

Participant ID # _____

Today's Date ____/____/____



The 2003 TREMIN Health Report Form

Instructions: Before you answer the Health Report Form questions please write your ID number and today's date in the space provided above (your ID number is on the first line of your address label). Next, fill out the Health Report Form according to the directions provided prior to each question. Return the completed Health Report Form in the addressed envelope that has been provided in this mailing. We remind you that you do not have to answer any question you do not want to. Thank you in advance for taking the time to fill out this survey.

1. What is your birth date? ____ / ____ / ____

2. Indicate your current menstrual status by checking the box next to the most appropriate description (Be sure to read all of the choices first).
 - I began menstruating this year (skip to #4)
 - My periods are hormonally induced (skip to #4)
 - I am menstruating in my regular pattern (skip to #4)
 - I have had a hysterectomy and no longer menstruate (skip to #4)
 - My periods are changing in amount, length, spacing, etc. (continue with #3)
 - I have not menstruated for 3-12 months (continue with #3)
 - I have not menstruated for 12 months or more (continue with #3)

3. Here is a list of reasons why women's periods might change/stop. Read all the choices and then check the box next to every reason that applies to you.
 - Menopause – No bleeding for 12 months or more
 - Approaching menopause
 - Pregnant
 - Breastfeeding
 - Strenuous exercise
 - Serious illness
 - Medication induced
 - Stress
 - Not sure
 - Diet change/eating disorder
 - Other _____

4. Did you use any of the following hormones in 2002? Check the no or yes box for each item. Then, for every hormone that you did use, please record, to the best of your knowledge, the date you began using and the date you stopped using the hormone(s). If you are still using the hormone(s), write "ongoing" for the stop date.

HORMONE	NO	YES	START DATE	STOP DATE
Menopausal Hormones				
Estrogen	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Progestin	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Combination (Estrogen/Progestin)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Natural Progesterone	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Birth control				
Injectable birth control (Depo Provera/Lunelle) Type _____	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Birth control pill Dose _____	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Birth control patch Dose _____	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Mirena IUD	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
NuvaRing (vaginal ring)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Emergency contraceptive pill	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Other				
Testosterone (Androgen)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Tamoxifen	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Raloxifene (Evista)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___

If you are under 35 years of age, you do not need to answer these last questions on menopausal hormone use. You are finished with the survey! Please skip to the last page for mailing instructions.

5. As you know, TREMIN is dedicated to studying all aspects of women's health. Much of our research has focused on menopause. You probably know that this past summer the Women's Health Initiative (WHI) made public its findings concerning the use of Menopausal Hormone Therapy (see our newsletter for the highlights from this study). As menopause researchers we are interested in knowing how you processed this new information. The next set of questions addresses your reactions to the WHI results and your decisions regarding whether to start, stop or continue taking menopausal hormones.

- a. Which best describes your current menopausal hormone use:
- I have never used menopausal hormones (skip to d)
- I am not taking menopausal hormones now, but did in the past (continue with question b)
- I am currently taking menopausal hormones (continue with question b)

- b. Approximately how many years did you take/have you been taking menopausal hormones _____

c. Why did you start taking menopausal hormones?

d. How did you hear about the WHI results (from the media, your physician, our newsletter, a friend, etc)?

e. How did you interpret the WHI findings? What were your reactions to the information?

6. This final question is about your own personal reactions to the WHI news. Depending on whether you are a person who never used menopausal hormone therapy (HT), who once used HT but not now, or who use HT now, you should select ONE set of questions (a, b, or c) below to answer.

a. Never used HT:

How did you make the decision not to use HT? Did the WHI news affect your decision in any way? What, if anything, do you use (prescription or nonprescription) or do to manage any annoying conditions you might be experiencing, and/or to stay healthy?

b. Once used HT, but not now:

What made you stop using HT? Did anyone or the WHI findings influence your decision? What, if anything, do you use (prescription or nonprescription) or do to manage any annoying conditions you might be experiencing, and/or to stay healthy?

c. Currently use HT:

What made you decide to continue using HT? Have you made any changes since the WHI results in the products you use? What else, if anything, do you use (prescription or nonprescription) or do to manage any annoying conditions you might be experiencing, and/or to stay healthy?

You have completed the 2003 TREMIN Health Report Form. We are very grateful to you for taking the time to answer this survey. If there is anything else you'd like to tell us, feel free to attach additional sheets. Now that you are finished, place this Form into the pre-addressed envelope with your Confidential Information and Referral Form and your 2002-2003 Menstrual Calendar Card, and mail them to us. Thank you for remembering to affix a first class stamp to the return envelope.

REQUEST REQUEST REQUEST

One of our doctoral students plans to study POSTMENOPAUSAL SEXUALITY for her dissertation work. She will use personal telephone interviews to gather information on women's views toward sexuality and menopause that is not possible to determine in a mail survey. Although still in its preliminary stages, the study promises to be both useful and fascinating.

We are inviting you to consider participating in this study. If you are interested in learning more about this study **please check the box below**. The graduate student will send you a letter that describes the study in more detail. At that time, you can decide if you'd like to participate. As always, your responses are confidential and your anonymity guaranteed. We hope you will consider this unique opportunity to contribute to a better understanding of this important topic – and to help the student too!

- Yes, I'm interested in receiving more information. I realize I'm not making any commitment at this time.**