The DES Diary Study

Lift here for instructions

Diary Questions

Answer every day:

Bleeding or spotting
0 = no, 1 = yes.....

Amount of blood 0 = none, 1 = spotting,
2 = light, 3 = moderate, 4 = heavy.....

Menstrual backache or cramps
0 = no, 1 = yes.....

Medication for menstrual pain
0 = no, 1 = yes.....

Answer at the end of the week:

Hours of vigorous exercise this week *fill in total number*.....

Were you dieting to lose weight this week? 0 = no, 1 = yes.....

Use this scale to answer the following questions:

0 never
1 almost never
2 sometimes
3 fairly often
4 very often

This week, how often have you....

felt that things were going your way?.....

felt confident about your ability to handle your personal problems?.....

felt difficulties were piling up so high that you could not overcome them?.....

felt that you were unable to control the important things in your life?.....

February 1990 *Example*

Mon 19	Tue 20	Wed 21	Thu 22	Fri 23	Sat 24	Sun 25
0	0	0	0	1	1	1
0	0	0	0	1	4	3
0	0	0	1	1	0	0
0	0	0	1	0	0	0
						2
						1
						2
						4
						0
						1

↑ detach here ↑

Your diary...

contains a card for each week of your participation. **Diary Questions** are to be answered each day. By filling in the diary every day, whether or not you are having your period, you will provide us with the very best information. When answering the questions, consider that each day ends at bedtime or midnight, whichever is easier. Please choose your answers from the choices shown by each question.

Bleeding	Please report ANY bleeding or spotting, even if it may not be time for your period.
Pain	Tell us about backache, cramps, or pain that you have with your period or ovulation.
Medication	Report ANY drugs taken for menstrual pain, including aspirin or Tylenol.
Exercise	Vigorous exercise includes activities that raise your heart rate or make you perspire, such as aerobics, jogging or swimming.
Dieting	If you dieted, answer "yes" EVEN if you did not lose weight.

At the end of each week, tear out that week's card. Drop it in the mail. The next week's card will then be ready for you. Check each card as you go to be sure the dates are correct.

What if you...

miss a day?	It is important for you to answer the questions each day. If you should miss a day, go back to fill in the information IF you clearly remember what happened. If you have ANY doubt, please leave that box blank. Missing a day does not mean that you must drop out of the study. Simply continue filling in that week's card and mail it as usual.
travel?	What if you should be away from home? We still want each day's information. Please take the diary with you.
forget to mail?	What if you forget to drop your completed card in the mail? Mail it as soon as you remember. Each week's card is important and needed.

If you feel there is something we should know, please tell us.
There is a place on each card for comments.
We also have a toll-free phone number:

1-800-828-2031

February 1990

Example

Mon 19	Tue 20	Wed 21	Thu 22	Fri 23	Sat 24	Sun 25
0	0	0	0	1	1	1
0	0	0	0	1	4	3
0	0	0	1	1	0	0
0	0	0	1	0	0	0
						2
						1
						2
						4
						0
						1

↑ detach here ↑

This is an example of what a completed card might look like.

Please tear this sample card out now. It is yours to keep as a reference.

The following card should be filled in and returned to us today. You are then ready to start keeping your diary. There are instructions inside the top cover to help you.

National Institute of Environmental Health Sciences

Before you get started...

Just this once, we need to know the date of the first day of your last menstrual period. Please put that date in this space:

_____/_____/_____
month day year

Now put today's date here:

_____/_____/_____
month day year

Then tear this card out along the perforation and mail it to us <u>today</u>. It's already stamped and addressed for your convenience.

Find today's date on one of the following cards. That is your starting point.