

NSABP Protocol B-30

Follow-Up Menstrual History Questionnaire

(For participants in the follow-up phase of the Menstrual History Study)

INSTRUCTIONS TO INSTITUTION

Fill in the items listed below, print the patient's study number at the top of page 2, and give the questionnaire to the patient for completion. After the patient has completed the questionnaire, submit the completed questionnaire to the NSABP Biostatistical Center.

Study Number

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

(1-9)

**Patient
Initials**

	,			
Last		First		Middle

(10-12)

Time Point for this Questionnaire

--

(13)

Evaluations should be carried out according to schedule, even if the patient discontinues protocol therapy or experiences breast cancer recurrence or second primary cancer.

1 - Day 1 of Cycle #4

[at week 9, by mail or telephone, if the patient has been taken off protocol therapy]

2 - 6-Month Follow-up

[If AC → T patient will not have completed Taxotere by 6 months, delay questionnaire until 3 weeks after the last dose of Taxotere has been administered]

3 - 12-Month Follow-up

4 - 18-Month Follow-up

5 - 24-Month Follow-up

**Date Questionnaire
Completed**

Month			Day			Year				

(14-21)

INSTRUCTIONS TO PATIENT

Please answer all questions by filling in the boxes provided.

- 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
- 2 - No
- 3 - Unsure

- 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