

FMMP - Female Oral Contraceptive and Reproductive History Questions

FOR FEMALES ONLY:

1. Have you ever used oral contraceptive (birth control pills) for any reason (birth control, acne, menstrual irregularity, etc.)?

YES NO

1a. If YES, for each age listed below, indicate with an "X" if you used birth control pills (BCPs) for at least two months during that year. If you used birth control pills for ten months or more that year, **also** place an "X" in the "10+ months" box. For example: if you used birth control pills for eleven months of a year, you would place an "X" in both the "2 months or more" and the "10+ months" box.

Age	BCP Use	
	2 months or more	10+ months
13 years or less		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		

Age	BCP Use	
	2 months or more	10+ months
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		

28		
29		

45		
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FOR FEMALES ONLY:

2. Have your menstrual periods stopped permanently?

- a. NO - still menstruating
- b. YES - No menstrual periods
- c. YES - Had menopause, but now have periods because taking medication (hormones)
- d. NOT SURE

IF YES (either **b** or **c**):

2a. At what age did your menstrual periods stop?

Age = __ __ years

2b. For what reason did your periods cease?

- a. Surgery

If surgery, were your ovaries removed?

- YES, both ovaries
- YES, but only one ovary
- Only uterus removed

- b. Radiation or Chemotherapy

- c. Natural

If natural menopause, since menopause have you had surgery to remove ovaries or uterus?
(check all that apply)

- NO
- Uterus removed
- One ovary removed
- Both ovaries removed

3. Have you ever used estrogen replacement therapy (such as Premarin, Estraderm, Ogen, Estrace, etc.)?

- a. Never
- b. Past only
- c. Currently

IF YES **b** (Past only) or **c** (Currently)?

3a. For how many total years? _____ years