

WOMEN'S INTERAGENCY HIV STUDY

BASELINE VISIT

OBSTETRIC, GYNECOLOGICAL & CONTRACEPTIVE HISTORY

FORM 3

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

|_|-|_|_|-|_|_|_|_|-|_|

A2. WIHS STUDY VISIT #:

___ ___

A3. FORM VERSION:

1 0 / 1 5 / 9 4
M D Y

A4. DATE OF INTERVIEW:

___ ___ / ___ ___ / ___ ___
M D Y

A5. INTERVIEWER'S INITIALS:

___ ___ ___

A6. TIME MODULE BEGAN:

|_|_| : |_|_| AM 1
PM 2

INTRODUCTION TO PARTICIPANT:

Now, I am going to ask you some questions about your past pregnancies, gynecological history, and methods of birth control.

WIHS ID #

[Empty box for WIHS ID #]

SECTION B: PREGNANCY HISTORY

B1. Are you currently pregnant?

- YES..... 1
- NO..... 2 (B2)
- DON'T KNOW<-8> (B2)
- DECLINED.....<-7> (B2)

a. Have you seen a prenatal health care provider, doctor, nurse, nurse practitioner, midwife, or physician's assistant for this pregnancy?

- YES..... 1 (B1c)
- NO 2

b. Do you have an appointment to see a health care provider?

- YES..... 1
- NO 2

IF PREGNANT, REFER FOR PRENATAL CARE IF NOT ALREADY RECEIVING

c. Excluding this pregnancy, how many times have you been pregnant before?
Please include all of your pregnancies regardless of outcome.
(IF NONE CODE "00")

__|__|
TIMES

**PROMPT: IF B1c = 00, SKIP TO B18, PAGE 5
IF B1c ≥ 01, SKIP TO B4**

B2. Have you ever been pregnant?

- YES..... 1
- NO..... 2 (B15, PAGE 4)
- DON'T KNOW<-8> (B15, PAGE 4)

B3. How many times have you been pregnant? Please include all of your pregnancies regardless of outcome.

__|__|
PREGNANCIES

WIHS ID #

- INSTRUCTIONS:**
- **READ:** Now I am going to ask you about all of your pregnancies (excluding your current pregnancy). Let's begin with the first pregnancy.
 - **HAND PARTICIPANT RESPONSE CARD 8**
 - **COMPLETE FOR ALL PREGNANCIES REPORTED AT EITHER B1c OR B3, THEN SKIP TO B15, PAGE 4 UNLESS PARTICIPANT IS CURRENTLY PREGNANT, THEN SKIP TO B18, PAGE 5**
 - **COLLECT MONTH AND YEAR FOR THE MOST RECENT PREGNANCY ONLY**

	a. What was the outcome of the (#) pregnancy?	b. How many babies were born?	c. When did this occur/happen? I just need the year. (MONTH/YEAR OF OUTCOME)
B4. 1st	Live birth1 Stillbirth.....2 Ectopic Preg 5 (c) Abortion (Induced/ Elective/Therapeutic).....3 (c) Other 6 (c) Miscarriage (Spontaneous Abortion)4 (c) _____ (SPECIFY) DON'T KNOW..... <-8> (c)	 # BABIES	_ _ / _ _ M Y
B5. 2nd	LIVE BIRTH.....1 ECTOPIC PREG..... 5 (c) STILLBIRTH2 OTHER 6 (c) ABORTION3 (c) _____ MISCARRIAGE4 (c) (SPECIFY) DON'T KNOW..... <-8> (c)	 # BABIES	_ _ / _ _ M Y
B6. 3rd	LIVE BIRTH.....1 ECTOPIC PREG..... 5 (c) STILLBIRTH2 OTHER 6 (c) ABORTION3 (c) _____ MISCARRIAGE4 (c) (SPECIFY) DON'T KNOW..... <-8> (c)	 # BABIES	_ _ / _ _ M Y
B7. 4th	LIVE BIRTH.....1 ECTOPIC PREG..... 5 (c) STILLBIRTH2 OTHER 6 (c) ABORTION3 (c) _____ MISCARRIAGE4 (c) (SPECIFY) DON'T KNOW..... <-8> (c)	 # BABIES	_ _ / _ _ M Y
B8. 5th	LIVE BIRTH.....1 ECTOPIC PREG..... 5 (c) STILLBIRTH2 OTHER 6 (c) ABORTION3 (c) _____ MISCARRIAGE4 (c) (SPECIFY) DON'T KNOW..... <-8> (c)	 # BABIES	_ _ / _ _ M Y
B9. 6th	LIVE BIRTH.....1 ECTOPIC PREG..... 5 (c) STILLBIRTH2 OTHER 6 (c) ABORTION3 (c) _____ MISCARRIAGE4 (c) (SPECIFY) DON'T KNOW..... <-8> (c)	 # BABIES	_ _ / _ _ M Y

WIHS ID #

--

	a. What was the outcome of the (#) pregnancy?	b. How many babies were born?	c. When did this occur/happen? I just need the year. (MONTH/YEAR OF OUTCOME)
B10. 7th	LIVE BIRTH..... 1 ECTOPIC PREG5 (c) STILLBIRTH..... 2 OTHER.....6 (c) ABORTION 3 (c) _____ MISCARRIAGE 4 (c) (SPECIFY) DON'T KNOW<-8> (c)	_ _ # BABIES	___ / ___ M Y
B11. 8th	LIVE BIRTH..... 1 ECTOPIC PREG5 (c) STILLBIRTH..... 2 OTHER.....6 (c) ABORTION 3 (c) _____ MISCARRIAGE 4 (c) (SPECIFY) DON'T KNOW<-8> (c)	_ _ # BABIES	___ / ___ M Y
B12. 9th	LIVE BIRTH..... 1 ECTOPIC PREG5 (c) STILLBIRTH..... 2 OTHER.....6 (c) ABORTION 3 (c) _____ MISCARRIAGE 4 (c) (SPECIFY) DON'T KNOW<-8> (c)	_ _ # BABIES	___ / ___ M Y
B13. 10th	LIVE BIRTH..... 1 ECTOPIC PREG5 (c) STILLBIRTH..... 2 OTHER.....6 (c) ABORTION 3 (c) _____ MISCARRIAGE 4 (c) (SPECIFY) DON'T KNOW<-8> (c)	_ _ # BABIES	___ / ___ M Y
B14. 11th	LIVE BIRTH..... 1 ECTOPIC PREG5 (c) STILLBIRTH..... 2 OTHER.....6 (c) ABORTION 3 (c) _____ MISCARRIAGE 4 (c) (SPECIFY) DON'T KNOW<-8> (c)	_ _ # BABIES	___ / ___ M Y

PROMPT: IF THE PARTICIPANT HAS MORE THAN 11 PREGNANCIES, USE THE ADDITIONAL SPACE PROVIDED ON FORM 3A, PREGNANCY ADDENDUM

PROMPT: IF CURRENTLY PREGNANT, SKIP TO B18, PAGE 5

B15. Are you trying to get pregnant now?

- YES..... 1 **(B18)**
- NO..... 2
- DON'T KNOW<-8>
- DECLINED.....<-7>

WIHS ID #

B16. Have you ever had a hysterectomy, removal of uterus/womb?

- YES 1
- NO..... 2 (B18)
- DON'T KNOW<-8> (B18)
- DECLINED.....<-7> (B18)

a. When was that? I need the year. (PROBE: Please try to remember as best you can.)

19

B17. What was the reason for your hysterectomy.

Was it: [READ a - f]	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
a. Fibroids (myomas)?	1	2	<-8>
b. Infection?	1	2	<-8>
c. Cancer?	1	2	<-8>
d. Complications of pregnancy/delivery?	1	2	<-8>
e. Bleeding unrelated to pregnancy?.....	1	2	<-8>
f. Another reason?	1	2	<-8>

(SPECIFY)

B18. Have you had one ovary or both ovaries removed? (PROBE: One or both?)

- NO OVARIES REMOVED..... 1
- ONE OVARY 2
- BOTH OVARIES 3
- DON'T KNOW<-8>
- DECLINED.....<-7>

B19. Have you ever had a tubal ligation (tubes tied)?

- YES 1
- NO..... 2 (SECTION C)
- DON'T KNOW<-8> (SECTION C)
- DECLINED.....<-7> (SECTION C)

a. Was it ever reversed?

- YES 1
- NO..... 2
- DON'T KNOW<-8>
- DECLINED.....<-7>

PROMPT: IF B17c = YES, THEN COMPLETE ABSTRACT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.

WIHS ID #

SECTION C: CONTRACEPTIVE HISTORY

INTRODUCTION: The following questions about birth control, hormones and barrier methods are asked of all women in this study. Some of these methods are used to prevent pregnancy, regulate the menstrual cycle and/or prevent the transmission of sexual diseases. We would like to obtain information on all of the methods you ever used for any reason.

C1. Have you ever been on the pill (oral contraceptives) ?

YES 1
 NO 2 (C3)
 DON'T KNOW <-8> (C3)

a. For how many years altogether have you used the pill (oral contraceptives)? Would you say that you took them for:

Less than 1 year 1
 1 to 5 years 2
 More than 5 years 3
 DON'T KNOW <-8>
 DECLINED <-7>

In the past 6 months have you used: (METHOD)	In the past 6 months, have you used (METHOD)...		
	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
C2. The Pill/ Oral Contraceptives?			
YES 1 (a)	a. For birth control 1	2	<-8>
NO 2 (C3)	b. To regulate your periods 1	2	<-8>
DECLINED <-7> (C3)	c. For any other reason 1	2	<-8>

	(SPECIFY)		
C3. Norplant?	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
YES 1 (a)	b. For birth control 1	2	<-8>
NO 2 (C4)	c. To regulate your periods 1	2	<-8>
DECLINED <-7> (C4)	d. For any other reason 1	2	<-8>
a. When was it inserted? I need the month and the year.	_____		
_____ / _____ (b)	(SPECIFY)		
M Y			

WIHS ID #

In the past 6 months have you used: (METHOD)	In the past 6 months, have you used (METHOD)...		
<p>C4. Depo/Depo Provera/ Contraceptive Injection?</p> <p style="text-align: right;"><u>YES</u> <u>NO</u> <u>DON'T KNOW</u></p> <p>YES..... 1 (a)</p> <p>NO 2 (C5)</p> <p>DECLINED <-7> (C5)</p> <p>a. When did you receive your most recent injection? I need the month and the year.</p> <p style="text-align: center;">___ ___ / ___ ___ (b)</p> <p style="text-align: center;">M Y</p>	<p>b. For birth control 1 2 <-8></p> <p>c. To regulate your periods 1 2 <-8></p> <p>d. For any other reason..... 1 2 <-8></p> <p>_____</p> <p>(SPECIFY)</p>		
<p>C5. An IUD?</p> <p style="text-align: right;"><u>YES</u> <u>NO</u> <u>DON'T KNOW</u></p> <p>YES..... 1 (a)</p> <p>NO 2 (C6)</p> <p>DECLINED <-7> (C6)</p>	<p>a. For birth control..... 1 2 <-8></p> <p>b. For any other reason 1 2 <-8></p> <p>_____</p> <p>(SPECIFY)</p>		
<p>C6. Diaphragm or Cervical Cap?</p> <p style="text-align: right;"><u>YES</u> <u>NO</u> <u>DON'T KNOW</u></p> <p>YES..... 1 (a)</p> <p>NO 2 (C7)</p> <p>DECLINED <-7> (C7)</p>	<p>a. For birth control..... 1 2 <-8></p> <p>b. To avoid getting or giving STDs or HIV..... 1 2 <-8></p> <p>c. For any other reason 1 2 <-8></p> <p>_____</p> <p>(SPECIFY)</p>		
<p>C7. Vaginal Creams, Jellies, Foams, or the Sponge?</p> <p style="text-align: right;"><u>YES</u> <u>NO</u> <u>DON'T KNOW</u></p> <p>YES..... 1 (a)</p> <p>NO 2 (C8)</p> <p>DECLINED <-7> (C8)</p>	<p>a. For birth control..... 1 2 <-8></p> <p>b. To avoid getting or giving STDs or HIV..... 1 2 <-8></p> <p>c. For any other reason 1 2 <-8></p> <p>_____</p> <p>(SPECIFY)</p>		

WIHS ID #

In the past 6 months have you or your partners used: (METHOD)	In the past 6 months, have you used (METHOD)...																								
<p>C8. The rhythm method or withdrawal?</p> <p>YES..... 1 (a)</p> <p>NO 2 (C9)</p> <p>DECLINED <-7> (C9)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> <th style="text-align: center;"><u>DON'T KNOW</u></th> </tr> </thead> <tbody> <tr> <td>a. For birth control..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><-8></td> </tr> <tr> <td>b. For any other reason 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><-8></td> </tr> <tr> <td colspan="4" style="text-align: center;">_____</td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	a. For birth control..... 1	1	2	<-8>	b. For any other reason 1	1	2	<-8>	_____				(SPECIFY)							
	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>																						
a. For birth control..... 1	1	2	<-8>																						
b. For any other reason 1	1	2	<-8>																						

(SPECIFY)																									
<p>C9. Male Condoms?</p> <p>YES..... 1 (a)</p> <p>NO 2 (C10)</p> <p>DECLINED <-7> (C10)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> <th style="text-align: center;"><u>DON'T KNOW</u></th> </tr> </thead> <tbody> <tr> <td>a. For birth control..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><-8></td> </tr> <tr> <td>b. To avoid getting or giving STDs or HIV..... 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><-8></td> </tr> <tr> <td>c. For any other reason 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><-8></td> </tr> <tr> <td colspan="4" style="text-align: center;">_____</td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	a. For birth control..... 1	1	2	<-8>	b. To avoid getting or giving STDs or HIV..... 1	1	2	<-8>	c. For any other reason 1	1	2	<-8>	_____				(SPECIFY)			
	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>																						
a. For birth control..... 1	1	2	<-8>																						
b. To avoid getting or giving STDs or HIV..... 1	1	2	<-8>																						
c. For any other reason 1	1	2	<-8>																						

(SPECIFY)																									

C10. In the past 6 months have you used any other method or anything else that you haven't mentioned to keep you from getting pregnant?

YES..... 1

NO..... 2 (C11)

DON'T KNOW <-8> (C11)

DECLINED..... <-7> (C11)

a. What is it?

(SPECIFY)

C11. In the past 6 months have you used any other method such as dental dams, saran wrap, or female condoms to avoid getting or giving sexually transmitted diseases or HIV?

YES..... 1

NO..... 2 (D1)

DON'T KNOW <-8> (D1)

DECLINED..... <-7> (D1)

a. What method did you use to avoid getting or giving sexually transmitted diseases or HIV?

(SPECIFY)

SECTION D. GYNECOLOGICAL HISTORY MODULE

WIHS ID #

D1. In the past 12 months, have you had a Pap Test (Pap Smear, Papanicolaou test, a test for early detection of cancer of the cervix)?

- YES 1 (D3)
- NO 2
- DON'T KNOW <-8>
- DECLINED <-7>

D2. Have you ever had a Pap Test (Pap Smear, Papanicolaou test, a test for early detection of cancer of the cervix)?

- YES 1
- NO 2 (D4)
- DON'T KNOW <-8> (D4)
- DECLINED <-7> (D4)

a. When was your most recent Pap Test done? I just need the year. (PROBE: Please estimate as best you can.)

19 |__|__|

D3. Have you ever been told you had an abnormal Pap test?

- YES 1
- NO 2
- DON'T KNOW <-8>
- DECLINED <-7>

D4. Now, I am going to ask you some questions about your periods. Have you had a period in the last 6 months?

- YES 1 (D6)
- NO 2

D5. Have you had a period in the last 12 months?

- YES 1 (D12)
- NO 2 (D12)

D6. When was the first day of your last period? (PROBE: Please try to remember as best you can.) (IF PARTICIPANT GIVES A DATE WITHIN THE LAST 7 DAYS OR IF THE PARTICIPANT IS CURRENTLY MENSTRUATING, ASK: When was the first day of your last period before this one?)

___ / ___ / ___
M D Y

D7. How many days did that period last? (PROBE: How many days did you use a tampon or pad for bleeding?) (PROBE: Please remember as best you can.)

WIHS ID #

(RECORD NUMBER OF DAYS THAT A TAMPON OR PAD WAS USED.)

 |_|_|
DAYS

D8. Over the past 6 months, on average, how many days does your period last? (**PROBE:** Please estimate as best you can.)

 |_|_|
DAYS

D9. In the past 6 months, has your period been at least three days early or at least three days late?

YES 1
NO 2
DON'T KNOW <-8>
DECLINED <-7>

D10. In the past 6 months, have you skipped any monthly periods when you were not pregnant or breast feeding?

YES 1
NO 2
DON'T KNOW <-8>
DECLINED <-7>

D11. In the past 6 months, have you noticed any spotting or bleeding between periods?

YES 1
NO 2
DON'T KNOW <-8>
DECLINED <-7>

D12. Have you been through menopause (the change of life)?

YES 1
NO 2
DON'T KNOW <-8>
DECLINED <-7>

REFER FOR FOLLOW-UP TO PARTICIPANT'S HEALTH CARE PROVIDER

WIHS ID #

D13. During the past 6 months, have you had bleeding after vaginal intercourse with a male when you did not have your period?

YES..... **1**
NO..... 2
DON'T KNOW<-8>
DECLINED.....<-7>

REFER FOR FOLLOW-UP TO PARTICIPANT'S HEALTH CARE PROVIDER

**SECTION E:
GYNECOLOGICAL INFECTIONS**

Now I am going to ask you about conditions that a health care provider may have told you that you had at any time during your life.

Have you ever been told by a health care provider (doctor, nurse, midwife, physician's assistant or nurse practitioner) that you had:

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
E1. Gonorrhea (GC, the clap)?	1	2	<-8>	<-7>
E2. Syphilis?	1	2	<-8>	<-7>
E3. Chlamydia?	1	2	<-8>	<-7>
E4. PID, Pelvic inflammatory disease?	1	2	<-8>	<-7>
E5. Herpes in or around your genital area? (PROBE: Your vagina or anus.)	1	2	<-8>	<-7>
E6. Warts in or around your genital area? (PROBE: Your vagina or anus.)	1	2	<-8>	<-7>
E7. Have you ever been told by a health care provider (doctor, nurse, midwife, physician's assistant or nurse practitioner) that you had Trichomonas or Trich?				

YES..... 1
NO 2 **(E8)**
DON'T KNOW<-8> **(E8)**
DECLINED<-7> **(E8)**

WIHS ID #

a. Did you have this in the past 6 months?

- YES..... 1
- NO 2
- DON'T KNOW<-8>
- DECLINED<-7>

E8. Have you ever been told by a health care provider (doctor, nurse, midwife, physician's assistant or nurse practitioner) that you had B.V., Bacterial Vaginosis?

- YES..... 1
- NO 2 **(E9)**
- DON'T KNOW<-8> **(E9)**
- DECLINED<-7> **(E9)**

a. Did you have this in the past 6 months?

- YES..... 1
- NO 2
- DON'T KNOW<-8>
- DECLINED<-7>

E9. Have you ever been told by a health care provider (doctor, nurse, midwife, physician's assistant or nurse practitioner) that you had any form of vaginitis other than those already discussed?

- YES..... 1
- NO 2 **(E10)**
- DON'T KNOW<-8> **(E10)**
- DECLINED<-7> **(E10)**

a. Did you have this in the past 6 months?

- YES..... 1
- NO..... 2
- DON'T KNOW<-8>
- DECLINED.....<-7>

WIHS ID #

E10. Now I am going to ask you some questions about vaginal yeast infections sometimes called Candida or fungal infections. Have you ever had a vaginal yeast infection, Candida, or fungal infection?

- YES 1
- NO 2 (E19)
- DON'T KNOW <-8> (E19)
- DECLINED <-7> (E19)

a. Was this in the last 6 months?

- YES 1
- NO 2 (E11)
- DON'T KNOW <-8> (E11)
- DECLINED <-7> (E11)

b. How many vaginal yeast infections (Candida or fungal infections) have you had in the past 6 months? (PROBE: Please estimate as best you can.)

 |_|_|
INFECTIONS

c. Of the vaginal yeast infections you have had during the past 6 months, how many of them were treated by a health care provider (doctor, nurse, nurse practitioner, midwife or physician's assistant)? (PROBE: Please estimate as best you can.)

 |_|_|
INFECTIONS

E11. Now I am going to ask you about your most recent vaginal yeast infection. Who diagnosed your most recent vaginal yeast infection? Was it: [READ a - c]

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
a. A Health Care Provider (doctor, nurse, nurse practitioner, midwife or physician's assistant).....	1	2	<-8>
b. Yourself.....	1	2	<-8>
c. Someone else.....	1	2	<-8>

(SPECIFY)

E12. Were you taking antibiotics (such as penicillin, erythromycin, Bactrim or Flagyl) in the two weeks before you got your most recent vaginal yeast infection?

- YES 1
- NO 2
- DON'T KNOW <-8>
- DECLINED <-7>

WIHS ID #

E13. Did you take any medication or use anything (for your most recent vaginal yeast infection)?

- YES 1
 NO..... 2 (E18)
 DON'T KNOW<-8> (E18)
 DECLINED.....<-7> (E18)

a. Are you currently using this?

Did you use (MEDICATION) for your most recent yeast infection? (FOR EACH YES, ASK SUBQUESTION "a")	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
E14. vaginal cream or suppository	1	2 (E15)	<-8> (E15)	1	2	<-8>
E15. a pill or oral medication	1	2 (E16)	<-8> (E16)	1	2	<-8>
E16. a douche	1	2 (E17)	<-8> (E17)	1	2	<-8>
E17. something else	1	2 (E18)	<-8> (E18)	1	2	<-8>

 (SPECIFY)

E18. How many days did your most recent vaginal yeast infection last? (PROBE: Please remember as best you can.) (PROBE: If the infection is still present count from the day it began until today.)

|_|_|_|
 #DAYS

The next set of questions asks about symptoms you may have experienced during the past 6 months.

Have you experienced:

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
E19. Abnormal or increased vaginal discharge?	1	2	<-8>	<-7>
E20. Abnormal or unusual vaginal odor?	1	2	<-8>	<-7>
E21. Itching in or around your vagina?	1	2	<-8>	<-7>
E22. A sore or ulcer in or around your genital area? (PROBE: Your vagina or anus.)	1	2	<-8>	<-7>
E23. Pain in or around your vagina?	1	2	<-8>	<-7>
E24. Pain in the lower part of your belly (pelvis)?	1	2	<-8>	<-7>

REFER FOR FOLLOW-UP TO PARTICIPANT'S HEALTH CARE PROVIDER

WIHS ID #

**SECTION F:
MAMMOGRAPHY AND BREAST CONDITIONS**

In this next section I am going to ask about breast conditions and mammograms.

During the past 6 months, have you:	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
F1. been breast feeding?.....	1 (F4)	2	<-8>	<-7>
F2. had a discharge from either nipple?	<input type="text" value="1"/>	2	<-8>	<-7>
F3. had pain in your breast or breasts?.....	1	2 (F4)	<-8> (F4)	<-7> (F4)
a. Was this the week prior to getting your period?.....	1	<input type="text" value="2"/>	<-8>	<-7>
F4. had a lump or lumps in your breast or breasts?.....	<input type="text" value="1"/>	2	<-8>	<-7>

REFER FOR FOLLOW-UP TO PARTICIPANT'S HEALTH CARE PROVIDER

F5. Have you ever had a mammogram? (**PROBE:** A mammogram is a special type of x-ray for examining the breast.)

- YES..... 1
- NO..... 2 (F8)
- DON'T KNOW<-8> (F8)
- DECLINED.....<-7> (F8)

a. When was your most recent mammogram done? I just need the year. (**PROBE:** Please remember as best you can.)

19 |__|__|

F6. Was your most recent mammogram done:

- As a routine test or age related 1
- Because of a family history of breast cancer 2
- For evaluation of a breast mass or lump or..... 3
- For another reason 4

(SPECIFY)

