

The following questions concern your menstrual status. If you have any questions, please feel free to ask one of the Sleep Technicians. If additional space is needed to answer any question, please use the back of the page.

Your name will not be used on this or any other data, and the information from this questionnaire will never be linked to your name. This, and all other information collected during your study, is strictly confidential.



Office use only:

1. Y Month/Year _____ Surgery _____
N

2. a. M/D/Y Onset _____ M/D/Y End _____
b. M/D/Y Onset _____ M/D/Y End _____

Y
N
Month/Year _____

c. Month/Year _____

3. Y N

4. Y N