



## Female History (Lymphoma & Leukemia Study)



Survey Research Center



1-7

Clinic Number: \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_

**INSTRUCTIONS: PLEASE CHECK THE APPROPRIATE BOX OR FILL IN THE BLANK AS INDICATED.**

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**1. At what age did you start having menstrual periods?**

- 1 ☐ Less than 12
- 2 ☐ 12
- 3 ☐ 13
- 4 ☐ 14
- 5 ☐ 15 or older
- 6 ☐ Don't know/don't remember

9\_

**2. Have you *ever* taken birth control pills for any reason?**

- 1 ☐ Yes
- 2 ☐ No



**How old were you when you first began taking birth control pills?**

\_\_\_ Age

**Were you taking birth control pills one year ago?**

- 1 ☐ Yes
- 2 ☐ No

**If you have taken birth control pills more than once, please indicate the total number of years you actually took the pills.**

- 1 ☐ Less than 1 year
- 2 ☐ 1 to 4 years
- 3 ☐ 5 to 9 years
- 4 ☐ 10 to 14 years
- 5 ☐ 15 to 19 years
- 6 ☐ 20 to 24 years
- 7 ☐ 25 or more years

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3. Have you gone through menopause (the change of life) or had surgery that caused you to completely stop having menstrual periods?

1 ☐ Yes      2 ☐ No      3 ☐ Not sure

Go to question 4.

15-16\_

At what age did you have your last menstrual period?    \_\_ \_\_ Age

What type of menopause did you have?

17\_

- 1 ☐ Natural menopause  
 2 ☐ Hysterectomy with uterus and both ovaries removed  
 3 ☐ Hysterectomy with uterus and one or neither ovary removed  
 4 ☐ Only ovaries removed  
 5 ☐ Surgery, but not sure what type  
 6 ☐ Other, please specify: \_\_\_\_\_

18\_

4. Have you ever taken any hormones/estrogen, such as Premarin, for symptoms or conditions related to menopause (to treat hot flashes, to prevent bone loss, or for the change of life)? (Include pills, skin patches, implants, creams, suppositories, and shots.)

1 ☐ Yes      2 ☐ No

19-20\_

How old were you when you first used hormones/estrogen for symptoms or conditions related to menopause?

\_\_ \_\_ Age

Are you currently taking hormones/estrogen for symptoms or conditions related to menopause?

21\_

1 ☐ Yes      2 ☐ No

How many years altogether did you take hormones/estrogen for symptoms or conditions associated with menopause? (Do not count any time when you stopped.)

22\_

- 1 ☐ Less than 1 year  
 2 ☐ 1 to 3 years  
 3 ☐ 4 to 5 years  
 4 ☐ 6 to 10 years  
 5 ☐ 11 to 15 years  
 6 ☐ 16 or more years

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Before one year ago, did you ever take oral progestins (such as Provera) in combination with estrogens for symptoms or conditions related to menopause?

1 ☐ Yes      2 ☐ No

24\_ 5. Before 2 years ago, did a doctor ever tell you that you had endometriosis?

1 ☐ Yes 2 ☐ No

How many attacks of endometriosis did you have that required medications? Please consider attacks to be different episodes if they occurred at least 1 month apart.

25\_ 1 ☐ None 2 ☐ 1 to 2 3 ☐ 3 to 4 4 ☐ 5 to 9 5 ☐ 10 to 14 6 ☐ 15 or more

How old were you when you were first told by a doctor or other health professional that you had endometriosis?

26-27\_ \_ \_ Age

28\_ 6. Have you ever been pregnant? (It is very important that we know about all of your pregnancies, including live births, stillbirths, miscarriages, tubals [ectopics], and abortions.)

1 ☐ Yes

2 ☐ No

Go to question 7.

How many times have you been pregnant? (Please include all live births, stillbirths, miscarriages, tubals [ectopics], and abortions.)

29-30\_ \_ \_ Number of times pregnant

How many of these pregnancies ended in a live birth? (Count the birth of twins as one.)

31\_ 1 ☐ None

\_ \_ Number of live births

How many stillbirths did you have?

34-35\_ \_ \_ Number of stillbirths

How many spontaneous miscarriages did you have?

42-43\_ \_ \_ Number of spontaneous miscarriages

How many tubal (ectopic) pregnancies did you have?

44-45\_ \_ \_ Number of tubal (ectopic) pregnancies

How many induced abortions did you have?

46-47\_ \_ \_ Number of induced abortions  
48-50\_ \_ \_  
40-41\_ \_ \_

How old were you at the birth of your first living child?

\_ \_ Age

How old were you at the birth of your last living child?

\_ \_ Age

Thinking of all your children, for how many weeks or months in total did you breastfeed them?

\_ \_ OR \_ \_  
Weeks Months

7. Have you ever tried to become pregnant for more than 1 year without becoming pregnant?

52

**Did you visit a doctor or clinic because you didn't get pregnant?**

53

**Was there a reason found for why you did not become pregnant?**

54

**What was the reason you did not become pregnant? (Check all that apply.)**

1 ☐ Problem with your hormones or ovulation (producing eggs)

1 ☐ Problem with your tubes or uterus

## 1 Endometriosis

<sup>1</sup> ☐ Other problem with you, please specify:

1 ☐ Problem in your partner

1 ☐ Could not find a reason

58

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**Thank you.**



