

THE 1988 TREMIN TRUST HEALTH REPORT FORM

ALL QUESTIONS PERTAIN TO 1988 ONLY

MENSTRUAL INFORMATION

ID # \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

1. Check the item which best describes your menstrual status for 1988:

Menstruating  → Go to Question 2

I think I'm going through menopause.  → Go to Question 2

I became postmenopausal in 1988 because (please check whatever is appropriate):

I went through menopause naturally (no bleeding for one year)

I had my uterus removed on (month/day) \_\_\_\_/\_\_\_\_ in 1988

Other (please describe) \_\_\_\_\_  
on (date) \_\_\_\_\_

Go to Question 3

2. Did anything happen to you in 1988 which you think might have changed your normal bleeding pattern (how regular you are or what your period is usually like) EXCEPT for pregnancy?

For example: broke ankle - March; Problems with boss - June to July.

No.

Yes.

Describe what you think happened to affect your menstrual cycle in 1988: Include the DATE(S).

EVENT	DATES

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

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

I did not take any hormones for menopausal symptoms during 1988

→ Go to Question 5

I took the following medication(s)

Hormone	Dose (How much you took)	Days taken

ALL QUESTIONS PERTAIN TO 1988 ONLY

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

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IF YOU ARE POSTMENOPAUSAL GO TO QUESTION 5  
IF YOU ARE MENSTRUATING GO TO QUESTION 8

5. If you became postmenopausal in 1988, did you experience any vaginal bleeding after becoming menopausal (this includes bleeding from hormone therapy)?

No. → Go to Question 8.  
 Yes.

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

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7. Describe the nature of your postmenopausal bleeding experience. For example: heavy with clots? light? cramps? spotting?

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8. Did you experience hot flashes in 1988?

No.  
 Yes.

9. Whether or not you are now menopausal, please share with us your thoughts, feelings and expectations of menopause:

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ALL QUESTIONS PERTAIN TO 1988 ONLY

REPRODUCTIVE INFORMATION

10. Did you have sexual intercourse in 1988?

- No  
 Yes

11. Check below all types of birth control used by you or your partner with you, the months of use in 1988, and briefly indicate why you chose to use that method. Please think carefully over the entire year.

- I did not use any birth control in 1988  
 I did use birth control in 1988

Type of Birth Control	[ √ ]	Months (eg., Jan. to May)	Reason for choosing this method
Tubal Sterilization			
Hysterectomy			
Vasectomy of partner			
Condom			
Diaphragm			
IUD (type: _____)			
Sponge			
Foam/Jellies/Creams			
Withdrawal			
Rhythm (sex on safe days)			
Abstinence (no sex)			
Other, please specify:			

12. Check the outcome of each pregnancy in 1988 and indicate the date the pregnancy ended.

- I was not pregnant in 1988  
 I was pregnant in 1988

Date	I'm still pregnant	Live Birth	Still Birth	Mis- carriage	Abortion	Tubal Pregnancy

13. Were you or your partner counseled or treated for infertility in 1988?

- No.  
 Yes.

➔ Briefly list any medication taken (such as Clomid) and describe any procedures performed for infertility in 1988:

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**HEALTH INFORMATION**

14. List below and name all chronic illness(es) or chronic condition(s) 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 were treated by a health professional or treated yourself. For example, through diet, exercise or over-the-counter drugs.
- I did not have any chronic illness or conditions in 1988  
 I did have the following chronic illness or condition in 1988

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

15. 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, tubal ligation, and 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)

16. 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALL QUESTIONS PERTAIN TO 1988 ONLY**

17. 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

I did receive radiation (x-ray) exposure

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

18. 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

19. Identify any major source of stress during 1988, such as: job stress, illness, divorce, marriage, change in residence, or death of a relative, friend, 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

Source of stress during 1988	Dates

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

Cigarettes smoked per day in 1988			
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
None	<input type="checkbox"/>	20 to 24	<input type="checkbox"/>
1 to 9	<input type="checkbox"/>	25 to 29	<input type="checkbox"/>
10 to 14	<input type="checkbox"/>	30 or more	<input type="checkbox"/>
15 to 19	<input type="checkbox"/>		<input type="checkbox"/>
Not a regular smoker. I smoke _____ * cigarettes per week. →			

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

**ALL QUESTIONS PERTAIN TO 1988 ONLY**

21. Check [✓] any of the following conditions you experienced in 1988

Condition	[✓]	Condition	[✓]
Weight loss		Dizzy spells	
Weight gain		Flooding with clots	
Irritability		Cold chills	
Flooding (vaginal bleeding in a gush)		Depression	
Skin crawls		Backaches	
Forgetfulness		Urinary leakage	
Cold hands/feet		Excitability	
Vaginal dryness		Numbness	
Can't Concentrate		Joint pain	
Mood changes		Breast pains	
Crying spells		Vaginal infection(s)	
Constipation		Feeling suffocated	
Feeling fright/panic		Periodontal disease	
Diarrhea		Insomnia	
Tiredness		Heart pounding/palpitating	
Tingling		Headaches	
Worry about nervous breakdown		Bladder infection	
		Other, please list:	
I EXPERIENCED NONE OF THE ABOVE CONDITIONS →			

**BACKGROUND INFORMATION**

22. Current Height (without shoes): \_\_\_\_ ft \_\_\_\_ in

23. Current Weight (without shoes): \_\_\_\_\_ lbs

24. 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 - June to December, Mother - January to December.

Occupation	Dates

**ALL QUESTIONS PERTAIN TO 1988 ONLY**

25. 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			

26. Did your marital status change in 1988?

No  
 Yes → Indicate your previous status: \_\_\_\_\_

27. Check the highest grade or level of education that you have completed as of December 31, 1988.

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

28. Check below the situation(s) which best describe your living arrangement(s) in 1988 and the months each situation applied. For example: dorm - January to June and September to December, with family - July to August)

Living Situation	[ √ ]	Months
Live alone, home, apartment		
Live with roommates		
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)		

**ALL QUESTIONS PERTAIN TO 1988 ONLY**

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

29. 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 9,999		50,000 to 74,999	
10,000 to 19,999		75,000 to 99,999	
20,000 to 24,999		100,000 and greater	
25,000 to 29,999			

30. 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 9,999		50,000 to 74,999	
10,000 to 19,999		75,000 to 99,999	
20,000 to 24,999		100,000 and greater	
25,000 to 29,999			

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

Insurance	[ √ ]	Insurance	[ √ ]
No coverage		Medicare	
Military		Medicaid	
V.A.		Medigap	
H.M.O.*		Other:	
P.P.O. †			

\* Health Maintenance Organization  
 † Preferred Provider Organization

**ALL QUESTIONS PERTAIN TO 1988 ONLY**

32. List below by relationship the major persons to whom you GAVE support or care to or from whom you RECEIVED support or care during 1988. Indicate their age, the nature of the support, and then rate the overall 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 the support given and received was equal.

AN EXAMPLE IS PROVIDED IN THE FIRST LINE

Relation- ship	Persons Age	Nature of support [✓]			Overall Support Rating				
		Emotional	Physical	Financial	Get More	Equal		Give 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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