



INSTRUCTIONS FOR THE REPRODUCTIVE HISTORY (RHXG) FORM

I. General Instructions

The Reproductive History Form should be completed during the interview portion of the participant's clinic visit. It is to be administered to female participants only. The interviewer must be certified.

All interviewers must be consistent in reading the questions clearly and using the exact wording on the form. It is important that there be no omissions or additions in reading the questions. Do not add any interpretations. Problems should be recorded in a note log.

The questionnaire is divided into 4 sections: Section A deals with menstrual history, section B with pregnancy history, section C on reproductive history and finally section D deals with history of gynecological surgery.

Note: the participant may view this material as very sensitive. The interviewer should be aware of the sensitive nature of the information and make the participant feel comfortable. Reassure hesitant participants that this information will be kept confidential.

Several items in this questionnaire ask the participant to recall events occurring many years in the past and may require probing. Special personal events may help the participant place these events; it may be helpful to use a calculator to assist with determining age at these events.

Detailed Instructions For Each Item

Menstrual History

1. The exact age of when menstrual period began should be recorded. A 'best estimate' is acceptable if the interviewer feels confident that a thoughtful estimate is provided. Grade in school or other personal events may help the participant recall the exact age of their first menstrual period. The following probes may be helpful: "Was it during the summer?" "Was it close to a holiday or vacation?" "Was it close to your birthday?"
 - If the participant recalls only a range, e.g., "10-12" or "during 6th or 7th grade", record the age in the middle of the range.
2. Ask all of the question then record whether the participant has reached menopause, either naturally or with surgical removal of ovaries. If the term 'menopause' is not immediately understood, ask 'Have your periods stopped for at least 12 months?' If the answer is no, skip to question 3.
 - Spotting or bleeding due to hormone use or surgery does not count as a period.
 - Women who take hormonal birth control may have very light or non-existent bleeding; these participants should answer "no" to this question.

- Note: Approximately 95% of women have completed menopause by age 55 years; if participants older than this answer “no” to this question, probe to determine if this bleeding is due to use of hormone replacement therapy.
- 2a. Record the age that menopause was reached.
- If the participant had a hysterectomy (surgical removal of the uterus or womb) or removal of both ovaries prior to natural menopause, enter the age at which the hysterectomy or removal of last ovary occurred.

Pregnancy History

- Record whether the participant had ever been pregnant.
- Record the number of times the participant was pregnant, regardless of the outcome. Include pregnancies that resulted in miscarriage, stillbirths, ectopic or tubal pregnancies or abortions.
 - Miscarriage refers to a pregnancy that terminates naturally during the first 5 months (20 weeks) of pregnancy.
 - Stillbirth refers to a baby who is born dead after 6 or more months (>20 weeks) of pregnancy.
 - Ectopic or tubal pregnancy refers to a pregnancy that occurs anywhere other than the uterus, most commonly in the fallopian tube.
 - Abortion refers to a pregnancy that is terminated; methods may include D&C, vacuum extraction, suction, and saline injections.
- Record the number of live births.
 - Note: this should count the number of deliveries, not the number of live-born children. Live births are defined as those in which a baby is born with any signs of life. If the baby dies shortly after birth, this should still be counted as a live birth.
 - If the participant had twins or other multiple birth, count as a single delivery.
 - If "0" skip to #9. (If 1, complete #6, skip to #9)
 - If more than 3 live births, capture that in a notelog on #8
- Record the year of the participant’s first live birth.
- Record the year of the participant’s second live birth.
- Record the year of the participant’s third live birth. If the participant had more than 3 live births, record them in the notelog.
- Record whether the participant ever had gestational diabetes.
 - Gestational diabetes is defined as high blood sugar (glucose) during pregnancy – only in people who did not have diabetes or high blood sugar before pregnancy.
- Record the age that the participant was when she first had gestational diabetes.
 - If the participant has had gestational diabetes during multiple pregnancies, record the age of the first pregnancy at which they were told they had gestational diabetes.
- Record if the participant ever gained ≥ 40 pounds during pregnancy.

11. Record if the participant ever gave birth to a baby that weighed ≥ 9 pounds.
12. Record if the participant ever gave birth to a baby that weighed ≤ 5.5 pounds.
13. Record whether the participant had hypertension during pregnancy.
14. Record whether the participant had gestational hypertension.
15. Record whether the participant ever had a preterm birth (i.e., given birth before 37 weeks of pregnancy).
16. Questions 16a-16d report on complications during pregnancy or in the first 6 weeks after giving birth.
 - 16a. Record if the participant ever had placenta previa.

Placenta previa is a condition in which the placenta completely or partially covers the opening of the uterus (cervix) at the end of the pregnancy. This condition nearly always results in the need for a C-section.
 - 16b. Record if the participant ever had placental abruption.

Placental abruption is a very serious condition in which the placenta partly or completely separates from the wall of the uterus before delivery.
 - 16c. Record if the participant ever had intra/postpartum hemorrhage.

Intra/postpartum hemorrhage is defined as substantial blood loss (≥ 1 L) during or shortly after delivery. This condition is a medical emergency and will most likely result in the need for a blood transfusion and medications to stop blood loss.
 - 16d. Record if the participant ever had premature rupture of membranes.

Premature rupture of the membranes is defined as rupture or breaking open of the amniotic sac (water breaking) before labor contractions begin.

Reproductive History

17. Report whether the participant ever tried to conceive a baby for 12 months without success and required reproductive therapies. We are specifically interested in fertility issues of the participant (not the participant's partner).
18. Questions 18a-18e report on the use of the following methods to get pregnant (regardless of outcome).
 - 18a. Record if the participant ever used hormone therapy.

This is most often used for women who have problems with ovulation, or the release of an egg from the ovary into the fallopian tube.
 - 18b. Record if the participant ever used in-vitro fertilization.
 - 18c. Record if the participant ever had used donor egg.
 - 18d. Record if the participant ever used surrogate.
 - 18e. Record if the participant ever used any other method to get pregnant.
 - 18e1. Specify what other method was used to get pregnant.

Gynecologic Surgery

19. Record whether the participant had her uterus removed.

This question should be answered in the affirmative for partial hysterectomies – these are surgeries in which the uterus or womb is removed, but at least one ovary is NOT removed.

Note: a tubal ligation, a sterilization procedure that involves cutting or blocking the fallopian tubes, should NOT be counted in this question.

19a. Record the age when the participant had her uterus removed.

20. Record whether the participant had one or both ovaries removed.

An operation to remove the ovaries is called an oophorectomy. A procedure in which only parts of the ovaries are removed should be coded as “no”. An example of this is removal of an ovarian cyst, but not removal of the whole ovary.

This question should be answered in the affirmative for full hysterectomies – these are surgeries in which all gynecologic organs (uterus, ovaries, and fallopian tubes) are removed.

Note: a tubal ligation, a sterilization procedure that involves cutting or blocking the fallopian tubes, should NOT be counted in this question.

20a. Record the age then the participant had her ovaries removed.

If the ovaries were removed at two different times, record the age at which the LAST ovary was removed.