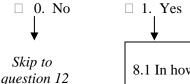
Entered: /	/ 20	Initials:	Verified:	_//20		Initials:
mm dd	уу			n dd yy		
Patient ID			e use only.			Visit:
		RHB –Versi	on 02/01/2008			
E Cl-4	D-4 /					
Form Completio	n Date / mm dd					
771 C 11 ·						
•		ess than 8 periods a year	throughout life). No	□ 1. Yes
2. Have you ever	had the following	symptoms before age 4	5?			
	cial, chest or body h). No	□ 1. Yes
•		s thinning of hair at the	crown or temple). No	□ 1. Yes
2.3 Severe ad	ult acne). No	□ 1. Yes
Go to question 4	Are you curren O. No Go to question 4	tly treating your PCOS	rently treating you	r PCOS? (Chec Yes □ Prescript		
□ 0. No □	1. Yes	aken any hormonal med		•		
σ		which type of hormona	•		ne <u>past 1</u> 2	2 months:
Go to question 5	2. Hormonal bi	placement therapy $\rightarrow Sk$ irth control (such as pill dication $\rightarrow Skip$ to quest	ring, shot, Mirena		uestion 12	2, next page
Thinking back ov	er the past 12 mon	ths				
_	•	you have a period?	# If zer	o, please skip	to questi	on 9, next page
6. What was the period)?	usual length of you	r menstrual cycle (inter	val from the first d	ay of period to	the first	day of next
□ 1. Less tha	in 21 days □	2. $21 - 35$ days	\Box 3. More than	35 days		o irregular to

D 41 4 ID		
Patient ID	-	-

- 7. On average, how many days did your period (bleeding) last?
 - \Box 1. 1 4 days
- \square 2. 5 7 days
- \square 3. 8 9 days
- \square 4. More than 9 days
- 8. Did you have spotting or bleeding that occurred at times other than your menstrual period?



3.1	In how	many	of the	past	12 months	did	this	occur?

	Skip to
$\underline{\hspace{1cm}}$ (months) \rightarrow	question
	12

- 9. How old where you when you had your last natural menstrual period? _____ (years)
- 10. Why did your natural menstrual period stop (check only one response)?
 - ☐ Medication
 - ☐ Natural menopause
 - ☐ Hysterectomy alone
 - $\hfill \square$ Hysterectomy and oophorectomy
 - \square Oophorectomy alone
 - ☐ Endometrial ablation
 - ☐ Chemotherapy
 - ☐ Chronic illness
 - ☐ Prolactin, adrenal gland or thyroid problem
 - ☐ Pregnancy
 - ☐ No known reason
 - □ Other (Specify: ______)

11. Please indicate how bothersome the following symptoms have been in the **past month**:

		Not at all (1)	Slightly (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
11.1 Hot flashe	es or flushes					
-	urbance (difficulty falling asleep or early wakening)					
11.3 Vaginal d	ryness					

		to become pregna to question 16	nt?				
not usi	ing <u>any</u> form 0. No	at least 12 months of birth control an ecify age this first	d yet you did not	become pregnan		intercourse with a m	an and
		d to a doctor or ha ip to question 16	nd tests done beca	use of problems	becoming pregnar	ıt?	
Gonal-	ou <u>ever</u> taker F, Follistim)? 0. No 1. Yes		ication to help yo	u become pregna	ant (such as Clom	id, Serophene,	
		•	pregnant? #_	If zero	o, please skip to q	uestion 17.	
_	st one pregn	ancy, st pregnancy, plea	sa usa tha tabla b	alow to report th	a fallowing:		$\overline{}$
•	your age who whether you whether you	nen you became p u were taking ferti	regnant lity medication w still birth (baby lo	when you became ost after 20 week	pregnant	miscarriage (fetus los	st
		fertility med	Pl	ease check one o	outcome per pregno	uncy	
	your age	used? No Yes (0) (1)	live birth (1)	still birth (2)	miscarriage (3)	other outcome (4)	
Preg. 1							
Preg. 2							
Preg. 3							
Preg. 4							
Preg. 5							
Preg. 6							
Preg. 7							
_		□ □ L an 8 pregnancies					
Preg. 8							

Patient ID ___ - _ - _ _ - _

If you are 50 years old or older, please skip Questions 17-20. If you are 49 or younger please continue.

0. No		months have you used (or has y 1. Yes	our partner used	bir	th control for any reason?
Skip to		Specify method of birth control <i>item</i>).	you have used in	the	past 12 months (Check "no" or "yes" for
question 19	No	,	No	Y	
		☐ Pills, monthly (including one week of placebo or no pills,			Diaphragm Cervical cap
		☐ Pills, continuous use (new par 3 weeks, no period)			Male or female condom Contraceptive foams, creams, jellies
		☐ Mini Pill, continuous use (proonly, get period)	ogestin \Box		Natural family planning, rhythm method or having sex during "safe" times
		☐ Patch or ring			Withdrawal
	☐ ☐ Injections of medication	☐ Injections of medications (sh implantation of a medication			Hysterectomy: your uterus was surgically removed
		device			Tubal ligation: your tubes were tied
		$□$ IUD \rightarrow $□$ Mirena $□$ Copp	per \square		Vasectomy: your partner was sterilized
		□ Don't know			Other (Specify:)

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