

THE 2001 TREMIN TRUST SHORT HEALTH REPORT FORM

ID Number: _____

Today's Date: __/__/__



Before you do another thing, please write your ID number and today's date above (your ID number is on the first line of your address label). Thank you in advance for taking your valuable time to fill out this survey.

1. What is your birth date? __ __ / __ __ / 19 __ __
Mo. /Day/ Year

2. This question is about your **current** menstrual status. Please circle the code for the ONE statement that *best* describes your **current** menstrual status (*read all of the choices first*):

- 1 I am new at menstruating skip to Question 4
- 2 I am menstruating in my regular pattern skip to the Question 4
- 3 My periods are changing in amount, length, spacing, etc. continue
- 4 I have not menstruated for 3-11 months continue
- 5 I have not menstruated for 12 months or more continue
- 6 Other: _____

3. (*Answer this question only if your periods are changing OR if you have not menstruated for 3 or more months.*) Please circle the reason(s) why you believe your periods are changing OR why you have not menstruated for 3 or more months (*circle all codes that apply*):

- 01 Postmenopausal (12 months or more with no menstrual bleeds)
- 02 Approaching menopause
- 03 Pregnant/recently gave birth/breastfeeding, date gave birth: _____
- 04 Strenuous exercise
- 05 Serious illness, please specify with date(s): _____
- 06 Medication induced
- 07 Stress
- 08 Hysterectomy (uterus removed) in 2000, date: _____
- 09 Panhysterectomy (uterus and ovaries removed) in 2000, date: _____
- 10 Oophorectomy (ovaries removed) in 2000, date: _____
- 11 It is my regular pattern
- 12 Not sure
- 13 Other: _____

4. Here is a list of hormonal products. Please review the list carefully and circle the code for every product that you have used in the past year.

01	ESTROGEN	07	COMBINATION Estrogen/Progestin
02	NATURAL PROGESTERONE	08	BIRTH CONTROL PILL
03	PROGESTIN	09	NORPLANT
04	TESTOSTERONE	10	INJECTABLES (e.g. Depo Provera)
05	TAMOXIFEN	11	OTHER: _____
06	RALOXIFENE (Evista®)		

5. If you experienced any of the following situations in 2000, **FIRST** circle the code to the left of that situation. **NEXT**, rate the stress you experienced in each situation on a continuum with 1 being not at all stressful, 2 a bit stressful, 3 stressful, and 4 extremely stressful. Circle the appropriate rating.

RATING SCALE
 1 = NOT AT ALL STRESSFUL
 2 = A BIT STRESSFUL
 3 = STRESSFUL
 4 = EXTREMELY STRESSFUL

<u>CODE</u>	<u>SITUATION</u>	<u>RATING SCALE (circle one)</u>			
01	Family problems	1	2	3	4
02	Job loss	1	2	3	4
03	Job-related stress	1	2	3	4
04	Death of partner	1	2	3	4
05	Death of family member	1	2	3	4
06	Death of non-family member	1	2	3	4
07	Health problems (self)	1	2	3	4
08	Health problems (family member)	1	2	3	4
09	Financial problems	1	2	3	4
10	Friendship problems	1	2	3	4
11	Accidentally injuring another person	1	2	3	4
12	Starting a new relationship	1	2	3	4
13	Ending a relationship	1	2	3	4
14	School-related stress	1	2	3	4
15	Rape/sexual assault	1	2	3	4
16	Domestic abuse (physical or mental)	1	2	3	4
17	Accident or injury (self)	1	2	3	4
18	Accident or injury (loved ones)	1	2	3	4
19	Child graduating/marrying/leaving home	1	2	3	4
20	Caretaking role	1	2	3	4
21	Infertility problem	1	2	3	4
22	Other _____	1	2	3	4

*Thank you! Please check that you've included your ID # on the top right hand corner of p.1 of this form. Now that you are finished, place this survey into the pre-addressed envelope with your Confidential Information and Referral Form, 1999-2000 Menstrual Calendar Card, Contact Information Form and your 1999-2000 Daily Hormone Use Form, and mail them to us. **THANK YOU FOR REMEMBERING TO ADD A 34 CENT STAMP TO THE RETURN ENVELOPE.** Thanks again!*