

## Breast Cancer Detection Demonstration Project (BCDDP)

### HORMONE HISTORY

#### BOX A

Sometimes women are given female hormones, such as estrogen and/or progesterone (also referred to as progestin) during and after menopause. These are given for a variety of reasons, including menopausal symptoms such as hot flashes and prevention of bone loss. The next questions ask about your use of such hormones.

1. Have you ever used female hormones for reasons such as menopausal symptoms or prevention of bone loss?

1  YES <sup>®</sup> What type of hormones have you used? (CHECK ALL THAT APPLY)

2  NO (GO TO THE  
NEXT SECTION)

8  DON'T KNOW (GO TO THE  
NEXT SECTION)

Estrogen pills (that is, pills containing only estrogen)

Progesterone/progestin pills (that is, pills containing only progesterone/progestin)

Pills containing both estrogen and progesterone/progestin in the same pill

Shots

Vaginal creams or suppositories

Patch

Other (specify) \_\_\_\_\_

Don't know

#### BOX B

For the next several questions, we are interested only in female hormones that were taken in the form of pills.

If you have never taken any hormone pills, please go to the next section.

If you have taken hormone pills, go to BOX C. Please be sure to read all instructions carefully and to complete all the sections that apply to you if you have taken more than one type of hormone pill.

**BOX C**

**If you have ever taken estrogen pills (that is, pills containing only estrogen), answer questions 2a. through 2g. Otherwise, go to BOX D.**

2a. How long have you taken estrogen pills (that is, pills containing only estrogen)? (Please provide the total number of years and months that you took the estrogen pills in your entire lifetime. Exclude any time that you did not take the pills. If you do not know the exact number of years and months, give your best estimate.)

- |                    |   |            |                |
|--------------------|---|------------|----------------|
| Less than one year | } | <b>and</b> | 0 months       |
| 1 year             |   |            | 1 to 6 months  |
| 2 years            |   |            | 7 to 11 months |
| 3 years            |   |            |                |
| 4 years            |   |            |                |
| 5 years            |   |            |                |
| 6 years            |   |            |                |
| 7 years            |   |            |                |
| 8 years            |   |            |                |
| 9 years            |   |            |                |
| 10 years or more   |   |            |                |
| Don't know         |   |            |                |

2b. When did you start taking estrogen pills?

|\_|\_|\_| - |\_|\_|\_|\_|\_|\_|  
MONTH YEAR

2c. Are you currently taking estrogen pills?

Yes (Go to question 2e)

No → When did you stop taking them?

└─▶ |\_|\_|\_| - |\_|\_|\_|\_|\_|\_|  
MONTH YEAR

2d. Why did you stop taking these hormones? [CHECK ALL THAT APPLY]

- No longer needed them
- Breasts lumps, tenderness, swelling
- Menstrual bleeding
- Heart problems
- Development of cancer
- Other health problems
- Worried about potential risks
- Other (specify) \_\_\_\_\_
- \_\_\_\_\_

2e. What is the name of the estrogen pills that you took for the longest period of time? (The generic name for each of the pills is given in parentheses.)

Premarin (conjugated estrogens)  
Ogen or Ortho-Est (estropipate)  
Estrace (estradiol)  
Estratab or Menest (esterified estrogens)  
Estratest (esterified estrogens and methyltestosterone)  
PMB 200 (Premarin and meprobamate)  
PMB 400 (Premarin and meprobamate)  
Other (specify) \_\_\_\_\_  
Don't know

2f. How often did you take the estrogen pills you reported in question 2e? (If the schedule you follow for taking this pill has ever changed, please mark the schedule you followed for the longest period of time.)

Every day  
Every other day  
In 5-day cycles (5 days on, followed by 2 days off)  
In 6-day cycles (6 days on, followed by 1 days off)  
In cycles, 20 days on, followed by some days off  
In cycles, 21 days on, followed by some days off  
In cycles, 25 days on, followed by some days off  
Other (specify) \_\_\_\_\_  
Don't know

2g. What was the dosage of the estrogen pills you reported in question 2e? (The dosage of your pills may appear on your prescription bottle. If this dosage has changed, provide the dosage you took for the longest period of time.)

0.3 mg  
0.5 mg  
0.625 mg  
0.9 mg  
1.0 mg  
1.25 mg  
2.0 mg  
2.5 mg  
Other (specify) \_\_\_\_\_  
Don't know

**BOX D**  
**If you have ever taken progesterone/progestin pills (that is, pills containing only progesterone/progestin), answer questions 3a. through 3g. Otherwise, go to BOX E.**

3a. How long have you taken progesterone/progestin pills (that is, pills containing only progesterone/progestin)? (Please provide the total number of years and months that you took the progesterone/progestin pills in your entire lifetime. Exclude any time that you did not take the pills. If you do not know the exact number of years and months, give your best estimate.)

- |  |   |            |   |
|--|---|------------|---|
| Less than one year<br>1 year<br>2 years<br>3 years<br>4 years<br>5 years<br>6 years<br>7 years<br>8 years<br>9 years<br>10 years or more<br>Don't know | } | <b>and</b> | 0 months<br>1 to 6 months<br>7 to 11 months |
|--|---|------------|---|

3b. When did you start taking progesterone/progestin pills?

|\_|\_|\_|\_| - |\_|\_|\_|\_|\_|  
 MONTH                      YEAR

3c. Are you currently taking progesterone/progestin pills?

- Yes (Go to question 3e)
- No → When did you stop taking them?
- ↳ |\_|\_|\_|\_| - |\_|\_|\_|\_|\_|  
                                  MONTH                      YEAR

3d. Why did you stop taking these hormones? [CHECK ALL THAT APPLY]

- No longer needed them
- Breasts lumps, tenderness, swelling
- Menstrual bleeding
- Heart problems
- Development of cancer
- Other health problems
- Worried about potential risks
- Other (specify) \_\_\_\_\_
- \_\_\_\_\_

3e. What is the name of the progesterone/progestin pills that you took for the longest period of time? (The generic name for each of the pills is given in parentheses.)

- Provera (medroxyprogesterone)
- Amen (medroxyprogesterone)
- Aygestin (medroxyprogesterone)
- Cycrin (medroxyprogesterone)
- Other (specify) \_\_\_\_\_
- Don't know

3f. How often did you take the progesterone/progestin pills you reported in question 3e? (If the schedule you follow for taking this pill has ever changed, please mark the schedule you followed for the longest period of time.)

- Less than 10 days a month
- 10 to 14 days per month
- 15 to 19 days per month
- 20 to 25 days per month
- Every day
- Other (specify) \_\_\_\_\_
- Don't know

3g. What was the dosage of the progesterone/progestin pills you reported in question 3e? (The dosage of your pills may appear on your prescription bottle. If this dosage has changed, provide the dosage you took for the longest period of time.)

- Less than 1 mg
- 2.5 mg
- 5.0 mg
- 7.5 mg
- 10.0 mg
- Other (specify) \_\_\_\_\_
- Don't know

**BOX E**  
**If you have ever taken estrogen and progesterone in the same pill, answer questions 4a. through 4g. Otherwise, go on to the NEXT SECTION.**

4a. How long have you taken pills containing both estrogen and progesterone in the same pill? (Please provide the total number of years and months that you took the pills in your entire lifetime. Exclude any time that you did not take the pills. If you do not know the exact number of years and months, give your best estimate.)

- |  |              |   |
|--|--------------|---|
| Less than one year<br>1 year<br>2 years<br>3 years<br>4 years<br>5 years<br>6 years<br>7 years<br>8 years<br>9 years<br>10 years or more<br>Don't know | } <b>and</b> | 0 months<br>1 to 6 months<br>7 to 11 months |
|--|--------------|---|

4b. When did you start taking pills containing both estrogen and progesterone in the same pill?

|\_|\_|\_|\_| - |\_|\_|\_|\_|\_|  
 MONTH                  YEAR

4c. Are you currently taking pills containing both estrogen and progesterone in the same pill?

- Yes (Go to question 4e)
- No → When did you stop taking them?
- ↳ |\_|\_|\_|\_| - |\_|\_|\_|\_|\_|  
    MONTH                  YEAR

4d. Why did you stop taking these hormones? [CHECK ALL THAT APPLY]

- No longer needed them
- Breasts lumps, tenderness, swelling
- Menstrual bleeding
- Heart problems
- Development of cancer
- Other health problems
- Worried about potential risks
- Other (specify) \_\_\_\_\_
- \_\_\_\_\_

4e. What is the name of the pills containing both estrogen and progesterone in the same pill that you took for the longest period of time?

Prempro  
Premphase  
Other (specify) \_\_\_\_\_  
Don't know

4f. How often did you take the pills you reported in question 4e? (If the schedule you follow for taking this pill has ever changed, please mark the schedule you followed for the longest period of time.)

Every day  
Other (specify) \_\_\_\_\_  
Don't know

4g. What was the dosage of the pills you reported in question 4e? (The dosage of your pills may appear on your prescription bottle. If this dosage has changed, provide the dosage you took for the longest period of time.)

0.625 mg estrogen and 2.5 mg progesterone (in the same pill)  
0.625 mg estrogen and 5.0 mg progesterone (in the same pill)  
Other (specify) \_\_\_\_\_  
Don't know