
FORM:	31 - REPRODUCTIVE HISTORY QUESTIONNAIRE
Version:	2 - July 8, 1994
Description:	Self-administered; 8-page booklet; data entered at Clinical Center (CC).
When used:	Given to participants during screening to be completed at home and brought back by Screening Visit 3 (SV3) or have completed in CC by SV3.
Purpose:	To collect reproductive history information on the participants before randomization.

GENERAL INSTRUCTIONS

1. The form is printed in both English (*Form 31*) and Spanish (*Form 31S*) versions. The English version is in mark-sense format and the Spanish version is in a key-entry format.

For both forms, follow the instructions on the front of the form for marking the answers.

2. Place the participant's barcode label on the front page of the questionnaire and give to the participant during screening to take home, or have her complete in-person in groups or individually by SV3. The form must be completed and an encounter created before randomization or enrollment.
3. In appointment reminder (letter or phone call) remind the participant to bring the completed questionnaire to SV3 (if given to her to fill out at home).
4. Review the form completely with the participant at SV3. Try to have each question answered. Estimate dates when exact dates cannot be provided. Ask participant for clarification of missing or unclear information. If the participant is adopted, she may not be able to answer questions about her birth family.
5. Forward the form to Data Entry.
6. Data Entry: Review the form for completeness. Scan the English version of the form; key-enter the Spanish version. Initial the first page of the questionnaire after data entry.

Note: You must create an encounter in the Encounter screen before you can randomize the participant into Dietary Modification (DM) or Hormone Replacement Therapy (HRT).

7. File in the participant's file.

Item Instructions

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| 1. | Date received | Date the CC receives the completed form. Use a standard 2-digit format: month, day, and year order. |
| 2. | Reviewed by | Standard 3-digit WHI employee ID. (See common data items.) |
| 3. | Contact type | Mark appropriate oval or box. (See common data items.) |
| 4. | Visit type | Visit at which the CC received the form. If received between visits, use the most recent past visit. Use Screening Visit 0 (SV0) if received before Screening Visit 1 (SV1). Mark the oval or box for the visit type and number needed. (See common data items.) |
| 5. | Form administration | Method used to administer form to participant:
1 - Self: Participant completed the form by herself.
2 - Group: Participant completed the form with a group of other participants.
3 - Interview: CC staff completed <u>entire</u> form as an interview.
4 - Assistance: Participant needed <u>partial</u> assistance from CC staff or others to complete the form. |
| 1. | Age at first menstruation | Participant's age at first menstruation. Give best estimate. |
| 2. | Periods regular | No/Yes/Sometimes. Do not count times when pregnant, breastfeeding, or taking birth control pills. |
| 2.1. | Age periods first became regular | Participant's age when periods first became regular. Give best estimate. |
| 3. | Age at last regular period | Participant's age at last regular period. Give best estimate. Enter current age if still having regular bleeding or periods. |
| 4. | Without periods at least one year | No/Yes. Do not count times when pregnant or breastfeeding. |
| 4.1. | Length of time without periods | Range that corresponds with length of time without periods. Do not count times when pregnant or breastfeeding. |
| 5. | Age at last menstrual bleeding | Participant's age at last menstrual period. If still having menstrual bleeding or periods, enter current age. |
| 6. | Menopausal symptoms | No/Yes. Give best estimate. |
| 6.1. | Age at first symptoms | Participant's age when first experienced menopausal symptoms. Give best estimate. |
| 6.2. | Age at last experienced symptoms | Participant's age when she last experienced symptoms. If currently experiencing symptoms, enter current age. |
| 7. | Ever pregnant | No/Yes. Consider all pregnancies, not just term pregnancies. Consider miscarriages, ectopics (tubal), abortions, and stillbirths. |
| 7.1. | How many times | Number of pregnancies. Count <u>all</u> pregnancies, not just term pregnancies. Count miscarriages, ectopics (tubal), abortions, and stillbirths. Give best estimate. |

- 7.2. Term pregnancy No/Yes. Consider only term pregnancies (those lasting at least six months). Stillbirths should be included if the pregnancy lasted at least six months.
- 7.3. Number of term pregnancies Number of term pregnancies (lasting at least six months). Stillbirths should be included if the pregnancy lasted at least six months.
- 7.4. Age at end of first pregnancy Participant's age at end of first term pregnancy.
- 7.5. Age at end of last pregnancy Participant's age at end of last term pregnancy.
- 7.six. Number of live births Number of live births, even if premature.
- 7.7. Stillbirths Number of stillbirths (term pregnancy lasting at least six months that ended with delivery of a dead child).
- 7.8. Miscarriages Number of miscarriages (pregnancies that spontaneously aborted before six months).
- 7.9. Tubal pregnancies Number of tubal pregnancies (development of fertilized ovum outside uterine cavity).
8. Ever tried to become pregnant No/Yes/Don't know. Mark "1 - Yes" if participant tried unsuccessfully to become pregnant for more than one year (i.e., one year or more of infertility).
- 8.1. Saw doctor for infertility No/Yes. Mark "1 - Yes" if participant ever saw physician or other primary care provider because she couldn't get pregnant.
- 8.2. Reason for infertility No/Yes/Don't know. Mark "1 - Yes" if given a diagnosis to explain the infertility.
- 8.3. Specify reason for infertility Reason participant did not become pregnant. Mark all that apply.
- 1 - Problem with your hormones or ovulation: Participant diagnosis included problems with hormonal levels or problems with hormonal response to ovulation or pregnancy.
 - 2 - Problems with your tubes or uterus: Participant diagnosis included blocked fallopian tubes or uterine problems.
 - 3 - Endometriosis: Diagnosed by positive biopsy/pathology report from surgery or laparoscopy, or was indicated in the surgeon's report, or was given medical treatment specifically for endometriosis.
 - 4 - Other problem with you: Participant had some other problem. Specify problem
Data Entry: Do not key-enter problem specified.
 - 5 - Problems in your partner: Participant's partner had a physical problem that caused the infertility (e.g., low sperm count, nonmotile sperm).
 - 9 - Don't know: Participant knows a diagnosis was found, but isn't sure what it was. If she knows specifically that the problem was in her or in her spouse, she should mark either "4" (and specify "Don't know") or "5."

9. Breastfeeding No/Yes. Mark "1 - Yes" if participant breastfed (nursed, wet-nursed, or suckled) any children (participant's or other's children) for at least one month.
- 9.1. Number of children breastfed Number of children participant breastfed for at least one month. Include all children breastfed (participant's and others').
- 9.2. Age when breastfed first child Participant's age when she first breastfed.
- 9.3. Age when breastfed last child Participant's age when she last breastfed.
- 9.4. Total months breastfeeding Total number of months spent breastfeeding children. Choose category with appropriate range of time. Give best estimate.
10. Operation to remove ovaries No/Yes, one ovary/Yes, both ovaries/Yes, unknown number/Yes, part of an ovary/Don't know. This surgery is known as an oophorectomy, bilateral oophorectomy, salpingo-oophorectomy, bilateral salpingo-oophorectomy or BSO. Mark one oval only.
- 10.1. Age at last operation to remove ovaries Participant's age at last operation to remove ovaries.
11. Tubes tied No/Yes. Mark "1 - Yes" if participant had tubes tied to prevent pregnancy. This surgery is known as a tubal ligation, bilateral tubal ligation or BTL.
- 11.1. Age when tubes tied Participant's age when she had tubes tied.
12. Breast needle aspiration No/Yes.
- 12.1. Number of aspirations Number of breast needle aspirations.
13. Breast biopsy No/Yes.
- 13.1. Number of biopsies Number of breast biopsies.
14. Breast size augmentation No/Yes. Mark "1 - Yes" if participant had any surgery (cosmetic or reconstruction) to increase breast size.
- 14.1. Age at first breast augmentation Participant's age at first augmentation.
- 14.2. Specific breast(s) augmented Right/Left/Both.
- 14.3. Type of implant Type of breast implant. If "8 - Other" is marked, specify the type of implant.
Data Entry: Do not key-enter type of implant specified in "8 - Other."

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15. Other breast operations No/Yes. Mark "1 - Yes" if participant had any other surgery on her breasts, even if done as an outpatient or in a clinic office. Do not include mammograms or biopsies or needle aspirations from Questions 12 and 13.
- 15.1. Type breast operations Type of other breast operations. If "8 - Other" is marked, specify type of surgery.
Data Entry: Do not key-enter type of surgery in "8 - Other."
16. Date Date the participant completed this form.
- Comments Data Entry: Do not key-enter.
- Language Data Entry: English or Spanish version of the form. (See common data items.)