Entered: _ _ / _ _ / 20_ _ Initials: _____ Verified: _ _ / _ _ /20 _ _ Initials: _____
mm dd yy mm dd yy

Patient ID __ __ __ - __ __ __ __ - __ __ **Visit:____**

For office use only.

RHB –Version 02/01/2008

Form Completion Date __ __ / __ __ / 20 __ __
mm dd yy

The following set of questions is for females only.

1. Have you had irregular periods (less than 8 periods a year) throughout life **starting in your teens**? ☐ 0. No ☐ 1. Yes

2. Have you ever had the following symptoms **before age 45?**

2.1 Excess facial, chest or body hair	☐ 0. No	☐ 1. Yes
2.2 Male pattern baldness, such as thinning of hair at the crown or temple	☐ 0. No	☐ 1. Yes
2.3 Severe **adult** acne	☐ 0. No	☐ 1. Yes

3. Has a healthcare professional ever told you that you have/had polycystic ovary syndrome (PCOS)?

☐ 0. No → *Go to question 4*

☐ 1. Yes

Are you currently treating your PCOS?

☐ 0. No → *Go to question 4*

☐ 1. Yes

3.1 How are you currently treating your PCOS? *(Check "no" or "yes" to each)*

No	Yes		No	Yes	
☐	☐	Exercise	☐	☐	Prescription medication
☐	☐	Diet			

4. In the **past 12 months** have you taken any hormonal medication, such as HRT, the pill, or fertility medication?

☐ 0. No → *Go to question 5*

☐ 1. Yes

4.1 Please indicate which type of hormonal medication you have taken in the **past 12 months**:

☐ 1. Hormone replacement therapy → *Skip to question 9, next page*
☐ 2. Hormonal birth control (such as pill, ring, shot, Mirena) → *Skip to question 12, next page*
☐ 3. Fertility medication → *Skip to question 12, next page*

Thinking back over the **past 12 months…**

5. In how many of those months did you have a period? #_____ ***If zero, please skip to question 9, next page***

6. What was the usual length of your menstrual cycle (interval from the first day of period to the first day of next period)?

☐ 1. Less than 21 days ☐ 2. 21 – 35 days ☐ 3. More than 35 days ☐ 4. Too irregular to estimate

7. On average, how many days did your period (bleeding) last?

□ 1. 1 – 4 days □ 2. 5 – 7 days □ 3. 8 – 9 days □ 4. More than 9 days

8. Did you have spotting or bleeding that occurred at times other than your menstrual period?

□ 0. No → *Skip to question 12*

□ 1. Yes →

8.1 In how many of the **past 12 months** did this occur? _____ (months) → *Skip to 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
- □ Hysterectomy and oophorectomy
- □ 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 flashes or flushes	□	□	□	□	□
11.2 Sleep disturbance (difficulty falling or staying asleep or early wakening)	□	□	□	□	□
11.3 Vaginal dryness	□	□	□	□	□

12. Have you **ever** tried to become pregnant?
    - ☐ 0. No → *Skip to question 16*
    - ☐ 1. Yes

13. Has there **ever** been at least 12 months in your life when you were regularly having sexual intercourse with a man and not using any form of birth control and yet you did not become pregnant?
    - ☐ 0. No
    - ☐ 1. Yes → Specify age this first happened: __ __ (years)

14. Have you **ever** talked to a doctor or had tests done because of problems becoming pregnant?
    - ☐ 0. No → *Skip to question 16*
    - ☐ 1. Yes

15. Have you **ever** taken any fertility medication to help you become pregnant (such as Clomid, Serophene, Gonal-F, Follistim)?
    - ☐ 0. No
    - ☐ 1. Yes

16. Total number of times you have been pregnant? # _____ ***If zero, please skip to question 17.***

If at least one pregnancy,

Starting with your first pregnancy, please use the table below to report the following:

- your age when you became pregnant
- whether you were taking fertility medication when you became pregnant
- whether you had a live birth, still birth (baby lost after 20 weeks or 5 months), or miscarriage (fetus lost before 20 weeks or 5 months) or other outcome

	your age	fertility med used? No (0)	fertility med used? Yes (1)	*Please check one outcome per pregnancy* 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	_____	☐	☐	☐	☐	☐	☐
Preg. 8	_____	☐	☐	☐	☐	☐	☐

☐ I have had more than 8 pregnancies

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

17. In the past 12 months how often have you used birth control when having sexual intercourse with a man?

□ 0. Not sexually active with a man □ 2 Rarely □ 4. Most of the time
□ 1. Never □ 3. About half the time □ 5. All of the time

18. In the **past 12 months** have you used (or has your partner used) birth control for any reason?

□ 0. No → *Skip to question 19*

□ 1. Yes →

18.1 Specify method of birth control you have used in the **past 12 months** (*Check "no" or "yes" for each item*).

No	Yes		No	Yes	
□	□	Pills, monthly (including one week of placebo or no pills, get period)	□	□	Diaphragm
			□	□	Cervical cap
□	□	Pills, continuous use (new pack every 3 weeks, no period)	□	□	Male or female condom
			□	□	Contraceptive foams, creams, jellies
□	□	Mini Pill, continuous use (progestin only, get period)	□	□	Natural family planning, rhythm method or having sex during "safe" times
□	□	Patch or ring	□	□	Withdrawal
□	□	Injections of medications (shots) or implantation of a medication release device	□	□	Hysterectomy: your uterus was surgically removed
			□	□	Tubal ligation: your tubes were tied
□	□	IUD → □ Mirena □ Copper □ Don't know	□	□	Vasectomy: your partner was sterilized
			□	□	Other (Specify:_____)

19. Please rate how important it is to you to be able to ever become pregnant in the future on a scale from 0 to 10, where 0 is of no importance and 10 is the most important thing in your life. # _____ (0 – 10)

20. When do you think you will try to become pregnant?

□ 1. Never □ 2. In next 12 months □ 3. In next 12-24 months □ 4. After 24 months □ 5. Not sure