

ID#

--	--	--	--	--	--	--

DES DAUGHTERS
REPRODUCTIVE HEALTH STUDY

Hello, I would like to speak with

_____.

This is _____ with the
DES Reproductive Health Study.

You were recently sent a letter to let you know that someone from our staff would be calling. In the first part of the study, we would like to ask some questions about your health in general and more specifically about your reproductive health.

We would now like to do this interview by telephone. Is this a good time? The interview takes about half an hour.

LETTER NOT RECEIVED:

First, let me confirm that I have reached the correct person. Is this _____?
Was your mother associated with the DES Project in Chicago?

IF YES: Can I tell you about the study now?

SEE FACT SHEET

A7. Are you currently married or living as married? YES (A10) 1
 NO 2 (45)

A8. Have you ever been married? YES 1
 NO (A10) 2 (46)

A9. Are you now widowed, separated or divorced? WIDOWED 1
 SEPARATED 2 (47)
 DIVORCED 3

A10. Are you now employed outside the home? YES 1
 NO (B1) 2 (48)

A11. Do you work a changing or rotating shift at your job? YES 1
 NO 2 (49)

SECTION B: SMOKING HISTORY

Thank you. The next questions are about your exposure to cigarette smoke.

- B1. Have you ever smoked cigarettes on a regular basis? That is, have you ever smoked an average of at least one cigarette a day for six months or more? YES 1
NO (B8) 2 (50)
- B2. At what age did you first start smoking cigarettes?  (51-52)
AGE
- B3. Do you currently smoke an average of at least one cigarette a day? YES (B5) 1
NO 2 (53)
- B4. How old were you when you stopped smoking (at least one cigarette a day)?  (54-55)
YEARS OLD
- B5. How many cigarettes (do/did) you usually smoke each day?  (56-58)
CIGARETTES
- B6. Was there ever a time when you quit smoking cigarettes for a year or more? YES 1
NO (B8) 2 (59)
- B7. For how many years did you quit altogether?  (60-61)
YEARS
LESS THAN 1 YEAR = 00
DON'T KNOW = 98
- B8. Was your mother ever a smoker? YES 1
NO (B10) 2 (62)
DK (B10) 8
- B9. Did your mother smoke cigarettes when she was pregnant with you? NO 1
PROBABLY NOT 2 (63)
YES 3
PROBABLY YES 4
DON'T KNOW 8
- B10. During your childhood, did you ever live with someone who smoked cigarettes at home? YES 1
NO 2 (64)
- B11. Do you currently live with someone who smokes cigarettes at home? YES 1
NO 2 (65)
- B12. Do you now share a workspace anywhere outside your home with someone who smokes cigarettes at work? YES 1
NO 2 (66)

Thank you. In this next section, I will be asking some questions about your medical history. Some of these diseases may be unfamiliar to you. If a disease is totally unfamiliar, you can probably assume that you have never had it.

SECTION C: MEDICAL HISTORY

C1. Have you ever been diagnosed by a doctor or other medical personnel as having (CONDITION)?

IF YES (C2)

a. rheumatoid arthritis

YES 1
NO 2
DK 8

19 (67-69)

b. Grave's disease

YES 1
NO 2
DK 8

19 (70-72)

c. Hashimoto's disease
or hyperthyroidism

YES 1
NO 2
DK 8

19 (73-75)

d. pernicious anemia

YES 1
NO 2
DK 8

19 (76-78)

e. mononucleosis or mono

YES 1
NO 2
DK 8

19 (79-81)

f. chronic fatigue syndrome

YES 1
NO 2
DK 8

19 (82-84)

g. asthma

YES 1
NO 2
DK 8

19 (85-87)

h. eczema

YES 1
NO 2
DK 8

19 (88-90)

i. shingles

YES 1
NO 2
DK 8

19 (91-93)

C2. In what year were you first diagnosed as having (CONDITION)?

C3. Have you ever had hives? YES 1
 NO (C7) 2 (94)
 DK (C7) 8

C4. Were you a child or an adult when you first had hives? CHILD 1
 ADULT 2 (95)
 (ADULT =18+)

C5. In the past 12 months, have you had hives? YES 1
 NO (C7) 2 (96)
 DK (C7) 8

C6. How many times in the past 12 months have you had hives?

--	--

 (97-98)
 EPISODES

C7. In the past 12 months, have you had hay fever? YES 1
 NO (C9) 2 (99)
 DK (C9) 8

C8. Approximately how many weeks of the year do you have symptoms of hay fever?

--	--

 (100-101)
 WEEKS

C9. In the past 12 months, have you had (CONDITION)?
 a. a cold YES 1
 NO 2 (102)
 DK 8

b. flu of any type when you had symptoms like fever, body ache, or intestinal upsets YES 1
 NO 2 (103)
 DK 8

C10. Are there any foods that cause you to have allergic reactions like skin redness, skin rashes, swelling, difficulty breathing, watery eyes, or sneezing?

YES 1
 NO (C13) 2 (104)
 DK (C13) 8

C11. Do (FOOD) cause you to have an allergic reaction like skin redness, skin rash, swelling, difficulty breathing, watery eyes, or sneezing?

	YES	NO	DK	
a. eggs	1	2	8	
b. any milk products	1	2	8	
c. fish or shellfish	1	2	8	
d. any meats including poultry	1	2	8	(105-111)
e. any grains like wheat or rice	1	2	8	
f. any food additives like sulfites	1	2	8	
g. any legumes such as soy products, beans, or lentils	1	2	8	
				C12. How many (other vegetables/fruits)?
h. any other vegetables IF YES (C12)	1	2	8	<input type="text"/> <input type="text"/> (112-114)
i. any fruits IF YES (C12)	1	2	8	<input type="text"/> <input type="text"/> (115-117)
j. other foods _____	1	2	8	(118)

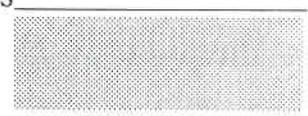
C13. Are there any drugs that cause you to have allergic reactions like skin redness, skin rashes, swelling, difficulty breathing, watery eyes, or sneezing?

YES 1
 NO (C15) 2 (119)
 DK (C15) 8

C14. What drugs are you allergic to?

_____ (120-122)
 _____ (123-125)
 _____ (126-128)

START LABELS



OFFICE USE ONLY 1

The next questions are about gynecologic conditions.

C15. Has a doctor, or other medical personnel ever diagnosed you as having (CONDITION)?

- | | IF YES (C16) |
|---|---|
| a. endometriosis | YES 1
NO 2 |
| b. an abnormal PAP smear | YES 1
NO 2 |
| c. cervical dysplasia, CIN, or CIS (<i>cervical intraepithelial neoplasia, carcinoma in situ</i>) | YES 1
NO 2 |
| d. a benign tumor of the reproductive organs | YES 1
NO 2 |
| e. cancer of the reproductive organs | YES 1
NO 2 |
| What kind? _____ | <input type="text"/> <input type="text"/> |
| _____ | <input type="text"/> <input type="text"/> |
| f. any other cancer | YES 1
NO 2 |
| What kind? _____ | <input type="text"/> <input type="text"/> |
| _____ | <input type="text"/> <input type="text"/> |
| g. pelvic inflammatory disease or PID | YES 1
NO 2 |
| h. syphilis or gonorrhea | YES 1
NO 2 |
| i. any other venereal disease | YES 1
NO 2 |
| SPECIFY: _____ | <input type="text"/> <input type="text"/> |

C16. In what year were you most recently diagnosed with (CONDITION)? (DK=98)

- | | Record 02 |
|--|-----------|
| 19 <input type="text"/> <input type="text"/> | (16-18) |
| 19 <input type="text"/> <input type="text"/> | (19-21) |
| 19 <input type="text"/> <input type="text"/> | (22-24) |
| 19 <input type="text"/> <input type="text"/> | (25-27) |
| | (28) |
| 19 <input type="text"/> <input type="text"/> | (29-32) |
| 19 <input type="text"/> <input type="text"/> | (33-36) |
| | (37) |
| 19 <input type="text"/> <input type="text"/> | (38-41) |
| 19 <input type="text"/> <input type="text"/> | (42-45) |
| 19 <input type="text"/> <input type="text"/> | (46-48) |
| 19 <input type="text"/> <input type="text"/> | (49-51) |
| | (52) |
| 19 <input type="text"/> <input type="text"/> | (53-56) |

LABEL PAGE 2 _____

The next question asks about conditions that may be unfamiliar to you if you have not had them.

C17. Has a doctor, or other medical personnel ever diagnosed you as having (CONDITION)?

	IF YES (C18)
a. vaginal adenosis	YES 1 NO 2
b. cervical ectropion	YES 1 NO 2
c. premature ovarian failure	YES 1 NO 2
d. a structural abnormality...	
of your uterus	YES 1 NO 2
of your vagina	YES 1 NO 2
of your tubes	YES 1 NO 2
of your cervix	YES 1 NO 2

C18. In what year were you first diagnosed as having (CONDITION)? (DK=98)

19 (57-59)

19 (60-62)

19 (63-65)

19 (66-68)

19 (69-71)

19 (72-74)

19 (75-77)

C20.
In what year
did you have
(PROCEDURE)?
MOST RECENT IF
MORE THAN ONE

C21.
What was the
postoperative diagnosis?

C19. Have you ever had (PROCEDURE)?

IF YES (C20,21)

- a. a hysterectomy YES 1 19 _____ (78-80)
NO 2
- b. a laparoscopy (incision in abdomen to look at reproductive organs) YES 1 19 _____ (81-83)
NO 2
- c. exploratory pelvic surgery YES 1 19 _____ (84-86)
NO 2
- d. a D&C not for abortion (dilatation and curettage) YES 1 19 _____ (87-89)
NO 2
- e. an ovarian cyst removed YES 1 19 _____ (90-92)
NO 2
- f. laser therapy of the cervix, cryosurgery or cautery of the cervix YES 1 19 _____ (93-95)
NO 2
- g. cervical cerclage (cervical stitches during pregnancy) YES 1 19 _____ (96-98)
NO 2
- h. other gynecologic surgery YES 1 _____ (99)
NO 2

SPECIFY: _____ 19 _____ (100-103)

_____ 19 _____ (104-107)

i. a breast biopsy (sample of breast tissue taken) YES 1 19 _____ (108-110)
NO 2

j. a mastectomy (surgery to remove breast) YES 1 19 _____ (111-113)
NO 2

k. other breast surgery YES 1 _____ (114)
NO 2

SPECIFY: _____ 19 _____ (115-118)

_____ 19 _____ (119-122)

LABEL PAGE 4 _____

Thank you. Now I would like to ask you some questions about your reproductive history.

SECTION D: REPRODUCTIVE HISTORY

Record 03

- | | | | | |
|-----|---|---|---|---------|
| D1. | Have you ever tried to become pregnant for 12 months or more without succeeding? | YES 1
NO 2
DK 8 | | (16) |
| D2. | Have you ever seen a physician or other medical personnel because you were having trouble getting pregnant? | YES 1
NO (D8) 6 2 | | (17) |
| D3. | Did you have (PROCEDURE)? | IF YES (D4) | D4. In what year did you most recently have (PROCEDURE)? DK=98 | |
| a. | to chart your basal body temperature? | YES 1
NO 2 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (18-20) |
| b. | a test of your hormone levels? | YES 1
NO 2 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (21-23) |
| c. | a post-coital test of your cervical mucus? | YES 1
NO 2 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (24-26) |
| d. | a hysterosalpingogram (x-ray in which dye is put into tubes to look for blockage) | YES 1
NO 2 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (27-29) |
| e. | an endometrial biopsy? (sample of lining of the uterus) | YES 1
NO 2 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (30-32) |
| f. | a laparoscopy? (incision in the abdomen to look at reproductive organs) | YES 1
NO 2 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (33-35) |
| g. | your partner's semen analyzed? | YES 1
NO 2 | 19 <input type="text"/> <input type="text"/> <input type="text"/> | (36-38) |

D5. Has a physician or other medical personnel ever told you or your partner that you have (DIAGNOSIS)?

a. an ovulatory problem	YES	1	
	NO	2	(39)
	DK	8	
b. a tubal problem	YES	1	
	NO (D5c)	2	(40)
	DK (D5c)	8	
1. Was the tubal problem in one tube or both tubes?	ONE TUBE	1	
	BOTH TUBES	2	(41)
c. a uterine problem	YES	1	
	NO	2	(42)
	DK	8	
d. a cervical mucus problem	YES	1	
	NO	2	(43)
	DK	8	
e. a hormonal problem	YES	1	
	NO	2	
	DK	8	(44)
f. semen abnormalities	YES	1	
	NO	2	
	DK	8	(45)
g. sperm antibodies	YES	1	
	NO (D5h)	2	
	DK (D5h)	8	(46)
1. Are the antibodies to your partner's sperm?	YES	1	
	NO	2	(47)
	DK	8	
2. Does your partner have antibodies to his own sperm?	YES	1	
	NO	2	(48)
	DK	8	
h. any other identified fertility problem	YES	1	
	NO	2	
	DK	8	(49)
What problem?			
_____	<input type="checkbox"/>	<input type="checkbox"/>	(50-51)
_____	<input type="checkbox"/>	<input type="checkbox"/>	(52-53)
i. an unexplained fertility problem	YES	1	
	NO	2	(54)
	DK	8	

D6. Have you ever been pregnant? Include stillbirths, miscarriages, abortions, molar or tubal pregnancies, as well as live births or a current pregnancy.

YES (D19) 1
NO (D19) 2

D7. How many times have you been pregnant, including live births, stillbirths, miscarriages, or other terminations.

PREGNANCIES

Now I'd like to ask you some questions about each of your pregnancies, starting with your first pregnancy.

D8.
In what month and year
did your (#) pregnancy
end?

D9.
How did your (#) pregnancy end?

D10.
Was it a boy or girl?

PREGNANCY

1
01

MONTH YEAR
1 CURRENTLY PREGNANT
(D19)

1 LIVE BIRTH
2 STILLBIRTH (D15)
3 MISCARR./BLIGHTED OVUM (D15)
4 INDUCED/ELECTIVE ABORTION (D15)
5 TUBAL/ECTOPIC PREGNANCY (D15)
6 MOLAR PREGNANCY (D15)

1 BOY
2 GIRL
3 TWINS (D12)

PREGNANCY

2
02

MONTH YEAR
1 CURRENTLY PREGNANT
(D16)

1 LIVE BIRTH
2 STILLBIRTH (D15)
3 MISCARR./BLIGHTED OVUM (D15)
4 INDUCED/ELECTIVE ABORTION (D15)
5 TUBAL/ECTOPIC PREGNANCY (D15)
6 MOLAR PREGNANCY (D15)

1 BOY
2 GIRL
3 TWINS (D12)

PREGNANCY

3
03

MONTH YEAR
1 CURRENTLY PREGNANT
(D16)

1 LIVE BIRTH
2 STILLBIRTH (D15)
3 MISCARR./BLIGHTED OVUM (D15)
4 INDUCED/ELECTIVE ABORTION (D15)
5 TUBAL/ECTOPIC PREGNANCY (D15)
6 MOLAR PREGNANCY (D15)

1 BOY
2 GIRL
3 TWINS (D12)

PREGNANCY

4
04

MONTH YEAR
1 CURRENTLY PREGNANT
(D16)

1 LIVE BIRTH
2 STILLBIRTH (D15)
3 MISCARR./BLIGHTED OVUM (D15)
4 INDUCED/ELECTIVE ABORTION (D15)
5 TUBAL/ECTOPIC PREGNANCY (D15)
6 MOLAR PREGNANCY (D15)

1 BOY
2 GIRL
3 TWINS (D12)

PREGNANCY

5
05

MONTH YEAR
1 CURRENTLY PREGNANT
(D16)

1 LIVE BIRTH
2 STILLBIRTH (D15)
3 MISCARR./BLIGHTED OVUM (D15)
4 INDUCED/ELECTIVE ABORTION (D15)
5 TUBAL/ECTOPIC PREGNANCY (D15)
6 MOLAR PREGNANCY (D15)

1 BOY
2 GIRL
3 TWINS (D12)

D11. How much did (s/he) weigh at birth?

D12. Was this baby born early, late, or on time?

D13. How many weeks (early/late)?

D14. Did you breastfeed this baby for 3 months or more?

D15. How many weeks did this pregnancy last counting from your last normal menstrual period?

Two boxes for LBS and OZS

- 1 EARLY
2 LATE
3 ON TIME (D14)

Box for WEEKS

- YES ... 1
NO ... 2

(NEXT PREGNANCY OR D16)

Box for WEEKS and DK=98

(NEXT PREGNANCY OR D19)

(16-31)

Two boxes for LBS and OZS

- 1 EARLY
2 LATE
3 ON TIME (D14)

Box for WEEKS

- YES ... 1
NO ... 2

(NEXT PREGNANCY OR D16)

Box for WEEKS and DK=98

(NEXT PREGNANCY OR D16)

(16-31)

Two boxes for LBS and OZS

- 1 EARLY
2 LATE
3 ON TIME (D14)

Box for WEEKS

- YES ... 1
NO ... 2

(NEXT PREGNANCY OR D16)

Box for WEEKS and DK=98

(NEXT PREGNANCY OR D16)

(16-31)

Two boxes for LBS and OZS

- 1 EARLY
2 LATE
3 ON TIME (D14)

Box for WEEKS

- YES ... 1
NO ... 2

(NEXT PREGNANCY OR D16)

Box for WEEKS and DK=98

(NEXT PREGNANCY OR D16)

(16-31)

Two boxes for LBS and OZS

- 1 EARLY
2 LATE
3 ON TIME (D14)

Box for WEEKS

- YES ... 1
NO ... 2

(NEXT PREGNANCY OR D16)

Box for WEEKS and DK=98

(NEXT PREGNANCY OR D16)

(16-31)

Empty box

The next questions are about contraception and sexual activity.

D19. Have you ever taken birth control pills for any reason? YES 1
NO (D21) 2 (21)

D20. For how many years, altogether, have you taken birth control pills, not counting times you might have stopped? YEARS (22-23)
LESS THAN 1 YR = 96
RF=97, DK=98

D21. How old were you when you first had sexual intercourse? AGE (D23) (24-25)
REFUSED = 97 (D23)
NEVER HAD SEXUAL INTERCOURSE = 00



Now for the last question in this section.
D22. Have you ever had sexual contacts with other women?
YES (D27) 1
NO (D27) 2 (26)

D23. On average, how often do you have sexual intercourse now? TIMES PER DAY 1 (27-29)
WEEK 2
MONTH 3
NOT SEXUALLY ACTIVE=00 (D26)
LESS THAN ONE=96, RF=97, DK=98

IF NOT SEXUALLY ACTIVE, SKIP TO D26.

D24. Are you or your partner using any method of contraception, including sterilization? YES 1
NO (D26) 2 (30)

D25. What method of contraception do you or your partner usually use now?
 (31-32)

Now for the last question in this section.

D26. Of the following, which describes your sexual contacts during your lifetime? Have your lifetime sexual contacts been only men, mostly men, mostly women, or only women?
ONLY MEN 1
MOSTLY MEN 2
MOSTLY WOMEN 3 (33)
ONLY WOMEN 4
NO SEXUAL CONTACTS 5
REFUSED 7

Allow me to ask some questions that you may have already answered, so that I can skip some questions that may not apply to your situation.

D27. [Are you/Have you]...	YES	NO	DK	
a. currently pregnant?	1 (F17)	2	8 (F17)	(34)
b. currently breastfeeding?	1 (F17)	2		(35)
c. currently taking birth control pills or any other prescribed hormone? (<i>Hormone Box</i>)	1 (F17)	2	8 (F17)	(36)
d. had a hysterectomy?	1 (F17)	2		(37)
e. gone through menopause or the change of life?	1 (F17)	2	8 (F17)	(38)

Hormone Box

Hormones include birth control pills, progestins, and estrogens. Some are pills like premarin, estrace, and provera. Also, some forms are skin patches, like estraderm, or suppositories.

SECTION E: MENSTRUAL HISTORY

The next questions are about your menstrual periods.

E1. How old were you when you had your first menstrual period? (39-40)

AGE		

DK=98
IF NEVER MENSTRUATED.....(F30).....00

E2. Do you still have menstrual periods? (41)

YES	(E4)	1	
NO			2	

E3. For what reason have your menstrual periods stopped? (42-44)

--	--	--	--

**IF NO PERIODS,
SKIP TO F20.**

E4. Some women keep a record or calendar of their cycles. Do you keep any kind of record of your menstrual period? (45)

YES	1			
NO. (E6)	2	That's fine.		

E5. That record could help you answer these questions. May I hold the phone while you get your record? (46)

RECORD USED	1			
RECORD NOT USED ..	2	That's fine.		

E6. On what date did your most recent menstrual period start? (47-52)

MONTH		DAY		YEAR		

E7. How sure are you of when you had your last period? Are you very sure, fairly sure, or not so sure? (53)

VERY SURE	1			
FAIRLY SURE	2			
NOT SO SURE	3			

E8. On the average, how many days of bleeding or menstrual flow do you now have with your period? Count from the time bleeding or spotting starts until it completely stops. (54-56)

DAYS			

E9. Approximately, how often do you have cramps or backache with your menstrual periods? Would you say never, sometimes, often, or always? (57)

NEVER	(E11)	1	
SOMETIMES			2	
OFTEN			3	
ALWAYS			4	
DK			8	

E10. When you have menstrual cramps or backache, how would you describe your pain? Would you describe your pain as mild, moderate or severe?

- MILD 1
- MODERATE 2
- SEVERE 3 (58)
- VARIES 4
- DK 8

YOUR DAILY ACTIVITIES ARE NOT USUALLY AFFECTED AND PAIN MEDICATION IS RARELY NEEDED MILD

YOUR DAILY ACTIVITIES MAY BE AFFECTED. PAIN MEDICATION IS OFTEN NEEDED AND USUALLY RELIEVES YOUR PAIN MODERATE

YOUR DAILY ACTIVITIES ARE DEFINITELY AFFECTED. PAIN MEDICATION IS NEEDED BUT OFTEN DOES NOT RELIEVE YOUR PAIN SEVERE

The next three questions are about the length of your cycles.

E11. How long is your menstrual cycle, on average? In other words, how many days are there from the first day of one menstrual period to the first day of the next period?

DAYS (59-61)

E12. What is the LONGEST menstrual cycle you've had in the last 12 months? Again, count from the first day of one period to the first day of the next?

DAYS (62-64)

E13. What is the SHORTEST menstrual cycle you've had in the last 12 months?

DAYS (65-67)

E14. During the past 12 months, did you ever go for more than 6 weeks without having a menstrual period? Please do NOT count times when you were pregnant, breastfeeding, or using birth control pills.

- YES 1
- NO (E15) 2 (68)

a. Please explain why: _____

(69-70)

(71-72)

E15. Again, during the last 12 months, have you noticed any changes in the (ITEM)?

IF YES (E16)

- a. amount of bleeding with your menstrual periods
 - YES 1
 - NO 2

- b. total number of days of bleeding with your menstrual periods
 - YES 1
 - NO 2

- c. length of your cycle, that is, the number of days from the 1st day of one menstrual period to the 1st day of the next period
 - YES 1
 - NO 2

- d. amount of cramping with your menstrual periods
 - YES 1
 - NO 2

E16. Is the (ITEM)

- lighter now 1
- heavier now, or 2 (73-74)
- does it vary, sometimes lighter, sometimes heavier? 3

- less now 1
- more now, or 2 (75-76)
- does it vary, sometimes fewer days, sometimes more? 3

- shorter now 1
- longer now, or 2 (77-78)
- does it vary, sometimes shorter, sometimes longer? 3

- less now 1
- more now, or 2 (79-80)
- does it vary, sometimes less, sometimes more? 3

Hormone Box

Hormones include birth control pills, progestins, and estrogens. Some are pills like premarin, estrace, and provera. Also, some forms are skin patches, like estraderm, or suppositories.

E17. Has a doctor or other medical personnel ever evaluated you for (CONDITION)?

	IF YES (E18, 19)	E18. In what year did you first seek medical help for (CONDITION)? DK=98	E19. Have you taken prescribed medication for (CONDITION)? IF YES (E20)	E20. Was that prescribed medication a hormone? 1ST "YES", READ HORMONE BOX.	
a. cramps or backache with your menstrual periods	YES 1 NO 2	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	(81-85)
b. irregular cycles	YES 1 NO 2	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	(86-90)
c. PMS (Premenstrual Syndrome)	YES 1 NO 2	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	(91-95)
d. heavy or prolonged menstrual bleeding	YES 1 NO 2	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	(96-100)
e. absence of menstrual periods for at least 6 weeks, not due to pregnancy, breast- feeding or using birth control pills	YES 1 NO 2 PROBE A "YES"	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	(101-105)
f. menopause	YES 1 NO 2	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	(106-110)
g. other menstrual problems	YES 1 NO 2				(111)
SPECIFY: _____	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	(112-117)
_____	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	(118-123)

E21. Have you ever had night sweats not due to illness? YES 1
 NO 2

Record 06
 (16)

E22. Have you ever had hot flashes? YES 1
 NO 2

(17)

**NO SWEATS AND NO FLASHES,
 SKIP TO SECTION F.**

E23. At what age did you start to have either hot flashes or night sweats?

--	--	--

(18-19)

DK=98

AGE

E24. Have you had either hot flashes or night sweats in the last 3 months? YES 1
 NO 2

(20)

SECTION F: GENERAL INFORMATION

The most difficult part of the interview is now over. Thank you very much for your hard work. Now I would like to ask some questions about the beverages you drink. Coffee is first.

F1. On average, how many cups of (BEVERAGE) do you drink per day, per week, or per month?

		USUAL NUMBER OF CUPS				
LESS THAN 1 PER MONTH = 00		PER DAY	PER WEEK	PER MONTH	NONE	
a.	instant caffeinated coffee	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(21-28)
b.	instant decaffeinated coffee	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(29-36)
c.	brewed caffeinated coffee	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(37-44)
d.	brewed decaffeinated coffee	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(45-52)

F2. On average, how many cups or glasses of (BEVERAGE) do you drink per day, per week, or per month?

		USUAL NUMBER OF CUPS/GLASSES				
LESS THAN 1 PER MONTH = 00		PER DAY	PER WEEK	PER MONTH	NONE	
a.	Herbal or decaffeinated tea, hot or iced	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(53-60)
b.	Regular tea, hot or iced	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(61-68)

F3. On average, how many servings of (BEVERAGE) do you drink per day, per week, or per month?

		USUAL NUMBER				
LESS THAN 1 PER MONTH = 00		PER DAY	PER WEEK	PER MONTH	NONE	
a.	Caffeinated soft drinks like Coke and Pepsi	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(69-76)
b.	Caffeine-free soft drinks like 7-UP and caffeine-free Coke	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(77-84)

F4. On average, how many (BEVERAGE) do you drink per day, per week, or per month?

		USUAL NUMBER				
LESS THAN 1 PER MONTH = 00		PER DAY	PER WEEK	PER MONTH	NONE	
a.	12 oz bottles or cans of beer	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(85-92)
b.	6 oz glasses of wine	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(93-100)
c.	shots of liquor	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(101-108)

The next question is about marijuana.

F5. On average, how many times do you use marijuana per day, per week, or per month?

		USUAL NUMBER				
REFUSED = 97		PER DAY	PER WEEK	PER MONTH	NONE	
LESS THAN 1 PER MONTH = 00		<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(109-116)

The next questions are about food.

F6. About how many servings of (FOOD) do you usually eat per day, per week, or per month?

		USUAL NUMBER				
LESS THAN 1 PER MONTH = 00		PER DAY	PER WEEK	PER MONTH	NONE	
a.	red meat	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(16-23)
b.	poultry	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(24-31)
c.	fish	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(32-39)
d.	low-fat milk, or low-fat dairy products like yogurt and cottage cheese	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(40-47)
e.	whole milk, or whole milk dairy products like cheese	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	(48-55)

Record 07

The next question is about exercise. By exercise, we mean sports or other leisure time activities that raise your heart rate or make you perspire. Examples are jogging, aerobics, swimming, or biking.

F7. On average, how many hours a week do you participate in vigorous exercise?

<input type="text"/>	<input type="text"/>	(56-57)
HOURS		

Now to change the subject. I'd like to ask you about things that you might be exposed to at work or elsewhere.

F8. Are you exposed to any of the following at least once a week?		YES	NO	DK		
a.	x-ray	1	2	8	(58)	
b.	anesthetic gases like nitrous oxide	1	2	8	(59)	
c.	heavy metal fumes like lead, mercury, or solder	1	2	8	(60)	
d.	solvents like toluene, xylene, or paint thinner	1	2	8	(61)	
e.	continuous loud noise from machinery	1	2	8	(62)	
f.	extreme hot or cold temperatures	1	2	8	(63)	
F9. Do you use a video display terminal at least once a week?		1	2	8	(64)	
F10. During the past month, how often have you felt (ITEM), never, almost never, sometimes, fairly often or very often?						
		NEVER	ALMOST NEVER	SOMETIMES	FAIRLY OFTEN	VERY OFTEN
a.	that things were going your way	0	1	2	3	4 (65)
b.	confident about your ability to handle your personal problems	0	1	2	3	4 (66)
c.	difficulties were piling up so high that you could not overcome them	0	1	2	3	4 (67)
d.	that you were unable to control the important things in your life	0	1	2	3	4 (68)

Just a few more questions.

- F11. How many children older than you were there in your family when you were growing up? (69-70)
- # CHILDREN
- NONE=00
- INCLUDE STEP-CHILDREN, ETC.
- F12. What is the highest grade in school or level in college that your mother completed? (71-72)
- GRADES 1-11 01
 HIGH SCHOOL GRADUATE 02
 VOCATIONAL/TRADE SCHOOL 03
 SOME COLLEGE OR
 TWO-YEAR COLLEGE GRADUATE ... 04
 COMPLETED COLLEGE 05
 SOME GRADUATE WORK 06
 MASTER'S DEGREE 07
 DOCTORAL, LAW DEGREE 08
 REFUSED 97
 DON'T KNOW 98
- F13. What is the highest grade in school or level in college that your father completed? (73-74)
- GRADES 1-11 01
 HIGH SCHOOL GRADUATE 02
 VOCATIONAL/TRADE SCHOOL 03
 SOME COLLEGE OR
 TWO-YEAR COLLEGE GRADUATE ... 04
 COMPLETED COLLEGE 05
 SOME GRADUATE WORK 06
 MASTER'S DEGREE 07
 DOCTORAL, LAW DEGREE 08
 REFUSED 97
 DON'T KNOW 98
- F14. What is the highest grade in school or level in college that you completed? (75-76)
- GRADES 1-11 01
 HIGH SCHOOL GRADUATE 02
 VOCATIONAL OR TRADE SCHOOL 03
 SOME COLLEGE, OR
 TWO-YEAR COLLEGE GRADUATE ... 04
 COMPLETED COLLEGE 05
 SOME GRADUATE WORK 06
 MASTER'S DEGREE 07
 DOCTORAL, LAW DEGREE 08
 REFUSED 97
 DON'T KNOW 98
- F15. Which of the following best describes your current total family income, before taxes: less than 15 thousand per year, between 15 and 30 thousand, between 30 and 45 thousand, or over 45 thousand? (77)
- <\$15,000 PER YEAR 1
 \$15,000 - \$29,999 2
 \$30,000 - \$44,999 3
 \$45,000 OR OVER 4
 REFUSED 7
 DK 8

SECTION F: NON-PARTICIPANTS ONLY

The next questions are about your menstrual periods.

Record 08

F17. How old were you when you had your first menstrual period?

□ □

AGE

(16-17)

DK=98

IF NEVER MENSTRUATED....(F30)....00

F18. On what date did your most recent menstrual period start?

□ □ □ □ □ □

MONTH DAY YEAR

(18-23)

F19. How sure are you of when you had your last period?
Are you very sure, fairly sure, or not so sure?

VERY SURE 1
FAIRLY SURE 2
NOT SO SURE 3

(24)

F20. Please give me your best estimate of your weight
at the time of your last menstrual period.

□ □ □ □

POUNDS

(25-27)

Hormone Box

Hormones include birth control pills, progestins, and estrogens. Some are pills like premarin, estrace, and provera. Also, some forms are skin patches, like estraderm, or suppositories.

F21. Has a doctor or other medical personnel ever evaluated you for (CONDITION)?

	IF YES (F22,23)	F22. In what year did you first seek medical help for (CONDITION)? DK=98	F23. Have you taken prescribed medication for (CONDITION)? IF YES (F24)	F24. Was that prescribed medication a hormone? 1ST "YES", READ HORMONE BOX. IF YES (F25)	F25. Are you now taking that hormone for this problem?	
a. cramps or backache with your menstrual periods	YES 1 NO 2	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	YES 1 NO 2	(28-33)
b. irregular cycles	YES 1 NO 2	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	YES 1 NO 2	(34-39)
c. PMS (Premenstrual Syndrome)	YES 1 NO 2	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	YES 1 NO 2	(40-45)
d. heavy or prolonged menstrual bleeding	YES 1 NO 2	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	YES 1 NO 2	(46-51)
e. absence of menstrual periods for at least 6 weeks, not due to pregnancy, breast-feeding or using birth control pills	YES 1 NO 2 PROBE A "YES"	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	YES 1 NO 2	(52-57)
f. menopause	YES 1 NO 2	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	YES 1 NO 2	(58-63)
g. other menstrual problems	YES 1 NO 2					(64)
SPECIFY: _____	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	YES 1 NO 2	(65-71)
_____	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	YES 1 NO 2	YES 1 NO 2 DK 8	YES 1 NO 2	(72-78)

- F26. Have you ever had night sweats not due to illness? YES 1
 NO 2 (79)
- F27. Have you ever had hot flashes? YES 1
 NO 2 (80)

NO SWEATS AND NO FLASHES,
 SKIP TO QUESTION F30.

- F28. At what age did you start to have either hot flashes or night sweats? | | | (81-82)
AGE
 DK=98

- F29. Have you had either hot flashes or night sweats in the last 3 months? YES 1
 NO 2 (83)

- F30. How many living children older than you were there in your family when you were growing up? | | | (84-85)
CHILDREN
 INCLUDE STEP-CHILDREN, ETC. NONE=00
 DK=98

- F31. What is the highest grade in school or level in college that your mother completed?
 GRADES 1-11 01
 HIGH SCHOOL GRADUATE 02
 VOCATIONAL/TRADE SCHOOL 03 (86-87)
 SOME COLLEGE OR
 TWO-YEAR COLLEGE GRADUATE . 04
 COMPLETED COLLEGE 05
 SOME GRADUATE WORK 06
 MASTER'S DEGREE 07
 DOCTORAL, LAW DEGREE 08
 REFUSED 97
 DON'T KNOW 98

- F32. What is the highest grade in school or level in college that your father completed?
 GRADES 1-11 01
 HIGH SCHOOL GRADUATE 02
 VOCATIONAL/TRADE SCHOOL 03 (88-89)
 SOME COLLEGE OR
 TWO-YEAR COLLEGE GRADUATE . 04
 COMPLETED COLLEGE 05
 SOME GRADUATE WORK 06
 MASTER'S DEGREE 07
 DOCTORAL, LAW DEGREE 08
 REFUSED 97
 DON'T KNOW 98

F33. What is the highest grade in school or level in college that you completed?

GRADES 1-11	01	
HIGH SCHOOL GRADUATE	02	
VOCATIONAL OR TRADE SCHOOL	03	(90-91)
SOME COLLEGE, OR		
TWO-YEAR COLLEGE GRADUATE ...	04	
COMPLETED COLLEGE	05	
SOME GRADUATE WORK	06	
MASTER'S DEGREE	07	
DOCTORAL, LAW DEGREE	08	
REFUSED	97	
DON'T KNOW	98	

F34. Which of the following best describes your current total family income, before taxes: less than 15 thousand per year, between 15 and 30 thousand, between 30 and 45 thousand, or over 45 thousand?

<\$15,000 PER YEAR	1	
\$15,000 - \$29,999	2	
\$30,000 - \$44,999	3	(92)
\$45,000 OR OVER	4	
REFUSED	7	
DK	8	

F35. Before we leave the questionnaire, do you have any comments or suggestions?

We appreciate your help with this interview. That's all the questions I have. You will be included in the mailing of study results when they become available. Thank you very much.

TIME INTERVIEW ENDED _____ AM
 PM