

# NSABP Protocol B-30

## Baseline Menstrual History Questionnaire

(For all B-30 patients)

### INSTRUCTIONS TO INSTITUTION

After the patient has signed the B-30 consent form, fill in the items listed below (except study number), print the patient's initials at the top of page 2, and give the questionnaire to the patient for completion.

The completed form must be faxed to the NSABP Biostatistical Center prior to randomization along with the other required pre-entry materials. After the patient has been randomized, record the assigned study number in the boxes provided and retain the completed questionnaire for your records.

**Study Number**

7	0							
---	---	--	--	--	--	--	--	--

(1-9)

**Patient  
Initials**

	,			
<i>Last</i>		<i>First</i>		<i>Middle</i>

(10-12)

(13) = 0

**Date Questionnaire  
Completed**

Month			Day			Year			

(14-21)

7	0						
---	---	--	--	--	--	--	--

Last	First	Middle

## INSTRUCTIONS TO PATIENT

Please answer all questions that apply by filling in the boxes provided.

## SECTION A

- Have you had your uterus removed?

 (22)

- 1 - Yes
- 2 - No
- 3 - Unsure

- Have you had both ovaries removed?

 (23)

- 1 - Yes
- 2 - No
- 3 - Unsure

- Have you had a menstrual period in the last 12 months?

 (24)

- 1 - Yes (if yes, continue to Section B)
- 2 - No (if no, remaining questions do not apply)
- 3 - Unsure (if unsure, remaining questions do not apply)

## SECTION B

- When was your last menstrual period (or vaginal bleeding)?

Month		Year			

(25-30)

- During the past 12 months, did the time between your menstrual periods change in any way?

 (31)

- 1 - No changes in periods, cycles usually regular
- 2 - No changes in periods, cycles usually irregular
- 3 - Yes, periods went from regular to irregular
- 4 - Yes, periods stopped and have not resumed
- 5 - Unsure

- Have you taken hormone replacement therapy (estrogen and/or progesterone) at any time in the last 12 months?

 (32)

- 1 - Yes
- 2 - No
- 3 - Unsure

- Have you taken hormonal contraceptives (birth control pills, Norplant, Depo-Provera) at any time in the last 12 months?

 (33)

- 1 - Yes
- 2 - No
- 3 - Unsure