(TABLE: WOMEN_HEALTH)

1. Have you had any pregnancies since your last sleep study? __Y__ Yes __N__ No (preg)

If yes, please indicate how many and in what year(s):

(n_preg) ____ #Pregnancies (preg_year1, preg_year2, preg_year3, preg_year4) _Year(s)

2. Have you had surgery that caused your menstrual periods to stop permanently? _____ Yes _____ No
(men_surg)

If yes, please provide the following information:

a. Indicate the date of surgery: _____ Month/Year
(surg_date)
b. Identify the kind of surgery (check one):
(surg_type)
__1___ Hysterectomy, uterus and both ovaries removed.

__2___ Hysterectomy, uterus and only one ovary removed.

__3___ Hysterectomy, uterus removed, no ovaries removed.

__4___ One ovary removed, uterus and one ovary remain.

__5___ Both ovaries removed, uterus remains.

__6___ Unsure: _____

3. Please indicate which category listed below best describes your menstrual cycle (check one).

a. _____ I have fairly regular menstrual periods. Enter the onset and ending date of your most recent cycle: (reg_start) _____ Month/Day/Year Onset (reg_end) _____ Month/Day/Year End.

b. _____ My menstrual periods are irregular. Enter the onset and ending date of your most recent cycle: (men_start) _____ Month/Day/Year Onset (men_end) _____ Month/Day/Year End.

Have you always had irregular periods? _____ Yes _____ No (irreg_periods)
If no, when did your irregular periods start? _____ Month/Year OR _____ Age.
(irreg_start)

c. _____ I have no periods at all/menopause. Enter the date of your very last period or indicate how old you were when you had your last period: _____ Month/Year OR _____ Age.
(men_stop)

4. **During the past year**, have you experienced any episodes of unusual sweating? _____ Yes _____ No
(sweating)

5. **During the past year**, have you noticed any episodes of a variation in your heart beat or any periods of a rapid heart be
_____ No
(hr_irreg)

6. **During the past year**, has dryness caused you to experience painful intercourse?
__Y___ Yes __N___ No __D___ Does not apply (dry_pain)

7. Has your menstrual cycle changed **over the past year**? _____ Yes _____ No _____ Does not apply
(men_change)

If yes, please indicate what they were like in the past and what they are like now by checking one item in each column for each
following categories:

	Past	Now

a. Time between periods:

Less than 25 days	_1__	_1__	(between_past, between_now)
25 to 30 days	_2__	_2__	
31 to 35 days	_3__	_3__	
More than 35 days	_4__	_4__	
Irregular	_5__	_5__	

b. Flow:

Light	_1___	_1___	(flow_past, flow_now)
Moderate	_2___	_2___	
Heavy	_3___	_3___	
Irregular	_4___	_4___	

c. How long your periods last:

3 days or less	_1___	_1___	(length_past, length_now)
4 to 6 days	_2___	_2___	
7 to 10 days	_3___	_3___	
More than 10 days	_4__	_4___	
Irregular	_5___	_5___	

d. Please describe any other changes: ___ (change_other) ____ (code_period_change) _____

_____

_____

8. Has your sleep changed over the past year? _____ Yes _____ No
(sleep_change)

If yes, please indicate how your sleep has changed (check all that apply):

a. Sleep disturbed by:

_____ Hot flush/flashes. (disturbed_hotflash)

_____ Recent surgery, illness, or injury. (disturbed_illness)

_____ Depression, stress, or emotional upset. (disturbed_emotional)

_____ Need to go to the bathroom. (disturbed_bathroom)

_____ Other. Please describe: __ (distrurbed_other) __
if disturbed_other=1 then disturbed51 disturbed52 disturbed53 (code_sleep_disturbance)

b. Sleep habits changed:

_____ Get more sleep. (habit_more_sleep)

_____ Get less sleep. (habit_less_sleep)

_____ Other. Please describe: __ (habit_other) _____
if habit_other=1 then habits31 habits32 habits33 (code_sleep_habit)

c. Sleep problems:

_____ Insomnia. (problem_insomnia)

_____ Nightmares/bad dreams. (problem_dreams)

_____ Excessive sleeping (seem to be sleeping too much).
(problem_sleep_toomuch)

_____ Sleep is not refreshing. (problem_not_refreshing)

_____ Other. Please describe: _ (problem_other) _____
if problem_other=1 then problems51 problems52 problems53 (code_sleep_problem)

d. Other changes in sleep:

_____ Please describe: __ (other_change1 other_change2 other_change3) _____
(code_sleep_change)

9. Do you or have you ever taken birth control pills? _____ Yes _____ No
(birth_cnt)

If yes, please answer the following questions:

a. When did you begin taking them? _____ Month/Year OR _____ Age
(birth_cnt_year)

b. Are you currently taking them? _____ Yes _____ No
(birth_current)

c. If no, how long did you take them? _____ # of months OR _____ # of years
(birth_length)

d. Please provide the brand or generic name of the birth control pill(s) you have taken.
__ (birth_code1 birth_code2 birth_code3) _____ (code_drugs) ____

10. Have you ever taken supplemental hormones for menopause? _____ Yes _____ No
(hormones)

If yes, please answer the following questions:

a. When did you begin taking them? _____ Month/Year OR _____ Age
(hor_year)

b. Are you currently taking them? _____ Yes _____ No
(hor_cur)

c. If no, how long did you take them? _____ # of months OR _____ # of years
(hor_length)

d. Please provide the brand or generic name of the hormone(s) you have taken.

_ (hor_code1 hor_code2 hor_code3) ___ (code_drugs)_____

11. Do you ever have hot flushes/flashes (a sensation of heat, often beginning in the torso or neck and spreading upward to the neck and face, or down to the shoulders and chest)? ____ Yes ____ No
(flash)

a. If yes, when did you begin having them? _____ Month/Year OR _____ Age
(flash_year)

b. Are they associated with any specific activity? ____ Yes ____ No
(flash_act)

If yes, please indicate which activities are involved (check all that apply):

_____ Sleeping (hotflash_sleeping)

_____ Stressful situations (hotflash_stressful)

_____ Eating (hotflash_eating)

_____ Cold to warm temperature changes (hotflash_cold_to_warm)

_____ Alcohol consumption (hotflash_alcohol)

_____ Working (hotflash_working)

_____ Recreation (hotflash_recreation)

_____ Relaxation (hotflash_relaxation)

_____ Other/Please describe: ___ (hotflash_other) _____