

Environmental Exposure Questionnaire: Female Health History (For Women Only)

Start of Block: Default Question Block

Q5 FEMALE HEALTH HISTORY (FOR WOMEN ONLY)

Q6

The following questions ask about your reproductive history. Please answer these questions to the best of your ability.

Q7 These questions were primarily completed by:

- ☐ Study Participant (1)
 - ☐ Study Participant's Spouse (2)
 - ☐ Other relative (3) _____
 - ☐ Someone else (4) _____
-

Q8 **Have you ever been pregnant?**

- ☐ Yes (1)
 - ☐ No (2)
 - ☐ Don't Know (3)
 - ☐ Prefer Not to Answer (4)
-

Display This Question:

If Q8 = 1



Q9 How many pregnancies have you had? (Please include all live births, miscarriages, stillbirths, and abortions.)

Display This Question:

If Q8 = 1



Q10 How many live births have you had?



Q11 At what age did you have your first menstrual period?

- ☐ Age (1) _____
- ☐ Never had a menstrual period (2)
- ☐ Don't know (3)
- ☐ Prefer Not to Answer (4)

Skip To: End of Survey If Q11 = 2

Q12 What is your current menstrual status?

- ☐ Pregnant or breastfeeding (1)
- ☐ Still having periods and not going through menopause (2)
- ☐ Still having periods and on hormone replacement therapy (3)
- ☐ Going through menopause (4)
- ☐ Periods stopped themselves or natural menopause (5)
- ☐ Periods stopped by surgery or surgical menopause (6)
- ☐ Other (specify): (7) _____
- ☐ Don't Know (8)
- ☐ Prefer Not to Answer (9)

Display This Question:

If Q12 = 5



Q13 What date did your periods stop themselves or did you experience natural menopause?

- ☐ Year (1) _____
- ☐ Age (2) _____
- ☐ Don't know (3)
- ☐ Prefer Not to Answer (4)

Display This Question:

If Q12 = 6



Q14 What date did your periods stop by surgery or surgical menopause?

- ☐ Year (1) _____
- ☐ Age (2) _____
- ☐ Don't know (3)
- ☐ Prefer Not to Answer (4)

Display This Question:

If Q12 = 6

Q15 What type of surgery did you have?

- ☐ Removal of uterus and both ovaries (1)
- ☐ Removal of one ovary (2)
- ☐ Removal of both ovaries (3)
- ☐ Removal of uterus but not both ovaries (4)
- ☐ Other (specify): (5) _____
- ☐ Don't Know (6)
- ☐ Prefer Not to Answer (7)

Display This Question:

If Q12 = 7

Q16 DATE:

- ☐ Year (1) _____
- ☐ Age (2) _____
- ☐ Don't know (3)
- ☐ Prefer Not to Answer (4)

End of Block: Default Question Block

Start of Block: Block 1

Q17

Have you ever used hormone replacement therapy during or after menopause for a period of at least 6 months? This includes pills, injections, vaginal creams, skin patches, and suppositories.

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't Know (3)
- ☐ Prefer Not to Answer (4)

Skip To: End of Survey If Q17 = 2

Skip To: End of Survey If Q17 = 3

Skip To: End of Survey If Q17 = 4



Q18 At what age did you start taking hormone replacement therapy?

- ☐ Age Started (1) _____
- ☐ Year started (2) _____
- ☐ Don't know (3)
- ☐ Prefer Not to Answer (4)
-



Q19 At what age did you stop taking hormone replacement therapy?

- ☐ Age Stopped (1) _____
- ☐ Year stopped (2) _____
- ☐ Currently take (3)
- ☐ Don't know (4)
- ☐ Prefer Not to Answer (5)
-

Q20

During the above period, how many years in total did you take hormone replacement therapy? Please don't include any months/years during the above period when you may have temporarily stopped taking hormone replacement therapy.

- ☐ Years (1) _____
- ☐ Don't know (2)
- ☐ Prefer Not to Answer (3)

End of Block: Block 1
