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OMB#: 0925-0584
Exp. xx/xx/xxxx

HCHS/SOL Visit 2- Reproductive and Medical History

ID NUMBER:

FORM CODE: RME
VERSION: 1, 12/10/2013

Contact Occasion

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SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

0b. Staff ID:

Instructions: Enter the answer given by the participant for each response. Use the CDART Notelog window to code 'Don't know/refused, Missing, etc.' for those questions that do not list these as an option.

A. HORMONE AND MENSTRUAL HISTORY QUESTIONS

1. Which of the following hormonal birth control treatments have you ever used?
{If ever used then} Are you currently using these treatments? Choose all that apply.

Never used any of these treatments 0 → **GO TO QUESTION 3**

	Ever	Current
a. Birth control pills	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Birth control ring (Nuvaring) or patch (OrthoEvra)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. DepoProvera Shots	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Birth control implant (Norplant, Implanon, or Nexplanon)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Intrauterine device (IUD) with hormones (Mirena) <i>(This is the five-year IUD and it makes your periods lighter)</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

2. If yes to any, what is the reason you used this/these hormonal treatment(s)? Choose all that apply.

	No	Yes
a. Birth control	0 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Acne	0 <input type="checkbox"/>	1 <input type="checkbox"/>
c. Menstrual cramps or painful periods	0 <input type="checkbox"/>	1 <input type="checkbox"/>
d. To regulate periods	0 <input type="checkbox"/>	1 <input type="checkbox"/>
e. To treat vaginal bleeding	0 <input type="checkbox"/>	1 <input type="checkbox"/>
f. Other	0 <input type="checkbox"/>	1 <input type="checkbox"/>

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

No 0 → **Go to question 4**
Yes 1
Unsure 9

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For the next question, I would like to ask you to think about your menstrual periods when you were not using birth control pills or other hormone medications and were not pregnant or breastfeeding. [IF UNDER 40: Since you turned 20; IF 40 OR OLDER: In your 20s or 30s]

9. How many days were there in a typical menstrual cycle, that is, from the beginning of one menstrual period to the beginning of bleeding of the next period?

- Less than 24 days 0
24-35 days 1
More than 35 days 2
Too variable or irregular to say 3
Don't know 9

10. Has a health care provider ever told you that you have polycystic ovary syndrome (PCOS)?

- No 0
Yes 1
Unsure 9

B. PREGNANCY HISTORY QUESTIONS

11. Are you currently pregnant?

- No 0
Yes 1 **Reschedule Study Visit**
Unsure 9

12. How many times have you been pregnant? Please include live births, still births, miscarriages and abortions. [If none, enter 00]

Pregnancies if None → **End Questionnaire**

13. How many miscarriages have you had?

14. How many tubal or ectopic pregnancies have you had?

[An ectopic pregnancy is a pregnancy that grows in one of the tubes instead of in the uterus or womb.]

15. How many abortions have you had? **[I understand that you may not want to answer this question.]**

16. How many pregnancies have you had that lasted more than six months?

if None → **End Questionnaire**

17. How many live births have you had?

18. For pregnancies lasting more than six months, how many stillbirths have you had?

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19. Did you ever have any of these illnesses or complications during these pregnancies?

- | | No | Yes | Unsure |
|---|--|----------------------------|----------------------------|
| 19a. High blood pressure or hypertension? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 19b. Preeclampsia or toxemia? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 19c. Seizures, convulsions or eclampsia? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 19d. Diabetes? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 19e. Birth of an infant weighing less than 5.5 lbs (2.5kg)? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 19f. Birth of an infant weighing more than 9 lbs (4.09kg)? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 19g. Birth of a preterm infant, or infant born at 36 weeks or earlier? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| 19h. How many of these pregnancies ended with a vaginal birth? | <input type="text"/> <input type="text"/> pregnancies | | |
| 19i. How many of these pregnancies ended with a cesarean birth? | <input type="text"/> <input type="text"/> pregnancies | | |
| 19j. If you breastfed these babies, how many months did you breastfeed these babies altogether? | <input type="text"/> <input type="text"/> months [If none, enter 00] | | |

PERINATAL DEPRESSION/ANXIETY

20. During how many of your pregnancies did you feel sad, miserable, or very anxious? By this, we mean a period of at least 2 weeks when you were not yourself and which was worse than the normal ups and downs of life? **By "two weeks," I mean most of the day, nearly every day.**

21. After how many of your deliveries, within the first 6 months postpartum, did you feel sad, miserable, or very anxious? By this, we mean a period of at least 2 weeks, when you were not yourself and which was worse than the normal ups and downs of life? **By "for two weeks," I mean most of the day, nearly every day.**

For PREGNANCIES LASTING MORE THAN SIX MONTHS

22. During how many of these pregnancies did you get prenatal care?

23. For pregnancies for which you received prenatal care, for how many pregnancies did you receive care:

- | | |
|--|---|
| 8a. In the United States | <input type="text"/> <input type="text"/> |
| 8b. Outside of the United States | <input type="text"/> <input type="text"/> |
| 8c. Both in and out of the United States | <input type="text"/> <input type="text"/> |

Now, we would like to ask you some more detailed questions about your pregnancies that lasted more than six months and occurred after SOL Visit 1 on [DATE]

GO to PREGNANCY COMPLICATIONS Form to collect details of each pregnancy of 6+ months.