

e. Was that treatment:

- Cryosurgery (freezing of the cervix)..... 1
- Loop, LEEP or LETZ (electrical cutting of the cervix) 2
- Laser conization or ablation (a laser was used)..... 3
- Hysterectomy (major surgery under anesthesia; the uterus was removed) 4
- None of the above 5

f. Since your (MONTH) study visit, were you treated for any other gynecological conditions?

- YES 1
- NO..... 2 (B2)

g. What were you treated for? SPECIFY: _____

B2. Since your (MONTH) study visit, have you had one ovary or both ovaries removed?

- NO OVARIES REMOVED.....1
- ONE OVARY REMOVED.....2
- BOTH OVARIES REMOVED.....3

B3. (Since your (MONTH) study visit, have you had) a tubal ligation?

- YES 1 (B4)
- NO..... 2

a. Have you ever had a tubal ligation?

- YES 1
- NO..... 2

B4. (Since your (MONTH) study visit, have you had) a dilation and curettage, a D&C?

- YES 1
- NO..... 2

B5. (Since your (MONTH) study visit, have you had) a hysterectomy, either partial or total? **(PROBE: A partial hysterectomy includes removal of the uterus, or womb, only. A total hysterectomy includes removal of the cervix in addition to the uterus or womb.)**

- YES 1 (B6a)
- NO..... 2

B6. Have you ever had a hysterectomy, either a partial or a total?

- YES 1 (B20)
- NO..... 2

a. INTERVIEWER: SELECT ONE OPTON BELOW TO DESCRIBE THE PARTICIPANT'S GYNECOLOGICAL SURGERY HISTORY. FOLLOW THE INDICATED SKIP PATTERN.

- PT. REPORTS NO GYNECOLOGICAL SURGERY 1 (B7)
- PT. REPORTS HYSTERECTOMY SLV (B1b=4 or B5=1)
or PT. REPORTS TUBAL LIGATION (B3=1 or B3a=1)
or PT. REPORTS BILATERAL OOPHERECTOMY (B2=3) 2 (B8)

WIHS ID#

B7. Are you currently pregnant?

YES 1
 NO 2 (B8)

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

YES 1 (B7c)
 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, since your (MONTH) study visit, how many times have you been pregnant? Please include all of your pregnancies regardless of outcome. (IF NONE CODE "00")

|_|_|_|
 # PREGNANCIES

PROMPT: IF B7c = 00, SKIP TO B13; IF B7c ≥ 01, SKIP TO B9

B8. Since your (MONTH) study visit, how many times have you been pregnant? Please include all of your pregnancies regardless of outcome.

|_|_|_|
 # PREGNANCIES

**PROMPT: IF B8 = 00 AND IF B6a = 2, SKIP TO B13.
 IF B8 = 00 AND IF B6a = 1, SKIP TO B12.**

INSTRUCTIONS:

START F23S1

- **READ:** Now I am going to ask you about all of your pregnancies, since your (MONTH) study visit (excluding your current pregnancy). Let's begin with the first pregnancy.
- **HAND PARTICIPANT RESPONSE CARD 8**
- **COMPLETE FOR ALL PREGNANCIES REPORTED AT EITHER B7c OR B8, THEN SKIP TO B12 UNLESS PARTICIPANT IS CURRENTLY PREGNANT, THEN SKIP TO B13**
- **COLLECT MONTH AND YEAR FOR EACH PREGNANCY**

	a. What was the outcome of the (#) pregnancy?	b. How many babies were born?	c. When did this occur/happen? I need the month and year.
B9. 1st	Live birth 1 Stillbirth 2 Ectopic Preg 5 (c) Abortion (Induced/ Elective/Therapeutic) 3 (c) Other 6 (c) Miscarriage (Spontaneous Abortion) 4 (c) DON'T KNOW <-8> (c)	_ _ _ # BABIES	_ _ _ / _ _ _ M Y
B10.2nd	LIVE BIRTH 1 ECTOPIC PREG 5 (c) STILLBIRTH 2 OTHER 6 (c) ABORTION 3 (c) SPECIFY: _____ MISCARRIAGE 4 (c) DON'T KNOW <-8> (c)	_ _ _ # BABIES	_ _ _ / _ _ _ M Y

WIHS ID#

[Empty box for WIHS ID#]

	a. What was the outcome of the (#) pregnancy?	b. How many babies were born?	c. When did this occur/happen? I need the month and year.
B11.3rd	LIVE BIRTH.....1 ECTOPIC PREG.....5 (c) STILLBIRTH.....2 OTHER.....6 (c) ABORTION.....3 (c) SPECIFY: _____ MISCARRIAGE.....4 (c) DON'T KNOW.....<-8> (c)	_____ # BABIES	_____/_____ M Y

END F23S1

PROMPT: IF CURRENTLY PREGNANT (B7=YES), SKIP TO B13

B12. Are you trying to get pregnant now?

- YES 1
- NO..... 2

B13. Now, I am going to ask you some questions about your periods. Have you had a period in the past 6 months?

- YES 1
- NO..... 2 (B20)

B14. When was the first day of your most recent period? If you currently have your period, please give me the day you first started bleeding. (PROBE: Please try to remember as best you can.)

____/____/____
M D Y

B17. In the past 6 months, has your period been at least three days early or at least three days late?

- YES 1
- NO..... 2

B18. In the past 6 months, have you skipped any monthly periods when you were not pregnant or breast feeding?

- YES 1
- NO..... 2

B19. In the past 6 months, have you noticed any spotting or bleeding between periods?

- YES 1
- NO..... 2

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

B20. Have you been through menopause (the change of life)? (PROBE: Menopause means you have not menstruated or had your period in 12 or more months. This does not include not having your period because you are pregnant, or because of medications you may be taking.)

- YES 1
- NO..... 2
- N/A; HAD HYSTERECTOMY.... 3

WIHS ID#

B21. During the past 6 months, have you had bleeding after vaginal intercourse with a male or penetration by a sexual toy (i.e., dildo) when you did not have your period?

YES **1**
NO 2

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

SECTION C: HORMONES, BIRTH CONTROL AND BARRIER METHODS

INTRODUCTION: The following questions are about methods which are used to prevent pregnancy, regulate the menstrual cycle and/or prevent the transmission of sexual diseases. Please provide information on all of the methods you have used during the last six months for any reason.

C0. Since your (MONTH) study visit, have you used any form of birth control at all, either to prevent pregnancy, to avoid getting or giving STDs, or to regulate your periods?

YES 1
NO 2 (**SECTION E**)

a. HAS PARTICIPANT EVER HAD A TUBAL LIGATION (i.e., QUESTION B3a = 1)?

YES 1 (**C8**)
NO 2

b. HAS PARTICIPANT HAD A HYSTERECTOMY PRIOR TO HER LAST STUDY VISIT (i.e., QUESTION B6 = 1)?

YES 1 (**C8**)
NO 2

In the past 6 months have you used (METHOD):	In the past 6 months, have you used (METHOD) ...	
C1. The Pill / Oral Contraceptives?	<u>YES</u>	<u>NO</u>
YES 1	d. For birth control 1	2
NO 2 (C3i)	e. To regulate your periods 1	2
DECLINED <-7> (C3i)	f. For any other reason 1	2 (C3i)
a. For how many months during the last 6 months have you taken the pill or OCs?	SPECIFY: _____	
_ _ _		
# MONTHS		
b. Did you use Seasonale or Seasonique, the pill that means you have only 4 periods per year?		
YES 1		
NO 2		
c. Did you use Lybrel, the continuous use pill, that means you do not have a period at all?		
YES 1		
NO 2		

WIHS ID#

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<p>In the past 6 months have you used (METHOD):</p>	<p>In the past 6 months, have you used (METHOD) ...</p>												
<p>C3i. Depo/Depo Provera Injection?</p> <p>YES 1</p> <p>NO 2 (C3ii)</p> <p>DECLINED <-7> (C3ii)</p> <p>a. When did you receive your most recent injection? I need the month and the year.</p> <p style="text-align: center;"> ___ / ___ M Y </p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>YES</u></th> <th style="width: 20%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>b. For birth control</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. To regulate your periods</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. For any other reason</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 (C3ii)</td> </tr> </tbody> </table> <p>SPECIFY: _____</p>		<u>YES</u>	<u>NO</u>	b. For birth control	1	2	c. To regulate your periods	1	2	d. For any other reason	1	2 (C3ii)
	<u>YES</u>	<u>NO</u>											
b. For birth control	1	2											
c. To regulate your periods	1	2											
d. For any other reason	1	2 (C3ii)											
<p>C3ii. Implanon, progestin implantable contraceptive?</p> <p>YES 1</p> <p>NO 2 (C4)</p> <p>DECLINED <-7> (C4)</p> <p>a. When did you receive your most recent implant? I need the month and the year.</p> <p style="text-align: center;"> ___ / ___ M Y </p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>YES</u></th> <th style="width: 20%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>b. For birth control</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. To regulate your periods</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. For any other reason</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 (C4)</td> </tr> </tbody> </table> <p>SPECIFY: _____</p>		<u>YES</u>	<u>NO</u>	b. For birth control	1	2	c. To regulate your periods	1	2	d. For any other reason	1	2 (C4)
	<u>YES</u>	<u>NO</u>											
b. For birth control	1	2											
c. To regulate your periods	1	2											
d. For any other reason	1	2 (C4)											
<p>C4. An intrauterine device (IUD)?</p> <p>YES..... 1</p> <p>NO 2 (C5)</p> <p>DECLINED <-7> (C5)</p> <p>a. What type of IUD did you use?</p> <p style="padding-left: 20px;">IUD with hormone? (Mirena) 1</p> <p style="padding-left: 20px;">IUD without hormone? (Paragard) 2</p> <p style="padding-left: 20px;">DON'T KNOW <-8></p>													
<p>C5. Ortho Evra, the once-a-week birth control patch?</p> <p>YES..... 1</p> <p>NO 2</p> <p>DECLINED <-7></p>													
<p>C6. NuvaRing, a vaginal ring containing hormone inserted once-a-month?</p> <p>YES..... 1</p> <p>NO 2</p> <p>DECLINED <-7></p>													
<p>C7. Emergency Contraception? (PROBE: hormonal emergency contraceptive pills, Plan B, Ovral, PREVEN)</p> <p>YES..... 1</p> <p>NO 2 (C8)</p> <p>DECLINED..... <-7> (C8)</p> <p>a. How many times have you taken emergency contraception during the last 6 months?</p>	<table style="margin-left: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;"># of TIMES</td> </tr> </table>					# of TIMES							
# of TIMES													

WIHS ID#

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<p>In the past 6 months have you used (METHOD):</p>	<p>In the past 6 months, have you used (METHOD) ...</p>															
<p>C8. Diaphragm or Cervical Cap? YES..... 1 NO2 (C9) DECLINED <-7> (C9)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>YES</u></th> <th style="width: 20%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. For birth control.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. To avoid getting or giving STDs or HIV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. For any other reason</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 (C9)</td> </tr> <tr> <td colspan="3">SPECIFY: _____</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. For birth control.....	1	2	b. To avoid getting or giving STDs or HIV	1	2	c. For any other reason	1	2 (C9)	SPECIFY: _____		
	<u>YES</u>	<u>NO</u>														
a. For birth control.....	1	2														
b. To avoid getting or giving STDs or HIV	1	2														
c. For any other reason	1	2 (C9)														
SPECIFY: _____																
<p>C9. Vaginal Creams, Jellies, Foams, or the Sponge? YES..... 1 NO2 (C10) DECLINED<-7> (C10)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>YES</u></th> <th style="width: 20%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. For birth control.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. To avoid getting or giving STDs or HIV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. For any other reason</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 (C10)</td> </tr> <tr> <td colspan="3">SPECIFY: _____</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. For birth control.....	1	2	b. To avoid getting or giving STDs or HIV	1	2	c. For any other reason	1	2 (C10)	SPECIFY: _____		
	<u>YES</u>	<u>NO</u>														
a. For birth control.....	1	2														
b. To avoid getting or giving STDs or HIV	1	2														
c. For any other reason	1	2 (C10)														
SPECIFY: _____																
<p>C10. The rhythm method or withdrawal? YES..... 1 NO2 DECLINED <-7></p>																
<p>C11. Male Condoms? YES..... 1 NO2 (C12) DECLINED <-7> (C12)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>YES</u></th> <th style="width: 20%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. For birth control.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. To avoid getting or giving STDs or HIV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. For any other reason</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 (C12)</td> </tr> <tr> <td colspan="3">SPECIFY: _____</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. For birth control.....	1	2	b. To avoid getting or giving STDs or HIV	1	2	c. For any other reason	1	2 (C12)	SPECIFY: _____		
	<u>YES</u>	<u>NO</u>														
a. For birth control.....	1	2														
b. To avoid getting or giving STDs or HIV	1	2														
c. For any other reason	1	2 (C12)														
SPECIFY: _____																
<p>C12. Female Condoms? YES..... 1 NO2 (C13) DECLINED<-7> (C13)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>YES</u></th> <th style="width: 20%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. For birth control.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. To avoid getting or giving STDs or HIV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. For any other reason</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 (C13)</td> </tr> <tr> <td colspan="3">SPECIFY: _____</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. For birth control.....	1	2	b. To avoid getting or giving STDs or HIV	1	2	c. For any other reason	1	2 (C13)	SPECIFY: _____		
	<u>YES</u>	<u>NO</u>														
a. For birth control.....	1	2														
b. To avoid getting or giving STDs or HIV	1	2														
c. For any other reason	1	2 (C13)														
SPECIFY: _____																
<p>C13. Abstinence / No Sex? YES..... 1 NO2 (C14) DECLINED<-7> (C14)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>YES</u></th> <th style="width: 20%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. For birth control.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. To avoid getting or giving STDs or HIV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. For any other reason</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 (C14)</td> </tr> <tr> <td colspan="3">SPECIFY: _____</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. For birth control.....	1	2	b. To avoid getting or giving STDs or HIV	1	2	c. For any other reason	1	2 (C14)	SPECIFY: _____		
	<u>YES</u>	<u>NO</u>														
a. For birth control.....	1	2														
b. To avoid getting or giving STDs or HIV	1	2														
c. For any other reason	1	2 (C14)														
SPECIFY: _____																

C14. 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 **(C15)**

WIHS ID#

[Empty box for WIHS ID#]

a. What is it? SPECIFY: _____

C15. In the past 6 months have you used any other method such as dental dams, or saran wrap, to avoid getting or giving sexually transmitted diseases or HIV?

YES 1
NO 2 (SECTION E)

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

SPECIFY: _____

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 since your (MONTH) study visit. Please do not include those conditions that you were told of during your (MONTH) study visit.

Since your (MONTH) study visit, have you 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>	
E1. Gonorrhea (GC, the clap)?	1	2	(E2)
a. Was that found during your (MONTH) study visit?	1	2	
E2. Syphilis?	1	2	(E3)
a. Was that found during your (MONTH) study visit?	1	2	
E3. Chlamydia?	1	2	(E4)
a. Was that found during your (MONTH) study visit?	1	2	
E4. PID, Pelvic inflammatory disease?	1	2	(E5)
a. Was that found during your (MONTH) study visit?	1	2	
E5. Herpes in or around your genital area? (PROBE: Your vagina or anus.)	1	2	(E6)
a. Was that found during your (MONTH) study visit?	1	2	
E6. Warts in or around your genital area? (PROBE: Your vagina or anus.)	1	2	(E7)
a. Was that found during your (MONTH) study visit?	1	2	
E7. Trichomonal Vaginitis, trich?	1	2	(E8)
a. Was that found during your (MONTH) study visit?	1	2	
E8. Bacterial Vaginitis, BV?	1	2	(E9)
a. Was that found during your (MONTH) study visit?	1	2	
E9. Vaginal Yeast Infection (Candida or fungal infections)?	1	2	(E17)
a. Was that found during your (MONTH) study visit?	1	2	
b. How many times have you had a vaginal yeast infection since your (MONTH) study visit?	_ _		TIMES

WIHS ID#

The next set of questions asks about symptoms you may have experienced since your (MONTH) study visit.

Have you experienced:	<u>YES</u>	<u>NO</u>
E17. Abnormal or increased vaginal discharge?	1	2
E18. Abnormal or unusual vaginal odor?	1	2
E19. Itching in or around your vagina?	1	2
E20. A sore or ulcer in or around your genital area? (PROBE: Your vagina or anus.)	1	2
E21. Pain in or around your vagina?	1	2

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

SECTION F: MAMMOGRAPHY AND BREAST CONDITIONS

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

Since your (MONTH) study visit, have you:	<u>YES</u>	<u>NO</u>
F1. been breast feeding?	1 (F4)	2
F2. had a discharge from either nipple?	1	2
F3. had pain in your breasts?	1	2 (F4)
a. Was this the week prior to getting your period?	1	2
F4. had a lump in your breast?	1	2

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

F5. Since your (MONTH) study visit, have you had a mammogram? (PROBE: A mammogram is a special type of x-ray for examining the breast.)

- YES 1
- NO 2 (F9)

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 3

F7. What was the result of your mammogram? Was it normal (negative), abnormal (positive), or was there another result? (PROBE: “Pending” means you have not yet received any results.)

- NORMAL OR NEGATIVE TEST 1
- ABNORMAL OR POSITIVE TEST 2
- PENDING 4
- OTHER 3

SPECIFY: _____

F9. TIME MODULE ENDED: _____ AM 1
PM 2