1. Have you had surgery that caused your menstrual periods to stop permanently?

_____ Yes _____ No

If yes, please provide the following information:

a. Indicate the date of surgery: _____ Month/Year

b. Identify the kind of surgery (check one):

_____ Hysterectomy, uterus and both ovaries removed.

_____ Hysterectomy, uterus and only one ovary removed.

_____ Hysterectomy, uterus removed, no ovaries removed.

_____ One ovary removed, uterus and one ovary remain.

_____ Both ovaries removed, uterus remains.

_____ Unsure: _____

2. 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: _____ Month/Day/Year Onset _____ Month/Day/Year End.

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

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

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.

3. Are you currently taking supplemental hormones for **menopause**?

_____ Yes _____ No

4. Do you **usually** 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) that <u>disrupt your sleep</u> ?

_____ Yes _____ No