

Menstrual History Questionnaire

1. How old were you when you started having menstrual periods?

- Age: _____ 1a. If you cannot remember your exact age, were you:
- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Younger than 10 | <input type="checkbox"/> 16 or older |
| <input type="checkbox"/> 10-12 yrs old | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> 13-15 yrs old | |

2. At present which statement best describes your menstrual cycle?

- I'm still having regular periods: The date of my last period was: ___/___/____
- My periods are irregular: The date of my last period was: ___/___/____
- I'm pregnant, or my last pregnancy ended within the past 2 months, or I'm breast feeding

- My periods have stopped on their own. (I've had menopause.)
- I've had menopause, but now have periods because I am taking hormones.
- I've had an operation (surgery) which stopped my periods.
If your menstrual periods ceased because of surgery, what did you have removed?

- | | |
|---|--|
| <input type="checkbox"/> One ovary only | <input type="checkbox"/> Uterus only |
| <input type="checkbox"/> Both ovaries | <input type="checkbox"/> Uterus and one ovary |
| | <input type="checkbox"/> Uterus and both ovaries |
| <input type="checkbox"/> Don't know | |

- I've taken medication which has stopped my periods.
If your periods stopped because of medication, which medication were you taking? Medication name: _____

- I've had chemotherapy which has stopped my periods.
- I've had radiation therapy which has stopped my periods.
- Other: _____

3. If your menstrual periods have stopped, how old were you when your menstrual periods stopped? (Please provide us with the age at which your menstrual periods stopped regardless of why they have stopped – naturally, due to surgery, medication, chemotherapy, or radiation therapy. If your periods have stopped, but you now have periods because of taking hormones, answer with the age at which your periods first stopped.)

- Were you:**
- | | |
|--|--|
| <input type="checkbox"/> Younger than 20 | <input type="checkbox"/> 45-49 yrs old |
| <input type="checkbox"/> 20-29 yrs old | <input type="checkbox"/> 50-54 yrs old |
| <input type="checkbox"/> 30-39 yrs old | <input type="checkbox"/> 55 – 59 yrs old |
| <input type="checkbox"/> 40-44 yrs old | <input type="checkbox"/> 60 or older |

OR My menstrual periods have not stopped.

4. If your menstrual periods have stopped, how old were you when you first experienced symptoms of menopause such as hot flashes or night sweats?

- _____ Years old Did not experience symptoms
 Don't Know

OR My menstrual periods have not stopped.

All women should answer the next two questions, whether they currently have menstrual periods or not.

5. When you **are (were)** having regular menstrual cycles, how many days **are (were)** there between periods? _____ Days between periods

For how many days **do (did)** you have your period? _____ Days

6. Between the ages of 18 and 40, excluding times when you may have been on the pill, pregnant, or nursing, which of the following statements **BEST** describes your menstrual periods? **They are (were)...**

- Nearly always regular, that is, you could usually predict when you would start bleeding to within two or three days
- Fairly Regular
- Irregular
- Don't Know