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OMB#: 0925-0584
Exp. 8/31/2017

HCHS/SOL Visit 2- Reproductive and Medical History

ID NUMBER:	<input type="text"/>	FORM CODE: RME VERSION: 1, 9/5/2014	Contact Occasion	<input type="text"/>	<input type="text"/>	SEQ number	<input type="text"/>	<input type="text"/>						
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ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

0b. Staff ID:

Instructions: Enter the answer given by the participant for each response. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc for those questions that do not list these values as possible answer choices.

This next interview includes questions for women about your menstrual periods and pregnancies, and about hormones that you may have used or are using. Can I proceed to ask these questions? [If yes] Some questions I ask may make you feel uncomfortable, and may include questions you may not feel like answering. Please, take your time to think through your answers. We want to understand these aspects of women's health, and at the same time we want you to feel respected and comfortable. You are important to us, and your participation in the study is extremely valuable.

A. HORMONE AND MENSTRUAL HISTORY QUESTIONS

1. Have you ever used a birth control method, including birth control pills or other hormonal methods?

- No 1 Go to Question 4
 Yes 2
 Refused 7 Go to Question 4
 Unsure/Don't know 9

2. Which of the following hormonal preparations have you ever used for birth control or for other medical purposes? Tell us whether you have ever used them or you are currently using these treatments.

	Never	Ever	Current	Not Sure
a. Birth control pills	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Birth control ring (Nuvaring) or patch (OrthoEvra)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
c. Depo-Provera Shots	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
d. Birth control implant (Norplant, Implanon, or Nexplanon)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
e. Intrauterine device (IUD) with hormones (Mirena)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

[If "Never" or "Not Sure" to all alternatives, go to Question 4.]

3. [If "Ever" or "Current" to any hormonal preparations], Why have you used this/these hormonal preparations? What was it [were they] indicated for?

Did you use them/it for: [ask for each item]	No	Yes	Not Sure
a. Birth control	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Acne	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
c. Menstrual cramps or painful periods	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
d. To regulate periods	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
e. To treat vaginal bleeding	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
f. Other	0 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

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Specify: _____

4. Have you ever tried to become pregnant for more than 1 year without success?

No 0 → **Go to Question 5**

Yes 1

Refused 7 → **Go to Question 5**

Unsure 9 → **Go to Question 5**

4a. What was the cause for not becoming pregnant? (Check one)

Medical problem with you? 0

Medical problem with your partner? 1

Medical problems with both you and your partner? 2

Refused 7

Unsure 9

5. Have your natural periods stopped PERMANENTLY? [if YES] do you still have periods from taking hormones?

No 0

Yes, I have no menstrual periods 1 → **GO TO QUESTION 6**

Yes, but I have periods induced by hormones 2 → **GO TO QUESTION 6**

Refused 7

Unsure 9

5a. **IF UNSURE, REFUSED or NO:** What was the date that your **most recent** menstrual period started? [Prompt for month and year, even if day is unknown.]

/ / → **GO TO QUESTION 8**
mm / dd / yyyy

6. At what age did your natural periods stop? age in years

7. Why did you periods stop (check one)?

They stopped naturally 1

Surgery to remove ovaries or uterus 2

Endometrial ablation 3

Radiation/chemotherapy 4

Other 5

Specify: _____

Refused 7

Unsure 9

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8. Have you had a hysterectomy? (This is an operation to take out your uterus or womb)

No 0 → **GO TO QUESTION 9**

Yes 1

Refused 7 → **GO TO QUESTION 9**

Unsure 9 → **GO TO QUESTION 9**

8a. Age at surgery? Age in years

9. Have you had either of your ovaries surgically removed? [If yes, then ask, "Have you had one ovary or both ovaries removed?]

No 0 → **Go to question 10**

Yes, one removed 1

Yes, both removed 2

Yes, unsure if
one or both removed 3

Refused 7 → **Go to question 10**

Unsure 9 → **Go to question 10**

9a. Age at surgery? Age in years

For the next question, I would like to ask you to think about your menstrual periods when you were 20 to 40 years old. Think about what your periods were like when you were not using birth control pills or other hormone medications and were not pregnant or breastfeeding. Think carefully; take your time.

10. How many days did your typical menstrual cycle last, that is, how many days were between the beginning of one menstrual period to the beginning of bleeding of the next period?

Less than 24 days 0

24-35 days 1

More than 35 days 2

Too variable or irregular to say 3

Refused 7

Don't know 9

11. Has a health care provider ever told you that you have polycystic ovary syndrome or PCOS?

No 0

Yes 1

Refused 7

Unsure 9

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B. PREGNANCY HISTORY QUESTIONS

Next, I will be asking you about any pregnancies you have ever had. Before or after SOL visit 1 on [date].

	Before visit 1?	After visit 1?
12. How many times have you been pregnant before visit 1? After visit 1? [If 12a=0 and 12b=0, then End Questionnaire and do not administer PCE Questionnaire] [If all pregnancies are after visit 1, End Questionnaire after Q18]	12a. <input type="text"/> <input type="text"/>	12b. <input type="text"/> <input type="text"/>
13. How many pregnancies have you had that lasted 6 months or longer before visit 1? After visit 1?	13a. <input type="text"/> <input type="text"/>	13b. <input type="text"/> <input type="text"/>
14. How many miscarriages have you had before visit 1? A miscarriage is a pregnancy loss before 24 weeks.	14a. <input type="text"/> <input type="text"/>	
15. How many tubal or ectopic pregnancies have you had before visit 1?	15a. <input type="text"/> <input type="text"/>	
16. How many C-sections have you had before visit 1?	16a. <input type="text"/> <input type="text"/>	

[If 16a is greater than 12 a, prompt the participant to reconcile the discrepancy. Sum answers to 13a, 14a, and 15a. If the sum of these three is greater than 12a, prompt the participant and reconcile the discrepancy. If 13a+14a+15a is smaller than 12a, we assume that the other pregnancies ended with abortions.]

[Question 17 and 18, are asking about any pregnancies, both before and after Visit 1]

17. During any of your pregnancies (or pregnancy), did you feel sad, miserable, or very anxious? By this, we mean a period of at least 2 weeks when you were not yourself and which was worse than the normal ups and downs of life? **By "two weeks," I mean most of the day, nearly every day.**

- No 0
Yes 1
Unsure or refused 9

18. After any of your pregnancies (or pregnancy), and within the first 6 months after delivery [or postpartum] did you feel sad, miserable, or very anxious? By this, we mean a period of at least 2 weeks, when you were not yourself and which was worse than the normal ups and downs of life? **By "for two weeks," I mean most of the day, nearly every day.**

- No 0
Yes 1
Unsure or refused 9

[If all pregnancies after visit 1, end questionnaire and complete one PCE per pregnancy after visit 1 that lasted 6 months or longer.]

Now for the remaining questions on this form, we would like to ask you questions about pregnancies that happened before visit 1 on [date].

19. How many babies (or baby) were born alive before visit 1? [If none, enter 0].

<input type="text"/>	<input type="text"/>
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19a. And how many babies (or baby) were stillborn before visit 1? [If none, enter 0].

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20. Did you ever have any of these illnesses or complications during any of your pregnancies before Visit 1 [this pregnancy before visit 1] on [date]?

	No	Yes	Refused	Not Sure
20.a. High blood pressure first diagnosed during pregnancy?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>
20.b. Preeclampsia or toxemia?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>
20.c. Seizures, convulsions or eclampsia?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>
20.d. Diabetes first diagnosed during pregnancy?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>
20.e. Birth of an infant weighing less than 5.5 lbs (2.5kg)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>
20.f. Birth of an infant weighing more than 9 lbs (4.09kg)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>
20.g. Birth of a premature infant, or infant born earlier than 37 weeks?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>
20.h. Birth of twins, triplets or more babies	0 <input type="checkbox"/>	1 <input type="checkbox"/>	7 <input type="checkbox"/>	9 <input type="checkbox"/>

21. You indicated above that you had [12a-13a] pregnancies that lasted less than 6 months and before visit 1. How many of these pregnancies (or pregnancy) did you receive prenatal care, and if so was care received both inside and outside of the United States, in the United States only, or outside the United States only?

21a. No prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	[enter 77 for refusals]
21b. Both in and out of the United States	<input type="checkbox"/>	<input type="checkbox"/>	[enter 77 for refusals]
21c. Only in the United States	<input type="checkbox"/>	<input type="checkbox"/>	[enter 77 for refusals]
21d. Only outside of the United States	<input type="checkbox"/>	<input type="checkbox"/>	[enter 77 for refusals]

[sum 21a, b, c and d. If this sum is greater than (12a-13a), prompt the patient to reconcile]

22. You indicated that you had [13a] pregnancies that lasted 6 months or longer and before visit 1, how many of these pregnancies (or pregnancy) did you receive prenatal care, and if so was care received both inside and outside of the United States, in the United States only, or outside the United States only?

22a. No prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	[enter 77 for refusals]
22b. Both in and out of the United States	<input type="checkbox"/>	<input type="checkbox"/>	[enter 77 for refusals]
22c. Only in the United States	<input type="checkbox"/>	<input type="checkbox"/>	[enter 77 for refusals]
22d. Only outside of the United States	<input type="checkbox"/>	<input type="checkbox"/>	[enter 77 for refusals]

[sum 22a, b, c and d. If this sum is greater than 13a, prompt the patient to reconcile]

End of Questionnaire

If the number reported for Q12b is "0", then do not fill out a PCE/PCS form. If the number reported for Q13b is 1 or greater, then fill out a PCE/PCS form for each pregnancy that lasted 6 months or longer; and you may say, "Now, we would like to ask you some more detailed questions about the pregnancies [pregnancy] that occurred after SOL Visit 1 on [DATE] and lasted 6 months or longer."

GO to PREGNANCY COMPLICATIONS Form to collect details of each pregnancy after SOL Visit 1 that lasted 6 months or longer.