

FIN07 Finland The National FINRISKI Study 2002

Questionnaire for women

MENSTRUATION

1. How old were you when you started menstruating?

years

2. When did your last menstruation begin?

(day)

(month)

(year)

3. How many days do you usually menstruate/used to menstruate?

days

4. How long does it/did it take between the beginning of your menstruation to the beginning of your next menstruation?

days

5. In your opinion, are /were your menstruations in average (please mark only one alternative)

scant

normal

heavy

very heavy

6. Have you ever had gynecological trouble?

no

yes

Menstruation pains

Irregular menstruation

Feeling of pressure/pain on your lower stomach/back

Other gynecological symptom, which?

7. Do you presently have treatment (medicine) for menstruation troubles?

no

yes, which one?

8. Have your trouble or pains related to menstruation ever been treated?

no

yes, medicine treatment, which?

yes, with an operation, which one?

9. Do you at the moment experience the need to find help to solve or alleviate a gynecological trouble?

yes

no

Heavy menstruation
Irregular menstruation
Feeling of pressure/pain on the lower stomach/back
Other gynecological symptom, which one?

10. Do you have premenstrual tension symptoms (swelling, depression, irritability etc.)?

no
yes, but I have not needed any treatment
yes, I have received treatment, what kind?

11. If your menstruation has ended, did it end (mark only one alternative)

naturally to the menopause year
because of hysterectomy (at least one remaining ovary) year
because the uterus and both ovaries were removed year
because of radiotherapy or other reason year
my menstruation has not ended (this applies also to those on continuous hormone replacement therapy)

II CONTRACEPTION AND HORMONE THERAPY

12. Do you at present use contraceptive pills?

yes
no

13. Have you previously used contraceptive pills?

yes
no, never (proceed to question 15)

14. How many years have you altogether used (now or earlier) contraceptive pills?

for ... years

15. Do you at present use as contraception

no
yes

hormone intrauterine device (IUD) /diaphragm
regular IUD

16. Have you earlier used hormone IUD for contraception?

yes
no, never (proceed to question 18)

17. How many years have altogether (now or earlier) used hormone IUD?

for ... years

18. Have you for the last 6 months used hormone replacement therapy for menopause or menstruation trouble?

no

yes

name of the medicine:

Tablets

Gel or patches

In an other form

19. Have you earlier used hormone replacement therapy for menopause or menstruation trouble?

no

yes

name of the medicine:

Tablets

Gel or patches

In an other form

If you answered NO to all, proceed to question 22.

20. For how many year have you used hormone replacement therapy?

for ... years

21. How old were you when you began hormone replacement therapy for menopause?

I was ... years old

III PREGNANCIES AND BIRTHS

22. How many living children do you have (include adopted and foster children and also other non-biological children)

children

23. Are you pregnant at present?

no

yes

24. How many times have you been pregnant (include miscarriages, abortions and extrauterine pregnancies)?

times

(if 0, proceed to question 37)

25. Have you had miscarriages?

no

yes, how many?

26. Have you had extrauterine pregnancies?

no

yes, how many?

27. Have you had abortions?

no

yes, how many?

28. Has any of your pregnancies been polyembryonic?

No

yes, which one?

29. How many births have you had? (Please count in both caesarean sections and normal births.)

births year: ...

(continue here when necessary) If you have had no births, proceed to question 31.

30. How many months did you breastfeed your first child including also partial feeding alongside other food? (Please mark also breast feeding that lasted under a month.)

months

And your second child

Child

Child

Child

Child

(continue here when necessary)

31. Have you been depressed after any of your pregnancies?

no

yes, but I did not need any treatment

yes, I did not receive treatment although I would have needed it

yes, I was treated, how?

32. Have you during any of your pregnancies had:
a. pre-eclampsia (toxemia) (albuminuria and heightened blood pressure after 20th pregnancy week)

yes, years: (continue here when necessary)

no

b. heightened blood pressure (> 140/90 mmHg)?

yes, years: (continue here when necessary)

no

c. albuminuria?

yes, years: (continue here when necessary)

no

d. heightened blood sugar?

yes, years: (continue here when necessary)

no

33. Was your heightened blood pressure treated with medication during any of your pregnancies?

my blood pressure was not heightened (proceed to question 36)

yes, during years: (continue here when necessary)

no (proceed to question 36)

34. Was your medication for high blood pressure (always) discontinued after the birth?

yes

no

there was no need for treatment (proceed to question 36)

35. Was your medication for high blood pressure continued after one of your births:

for maximum one year

over a year, for how long?

36. What kind of treatment did you receive for heightened blood sugar levels:

My blood sugar was not heightened during my pregnancy (proceed to question 37).

no

yes

Insulin treatment was started and it was continued over a year after the birth

Insulin treatment was started and it was discontinued after the pregnancy

Changes in diet

Other treatment, what kind?

37. Have you had deep vein thrombosis or pulmonary embolism when using contraceptive pills, during pregnancy or hormone replacement therapy?

no

yes, year

38. Have you or any near relative had deep vein thrombosis or pulmonary embolism?

no

yes

yes, I have

a near relative (parents, siblings)

39. Have you been diagnosed for so called hereditary vein thrombosis?

no
yes

40. Have you or any near relative had gallstones?

no
yes

yes, I have
a near relative (parents, siblings)

41. Was your liver function disturbed during your pregnancies (symptoms are itching and/ or heightened levels of liver function levels)?

no
yes
I have not been pregnant

42. Did you have to stop taking contraceptive pills because of heightened liver function levels?

no
yes

43. Do you know your own birth weight?

yes, grams
no, I do not know

44. Have you ever had plastic surgery?

no
yes, when?
what kind?

IV INFERTILITY

45. Was there ever a time period when you tried to become pregnant but pregnancy did not begin or it has taken over 12 months since you started to try?

yes
no

46. Have you ever been examined or been treated for infertility?

yes
no (you can stop answering here)

47. What is the reason for your infertility?

No
Yes

damage of the Fallopian tube (f.ex. obstructions)

disturbance in the ovulation
endometriosis
reasons related to man (f.ex. weak sperm
movement or low sperm count
other reason, which?
reason is unclear

48. What kind of infertility treatment have you received? (Treatment time = whole treatment from the previous treatment up to possible pregnancy or discontinuation of treatment. On years, mark the start of each treatment.)

no
yes

hormone treatment periods
treatment periods
years
months altogether

insemination, in vitro fertilization
treatment periods
years
months altogether

Intracytoplasmic sperm injection ICSI
treatment periods
years
months altogether

frozen embryo transfer FET
treatment periods
years
months altogether

some other treatment, which one?

49. What was the result of the treatments?

no
yes

Pregnancy/pregnancies ... times
Birth/births ... years

(continue here when necessary)

50. Do you feel you had enough psychological support when treated for infertility?

full support
some support but not enough
not at all

51. Where/ from whom did you get psychological support on infertility problems?

No
Yes

spouse
discussions with a psychologist or psychiatrist

doctors and or nurses of an infertility clinic or
hospital
maternity clinic or a health center
support group for childless (organized f.ex. by the Lapsettomien Tuki ry)
other activity at an organization (f.ex. Lapsettomien Tuki ry)
other relatives
friends
other, what?