

Sp Med*	80	81	82	83	84	85	86	87	88	89	91	93	95	97	00	01
Hormones (non-BC)	x	x	x	x	x	Xx	Xx	x	x	x	x	x	x	x		x
Hormone Replacement (PM)**								x	x						x	
Dose									x	x	x	x	x	x	x	
Start /Stop dates/Cont.	x	x	x	x	x	Xx	Xx		x	x	x	x	x	x	x	
Brand/type															x	
Dose Form															x	
Regimen															x	
Estrogen	x	x	x	x	x	Xx	Xx		x							x
Progesterone									x							x
Thyroid	x	x	x	x	x	Xx	Xx									
Cortisone	x	x	x	x	x	Xx	Xx									
Insulin	x	x	x	x	x	Xx	Xx									
Testosterrone																x
Progetin																x
Estrogen/progestin																x
Tamoxifen ***																x
Raloxiene (Evista)***																x
Other	x	x	x	x	x	Xx	Xx		x	x	x	x	x	x		
Reason for Therapy										x	x	x	x	x		
Event Entry	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Menstrual Status								x	x	x	x	x	x	x	x	x
Category								x	x	x	x	x	x	x	x	
Description								x		x	x	x	x	x		
Comparison										x	x	x	x	x	x	
Feelings/Thoughts										x	x	x	x	x		
Tampon use								x								
Brand								x								
Reason								x								
Freq. Change								x								
Napkin use								x								
Brand								x								
Reason								x								
Freq. Change								x								
Unusual Vaginal Bleeding								x						x	x	x
Reasons								x							x	x
Describe Experience								x						x		
Menopause	x	x	x	x	x	X	X	x	x	x	x	x	x	x		
Reasons (med. Induced)								x	x	x	x	x	x	x	x	x
Date								x								x
Menopausal thoughts/feelings...									x	x						
PM Vaginal Bleeding	m							x	x							
Reason/Cause	m								x							
Describe experience									x							

