HCHS/SOL Reproductive Medical History
RME

ID NUMBER:									FORM CODE: RME VERSION: 2, 2/18/2022	Contact Occasion	0	3	Occurrence	0	1

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ 0b. Staff ID: ☐☐☐

Instructions**:** *Enter the answer given by the Female participant for each response. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. for those questions that do not list these values as possible answer choices.*

Introduction: *Next I would like to update our records for any health issues you may have experienced related to menstruation and pregnancy. Some are questions we asked before, but we want to make sure we don't miss anything.*

I will ask you some questions that may make you feel uncomfortable. You may not feel like answering them completely or at all. Please, take your time to think through your answers. We want to understand these aspects of your health, and at the same time we want you to feel respected and comfortable. You are important to us, and your participation in the study is extremely valuable. May I proceed to ask these questions?

A. WOMEN'S HEALTH QUESTIONS

1. Have your natural periods stopped PERMANENTLY? (No periods in the last 12 months)
   [If YES] do you still have periods from taking hormones?

No	0 ☐
Yes, I have no menstrual periods	1 ☐→**GO TO QUESTION 2**
Yes, but I have periods induced by hormones	2 ☐→**GO TO QUESTION 2**
Refused	7 ☐
Unsure	9 ☐

1a. **IF UNSURE, REFUSED or NO**: What was the date that your **most recent** menstrual period started? *[Prompt for month and year, even if day is unknown.]*

☐☐/☐☐/☐☐☐☐ →**GO TO QUESTION 5**
mm /dd /yyyy

2. At what age did your natural periods stop? ☐☐ Age in years [Enter 99 if unsure]

3. Why did you periods stop (check one)?

They stopped naturally	1 ☐
Surgery to remove ovaries or uterus	2 ☐
Endometrial ablation	3 ☐
Radiation/chemotherapy	4 ☐
Other	5 ☐
Specify:	-
Refused	7 ☐
Unsure	9 ☐

4. Since your last study Visit, have you had a hysterectomy? (This is an operation to take out your uterus or womb)

No 0 ☐→**GO TO QUESTION 5**
Yes 1 ☐
Refused 7 ☐→**GO TO QUESTION 5**
Unsure 9 ☐→**GO TO QUESTION 5**

4a. Age at surgery**?** ☐☐ Age in years [Enter 99 if unsure]

5. Since your last study Visit, have you used hormonal birth control treatments or medications?

No 0 ☐→**GO TO QUESTION 7**
Yes 1 ☐
Refused 7 ☐→**GO TO QUESTION 7**
Unsure 9 ☐→**GO TO QUESTION 7**

6. Since your last study Visit, which of the following hormonal preparations have you ever used for birth control or for other medical purposes? Tell us whether you have ever used them or you are currently using these treatments.

-	Never	Ever	Current	Not Sure
a. Birth control pills	0 ☐	1 ☐	2 ☐	9 ☐
b. Birth control ring (Nuvaring) or patch (OrthoEvra)	0 ☐	1 ☐	2 ☐	9 ☐
c. Depo-Provera shots	0 ☐	1 ☐	2 ☐	9 ☐
d. Birth control implant (Norplant, Implanon, or Nexplanon)	0 ☐	1 ☐	2 ☐	9 ☐
e. Intrauterine device (IUD) with hormones (Mirena)	0 ☐	1 ☐	2 ☐	9 ☐

[If “Never” or “Not Sure” to all alternatives, go to Question 7]

B. PREGNANCY HISTORY QUESTIONS

Now, we would like to ask you some more detailed questions about pregnancies that occurred AFTER your visit to our center on: 6f. [Last SOL Visit DATE].

7. Have you been pregnant since the last Visit? **No** 0 ☐ **[End Questionnaire]** **Yes** 1 ☐ **[Go To Question 8]**

8. How many times have you been pregnant since the last Visit? ☐☐

9. How many pregnancies have you had that lasted 24 weeks or longer since the last Visit? ☐☐

10. How many miscarriages have you had since the last Visit? A miscarriage is a pregnancy loss before 24 weeks.

☐☐

11. How many babies were born alive since the last Visit? [If none, enter 00]. ☐☐

12. How many babies were stillborn after the last Visit? [If none, enter 00]. ☐☐

13. Did you ever have any of these illnesses or events during any of your pregnancies after the last study Visit on:
13.a. [Last SOL Visit DATE]?

-		No	Yes	Refused	Not Sure
13.b.	High blood pressure first diagnosed during pregnancy?	0 ☐	1 ☐	7 ☐	9 ☐
13.c.	Preeclampsia or toxemia?	0 ☐	1 ☐	7 ☐	9 ☐
13.d.	Seizures, convulsions or eclampsia?	0 ☐	1 ☐	7 ☐	9 ☐
13.e.	Diabetes first diagnosed during pregnancy?	0 ☐	1 ☐	7 ☐	9 ☐
13.f.	Birth of an infant weighing less than 5.5 lbs (2.5kg)?	0 ☐	1 ☐	7 ☐	9 ☐
13.g.	Birth of an infant weighing more than 9 lbs (4.09kg)?	0 ☐	1 ☐	7 ☐	9 ☐
13.h.	Birth of a premature infant or infant born earlier than 37 weeks?	0 ☐	1 ☐	7 ☐	9 ☐
13.i.	Birth of twins, triplets or more babies?	0 ☐	1 ☐	7 ☐	9 ☐