐ 0. No → *Skip to question 12*

☐ 1. Yes → 8.1 In how many of the **past 12 months** did this occur? **SPOTS** (months) → *Skip to question 12*

9. How old where you when you had your last natural menstrual period? _____ (years) **MENSAGE**

10. Why did your natural menstrual period stop *(check only one response)*? **MENSSTOP**

1 ☐ Medication
2 ☐ Natural menopause
10 ☐ Hysterectomy alone
11 ☐ Hysterectomy and oophorectomy
12 ☐ Oophorectomy alone
13 ☐ Endometrial ablation
4 ☐ Chemotheraby
5 ☐ Chronic illness
6 ☐ Prolactin, adrenal gland or thyroid problem
7 ☐ Pregnancy
8 ☐ No known reason
9 ☐ Other (Specify: **MENSTOPS**)

11. Please indicate how bothersome the following symptoms have been in the **past month:**

	Not at all (1)	Slightly (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
11.1 Hot flashes or flushes **HFLASH**	☐	☐	☐	☐	☐
11.2 Sleep disturbance (difficulty falling or staying asleep or early wakening) **SLEEP**	☐	☐	☐	☐	☐
11.3 Vaginal dryness **VAGDRY**	☐	☐	☐	☐	☐

12. Have you **ever** tried to become pregnant? **PREG**

☐ 0. No → *Skip to question 16*
☐ 1. Yes

13. Has there **ever** been at least 12 months in your life when you were regularly having sexual intercourse with a man and not using any form of birth control and yet you did not become pregnant? **NOPREG**

☐ 0. No
☐ 1. Yes → Specify age this first happened: __ **NOPREGAG** __ (years)

14. Have you **ever** talked to a doctor or had tests done because of problems becoming pregnant? **PREGPROB**
    - ☐ 0. No → *Skip to question 16*
    - ☐ 1. Yes

15. Have you **ever** taken any fertility medication to help you become pregnant (such as Clomid, Serophene, Gonal-F, Follistim)? **FERT**
    - ☐ 0. No
    - ☐ 1. Yes

16. Total number of times you have been pregnant? # __**PREGNUM**_ ***If zero, please skip to question 17.***

If at least one pregnancy,

Starting with your first pregnancy, please use the table below to report the following:

- your age when you became pregnant
- whether you were taking fertility medication when you became pregnant
- whether you had a live birth, still birth (baby lost after 20 weeks or 5 months), or miscarriage (fetus lost before 20 weeks or 5 months)

	your age	fertility med used? No (0)	fertility med used? Yes (1)	*Please check one outcome per pregnancy* live birth (1)	still birth (2)	Miscarriage (3)	Other Outcome (4)
Preg. 1	**PREGAGE1**	**FERT1**		**PREGOUT1**			
Preg. 2	**PREGAGE2**	**FERT2**		**PREGOUT2**			
Preg. 3	**PREGAGE3**	**FERT3**		**PREGOUT3**			
Preg. 4	**PREGAGE4**	**FERT4**		**PREGOUT4**			
Preg. 5	**PREGAGE5**	**FERT5**		**PREGOUT5**			
Preg. 6	**PREGAGE6**	**FERT6**		**PREGOUT6**			
Preg. 7	**PREGAGE7**	**FERT7**		**PREGOUT7**			
Preg. 8	**PREGAGE8**	**FERT8**		**PREGOUT8**			

☐ I have had more than 8 pregnancies **PREGAGEN**

If you are 50 years old or older, please skip Questions 17-20. If you are 49 or younger please continue.

17. In the **past 12 months** how often have you used birth control when having sexual intercourse with a man? **BCNTLS**

☐ 0. Not sexually active with a man ☐ 2 Rarely ☐ 4. Most of the time
☐ 1. Never ☐ 3. About half the time ☐ 5. All of the time

18. In the **past 12 months** have you used (or has your partner used) birth control for any reason? **BCNTL**

☐ 0. No ☐ 1. Yes

Skip to question 19

18.1 Specify method of birth control you have used in the **past 12 months** (*Check "no" or "yes" for each item*).

No	Yes		No	Yes	
☐	☐	Pills, monthly (including one week of placebo or no pills, get period) **PILLSM**	☐	☐	Diaphragm **DIAPH**
☐	☐	Pills, continuous use (new pack every 3 weeks, no period) **PILLSC**	☐	☐	Cervical cap **CAP**
☐	☐	Mini Pill, continuous use (progestin only, get period) **MINIPILL**	☐	☐	Male or female condom **CONDOM**
☐	☐	**RING** Patch or ring	☐	☐	Contraceptive foams, creams, jellies **FOAMS**
☐	☐	Injections of medications (shots) or implantation of a medication release device **SHOTS**	☐	☐	Natural family planning, rhythm method or having sex during "safe" times **NATURAL**
☐	☐	IUD → ☐ Mirena ☐ Copper ☐ Don't know **IUD** **IUDTYPE**	☐	☐	Withdrawal **WITHD**
			☐	☐	Hysterectomy: your uterus was surgically removed **HYSTER**
			☐	☐	Tubal ligation: your tubes were tied **TUBAL**
			☐	☐	Vasectomy: your partner was sterilized **VASECT**
			☐	☐	Other **BCNTLO** (Specify:_____ **BCNTLOS**_____)

19. Please rate how important it is to you to be able to ever become pregnant in the future on a scale from 0 to 10, where 0 is of no importance and 10 is the most important thing in your life. # _____ (0 – 10) **PREGIMPT**

20. When do you think you will try to become pregnant? **PREGWHEN**

☐ 1. Never ☐ 2. In next 12 months ☐ 3. In next 12-24 months ☐ 4. After 24 months ☐ 5. Not sure