

THE 1988 TREMIN TRUST HEALTH REPORT FORM

ALL QUESTIONS PERTAIN TO 1988 ONLY

HEALTH INFORMATION

ID #: _____

TODAY'S DATE: _____

1. List below and name all chronic illnesses or chronic conditions which you experienced or took medication for in 1988. For example: allergies, diabetes, cancer, hypothyroidism, high blood pressure, heart disease, dermatitis, high cholesterol, depression, Parkinson's, etc.

Check whether the condition was self or professionally diagnosed.

Check whether you treated yourself, for example through diet, exercise, or over-the-counter drugs, or were treated by a health professional.

I did not have any chronic illness or condition in 1988

I did have a chronic illness or condition in 1988

Illness/Condition	Diagnosis [✓]		Treatment [✓]	
	Self	Medical	Self	Medical

2. List below by name ALL surgical procedure(s) performed on you in 1988, major or minor, including dental surgery, appendectomy, hysterectomy, oophorectomy (unilateral or bilateral - please specify), D & C, or pan hysterectomy (uterus and ovaries removed). State the reason for the surgery and the date of the surgery.

I did not have any surgery performed in 1988

I did have surgery performed in 1988

Surgery	Reason	Date (month/day)

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3. Were you hospitalized at any time during 1988?
 No
 I was treated in an emergency room or surgicenter and sent home
 I had surgery/treatment as an outpatient (one day) for _____
 I was hospitalized overnight from _____ to _____ (dates) for _____
 List additional dates here if necessary:

4. Check below all the types of radiation exposure you received in 1988 and the date of the exposure:
 I did not receive any radiation (x-ray) exposure in 1988
 I did receive radiation (x-ray) exposure in 1988



X-ray	<input checked="" type="checkbox"/>	Date (month/day)
Dental	<input type="checkbox"/>	
Mammogram	<input type="checkbox"/>	
Other (please specify):	<input type="checkbox"/>	

5. Record below any prescription drug you took during 1988 EXCEPT birth control pills and menopausal hormones. This includes antibiotics, antidepressants, pain killers, heart pills, high blood pressure medication, diuretics, other hormones, injections, pills, dermal patches, etc.
 For example: Synthroid, hypothyroidism, January to December.
 I did not take any prescription drug in 1988
 I did take a prescription drug in 1988



Drug Name	Reason Prescribed	Start Month	Stop Month

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6. Identify any major source(s) of stress during 1988 such as job stress, illness, divorce, marriage, change in residence, death of a relative, friend or pet, etc. and the date(s) of the event.

For example, adjusting to new job - April to June.

I did not experience any major stress during 1988

I did experience the following major stress in 1988

Sources of stress during 1988	Dates

7. Check any of the following conditions you experienced in 1988:

Condition	√	Condition	√
Weight loss	<input type="checkbox"/>	Dizzy Spells	<input type="checkbox"/>
Weight gain	<input type="checkbox"/>	Flooding with clots	<input type="checkbox"/>
Irritability	<input type="checkbox"/>	Cold chills	<input type="checkbox"/>
Flooding (vaginal bleeding in a gush)	<input type="checkbox"/>	Depression	<input type="checkbox"/>
Skin crawls	<input type="checkbox"/>	Bachaches	<input type="checkbox"/>
Forgetfulness	<input type="checkbox"/>	Urinary leakage	<input type="checkbox"/>
Cold hands/feet	<input type="checkbox"/>	Excitability	<input type="checkbox"/>
Vaginal dryness	<input type="checkbox"/>	Numbness	<input type="checkbox"/>
Can't concentrate	<input type="checkbox"/>	Joint pain	<input type="checkbox"/>
Mood changes	<input type="checkbox"/>	Breast pains	<input type="checkbox"/>
Crying spells	<input type="checkbox"/>	Vaginal infection(s)	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	Feeling suffocated	<input type="checkbox"/>
Feeling fright/panic	<input type="checkbox"/>	Periodontal disease	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>
Tiredness	<input type="checkbox"/>	Heart pounding/ palpitating	<input type="checkbox"/>
Tingling	<input type="checkbox"/>	Headaches	<input type="checkbox"/>
Worry about nervous breakdown	<input type="checkbox"/>	Bladder infection(s)	<input type="checkbox"/>
	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>
I EXPERIENCED NONE OF THE ABOVE CONDITIONS →			<input type="checkbox"/>

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8. Check below the item which best describes the number of cigarettes you smoked per day in 1988:

Cigarettes smoked per day in 1988			
	√		√
None		20 to 24	
1 to 9		25 to 29	
10 to 14		30 or more	
15 to 19			
Not a regular smoker: I smoke _____ * cigarettes per week →			

*Indicate the number of cigarettes you smoke per week in the blank

MENOPAUSE INFORMATION

9. Indicate below by name any hormone therapy, for example, estrogen only (ERT), progesterone only, or combination of estrogen and progesterone (HRT) which you took during 1988 for menopause symptoms. Indicate the DOSE prescribed and the days you took the hormone (what days of the month or how many times each week) This includes pills, patches and/or creams.

I did not take any hormones for menopausal symptoms during 1988.
 GO TO QUESTION 11

I took the following medication(s):

For example: Premarin, 0.625 mg, days 1-25

Hormone	Dose How much you took	Days taken

10. Why did you choose to begin or continue hormone therapy for menopause symptoms in 1988?

ALL QUESTIONS PERTAIN TO 1988 ONLY

11. Check what item best describes your menstrual status during 1988:

Absolutely NO vaginal bleeding or spotting ALL YEAR

Go to Question 14

Some vaginal bleeding or spotting at least once during 1988

Go to Question 12

12. What do you think was the cause of the vaginal bleeding or spotting you experienced in 1988? For example, I was taking hormone replacement therapy which is supposed to make me bleed.

13. Describe the quality of the postmenopausal bleeding, for example, heavy with clots? light? cramps? spotting?

14. Did you have sexual intercourse in 1988?

Yes

No

15. Would you share your thoughts, feelings and expectations of menopause:

16. Did you experience hot flashes in 1988?

No

Yes.

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BACKGROUND INFORMATION

17. Current Height (without shoes): ____ ft ____ in

18. Current Weight (without shoes): _____ lbs

19. List all occupation(s) during 1988 such as: any kind of paid work, student, volunteer, mother, retired, housewife.
For example: Manage own business - January to August, Bookkeeper - September to December, Mother - January to December.

Occupation	Dates

20. Check the item which best describes your marital status as of December 31, 1988:

Marital Status	[√]	Marital Status	[√]
Never Married		Divorced/Separated	
Married		Widowed	
Cohabiting/Living as married			

21. Did your marital status change in 1988?

____ No

____ Yes → Indicate your previous status: _____

22. Check the highest grade or level of education completed as of December 31, 1988.

Education Level	√	Educational Level	√
Less than High School		Some College	
High School Graduate		College Graduate	
Vocational/Trade School		Post Graduate	

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23. Check below the situation(s) which best describe your living arrangement(s) in 1988 and the months each situation applied .

For example: Live with partner with children, January to May, Live without partner with children, June to December.

Living Situation	√	Months
Live alone , home, apartment		
Live with roommate(s)		
Live with partner, no children		
Live with partner, with children		
Group living (dorm, retirement home, nursing home, etc.)		
Live without partner with children		
Live with family (parents and/or siblings, or adult children)		

Income levels profoundly affect women's access to health care. It is for this reason that we are asking about you and your family's income. Remember, ALL information is confidential.

24. Personal Income

Check the appropriate income range to indicate your personal income before taxes no matter what the source in 1988, such as wages, child support, dividends. This figure should represent YOUR income only, not that of your spouse, parents, or partner.

Income Range	√	Income Range	√
None (\$0)		\$30,000 to 39,999	
\$1 to 4,999		40,000 to 49,999	
5,000 to 9,000		50,000 to 74,999	
10,000 to 19,999		75,000 to 99,999	
20,000 to 24,999		100,000 or greater	
25,000 to 29,999			

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25. Total Household Income

Check the appropriate income range to indicate your total HOUSEHOLD income in 1988 before taxes no matter what the source. This figure should include income from your partner, and/or parent if appropriate, as well as your own.

Income Range	√	Income Range	√
None (\$0)		\$30,000 to 39,999	
\$1 to 4,999		40,000 to 49,999	
5,000 to 9,000		50,000 to 74,999	
10,000 to 19,999		75,000 to 99,999	
20,000 to 24,999		100,000 or greater	
25,000 to 29,999			

26. Check the item(s) which best describes your medical insurance coverage. Check all that apply.

Insurance	√	Insurance	√
No coverage		Medicare	
Military		Medicad	
VA		Medigap	
H.M.O. *		Other (specify)	
P.P.O. †			

* Health Maintenance Organization
 † Preferred Provider Organization

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27. List below by relationship the major persons to whom you GAVE support or care or from whom you RECEIVED support or care during 1988. Indicate their age, nature of the support, and then rate the support. A rating of 1 indicates that you feel that you received more support than you gave. A rating of 5 indicates that you gave more support than you received. A rating of 3 indicates that you feel that the support given and received was equal.

AN EXAMPLE IS PROVIDED IN THE FIRST SPACE

Relation-ship	Persons Age	Nature of support [√]			Overall Support Rating				
		Emotional	Physical	Financial	Got More		Equal		Gave more
					1	2	3	4	5
Mother	66	√		√	1	2	3	4	5
					1	2	3	4	5
					1	2	3	4	5
					1	2	3	4	5
					1	2	3	4	5
					1	2	3	4	5
					1	2	3	4	5

CHECK THAT YOUR IDENTIFICATION NUMBER IS ON PAGE 1 OF THIS FORM!

THANK YOU for taking time to fill out the 1988 Health Report. We know that we have asked for a lot of information. If you have concerns about any question for which a rationale was not provided, PLEASE write or call. Also, as in the past, your comments are encouraged.

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