

MTN-024/IPM 031 Screening Menstrual History

PTID: _____

Visit Date: _____

Purpose: This form is used to document information on the participant's menstrual and menopausal history at the Screening Visit.

1. Age at first menses (menarche)	_____ years		
2. Were your periods usually regular?	yes <input type="checkbox"/>	no <input type="checkbox"/>	
3. Date of last menses. (At minimum, year is required).	Date: _____		
4. Age of menopause	_____ years	Not evaluable <input type="checkbox"/>	
<p>Note: For women who have undergone spontaneous menopause, document age of menopause as the age in which the participant had her last menstrual period (LMP). For women who underwent a bilateral oophorectomy (having both ovaries removed), the age of menopause should be documented as the age/year her surgery took place. For women who had a hysterectomy yet has both or at least one ovary intact, document age of menopause as not evaluable</p>			
5. Was your menopause:	<input type="checkbox"/> Spontaneous ("natural") <input type="checkbox"/> Surgical (removal of both ovaries) <input type="checkbox"/> Due to chemotherapy or radiation therapy; reason for therapy: _____ <input type="checkbox"/> Other (explain): _____		
6. Have you ever had any postmenopausal bleeding?	yes <input type="checkbox"/>	no <input type="checkbox"/>	
a. Are you currently experiencing postmenopausal bleeding?	yes <input type="checkbox"/>	no <input type="checkbox"/>	
7. Do you have a uterus?	yes <input type="checkbox"/>	no <input type="checkbox"/>	don't know <input type="checkbox"/>
8. Do you have both ovaries?	yes <input type="checkbox"/>	no <input type="checkbox"/>	don't know <input type="checkbox"/>
9. Do you have a cervix?	yes <input type="checkbox"/>	no <input type="checkbox"/>	don't know <input type="checkbox"/>
10. Provide additional relevant details as needed to describe the participant's menopausal history (including date of hysterectomy, bilateral oophorectomy or any other surgeries, conditions or symptoms if applicable)			

If the participant reports new or corrected information related to her baseline menopausal history after screening and/or enrollment, update this form. Document the rationale for the update in a signed and dated chart note.