

MENSTRUAL HISTORY QUESTIONNAIRE

I REGARDING YOUR PERIODS:

1. How old were you when you started having periods? \_\_\_\_\_
2. Date you began your last menstrual period? \_\_\_\_\_
  - a. How many days did it last? \_\_\_\_\_
3. If no longer having periods, when did they stop? \_\_\_\_\_
4. Are they regular (or were they when you had them)? \_\_\_\_\_
5. Usual number of days between periods (from beginning of one to the beginning of the next)? \_\_\_\_\_
6. Total number of days you usually flow? \_\_\_\_\_
  - a. How many of each? Heavy \_\_\_\_\_ Moderate \_\_\_\_\_ Light \_\_\_\_\_

II REGARDING PREGNANCY:

1. Have you ever been pregnant? \_\_\_\_\_
2. If yes, how old were you when you became pregnant for the first time? \_\_\_\_\_
3. Total number of pregnancies? \_\_\_\_\_
  - a. Number of live births? \_\_\_\_\_
  - b. Number of still borns? \_\_\_\_\_
  - c. Number of miscarriages? \_\_\_\_\_
  - d. Number of abortions? \_\_\_\_\_
4. Did you breast feed any of your children? \_\_\_\_\_
  - a. How many? \_\_\_\_\_ How long? \_\_\_\_\_

- III HAVE YOU EVER TAKEN ANY HORMONES and/or BIRTH CONTROL PILLS? \_\_\_\_\_  
If so, when ? \_\_\_\_\_  
For what reason? \_\_\_\_\_  
\_\_\_\_\_

- IV IS THERE ANY HISTORY OF BREAST PROBLEMS IN YOUR FAMILY (Blood relatives)? \_\_\_\_\_  
If so, please circle, and describe below:

Mother	Grandmother
Aunt (s)	Sister (s)
Daughter (s)	Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_