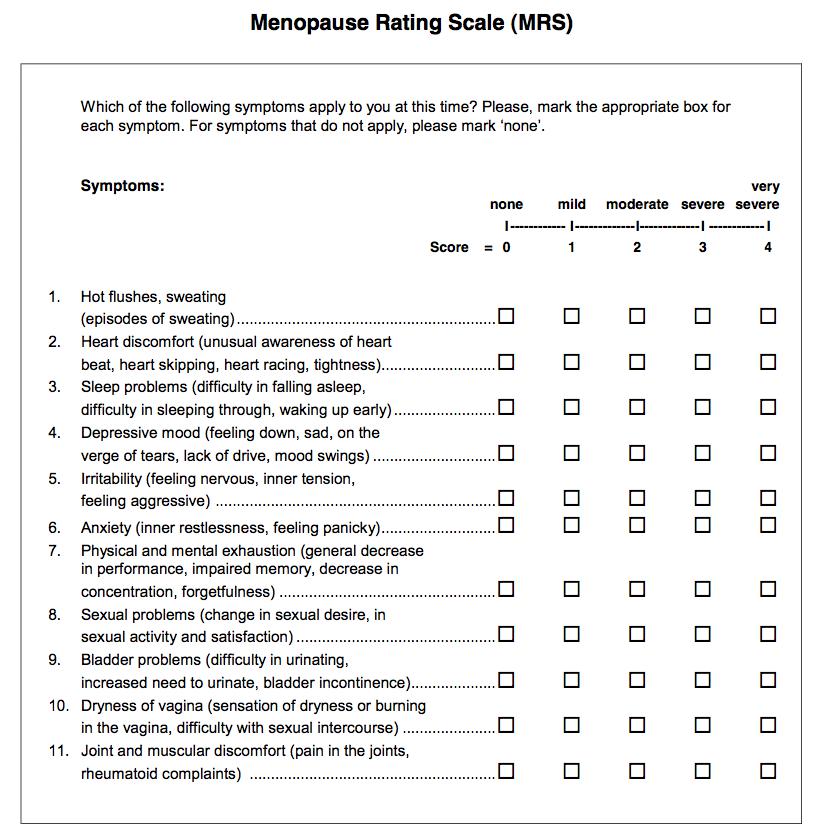
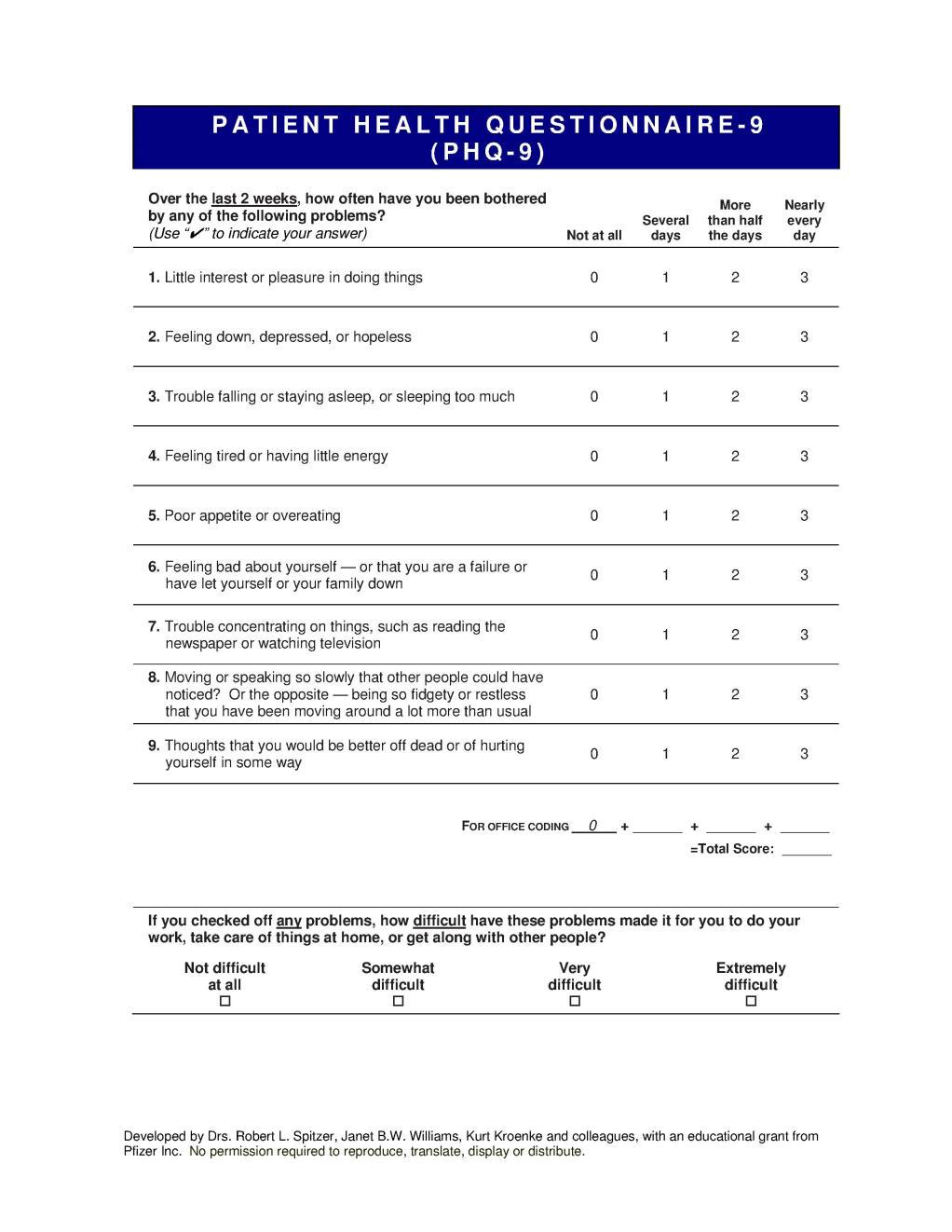
**APPENDICES**

**Appendix A: Menopause Rating Scale (MRS)**

Reprinted from International versions of the Menopause Rating Scale (MRS) by Heinemann, L. A., Potthoff, P., & Schneider, H. P., 2004, *Health Quality Life Outcomes, 1*, 28, pg. 3. Copyright 2003 by Heinemann et al; licensee BioMed Central Ltd. Open Access. Reprinted with permission.



**Appendix B: Patient Health Questionnaire (PHQ-9)**

**Appendix C: International Mean Standard Deviation Reference Values**

Reprinted from The Menopause Rating Scale (MRS) scale: A methodological review by Heinemann et al., 2004, *Health Quality Life Outcomes, 2*, 45, pg. 6. Copyright 2004 by Heinemann et al; licensee BioMed Central Ltd. Open Access. Reprinted with permission.

**International Mean Standard Deviation Reference Values**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | Somato-vegetative | |  |  |  |
|  |  | Total score | | | Psychological score | |  | score | Urogenital score | |  |
|  |  |  | *Mean* | |  | *Mean* |  | *Mean* |  | *Mean* |  |
|  |  |  |  |  |  |  |  |  |
|  |  | *n* | *(SD)* | | *n* | *(SD)* | *n* | *(SD)* | *n* | *(SD)* |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | Europe | 4,246 | 8.8 | (7.1) | 4,453 | 3.4 (3.4) | 4,485 | 3.6 (2.9) | 4,465 | 1.9 (2.2) |  |
|  | North America | 1,376 | 9.1 | (7.6) | 1,426 | 3.4 (3.5) | 1,440 | 3.8 (3.1) | 1,437 | 2.0 (2.3) |  |
|  | (US) |  |  |  |  |  |  |  |  |  |  |
|  | Latin America | 3,001 | 10.4 | (8.8) | 3,002 | 4.9 (4.9) | 3,006 | 4.1 (3.6) | 3,005 | 1.4 (2.2) |  |
|  | Asia | 1,000 | 7.2 | (6.0) | 1,000 | 2.9 (2.9) | 1,000 | 3.3 (2.7) | 1,000 | 1.0 (1.6) |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Appendix D: Chart Audit Form**

**Levels of Distress Chart Audit Form (page 1 of 6)**

Date of Data Collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study ID#: \_\_\_\_\_\_\_\_

**Demographics**

1. **Age**: \_\_\_\_\_\_\_\_\_
2. **Gender**: Female
3. **Ethnic Background**
   1. Caucasian
   2. African American
   3. Asian/Pacific Islander
   4. Eskimo/Native American Indian
   5. Mixed (specify)
   6. Other (specify)
4. **Hispanic**
   1. Yes
   2. No
5. **Marital Status**
   1. Never Married
   2. Married
   3. Not married but living with a partner
   4. Divorced or separated
   5. Widowed
6. **Lives with** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **Employment Status**
   1. Unemployed: [ ] disabled [ ] retired [ ] supported by other
   2. Employed Full-time Hours/week \_\_\_\_\_\_
   3. Employed Part-time Hours/week \_\_\_\_\_\_
   4. On leave [ ] with pay [ ] without pay
   5. Retired
   6. Other (specify)

Appendix D Continued

**Levels of Distress Chart Audit Form** (Page 2 of 6)

Date of Data Collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study ID#: \_\_\_\_\_\_\_\_

1. Level of Education
   1. Less than high school
   2. High school graduate/GED
   3. Vocational/Technical degree beyond High School
   4. Some College
   5. Community College Degree (AA/AS)
   6. College/University degree (BA/BS)
   7. Master’s Degree
   8. Doctoral Degree
2. **Household Income**
   1. Under $4,999
   2. $5,000 – 14,999
   3. $15,000 – 24,999
   4. $25,000 – 39,999
   5. $40,000 – 69,999
   6. 70,000+
3. **Insurance – ALL that apply**
   1. \_\_\_\_Tricare
   2. \_\_\_\_Blue Cross/Shields
   3. \_\_\_\_Humana
   4. \_\_\_\_Aetna
   5. \_\_\_\_Medicaid
   6. \_\_\_\_Medicare
   7. \_\_\_\_None

**Military History**

1. **Branch of Military Service**
   1. Army
   2. Marine Corps
   3. Coast Guard
   4. Navy
   5. Air Force
   6. National Guard
2. **Total Years of Service \_\_\_\_\_\_\_\_**
3. **Highest Rank Achieved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Appendix D Continued

**Levels of Distress Chart Audit Form** (Page 3 of 6)

Date of Data Collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study ID#: \_\_\_\_\_\_\_\_

1. **Any Deployments?**
   1. Yes
   2. No
2. **Any combat zone deployments?**
   1. Yes
   2. No
3. **Tours of Duty**
   1. 1
   2. 2
   3. 3
   4. 4 or more
4. **Location of Deployment all that apply**
   1. Vietnam
   2. Kosovo
   3. Persian Gulf
   4. Iraq
   5. Afghanistan
   6. Other
5. **Principal type(s) of traumatic experiences encountered while in the military**

No Yes

Witness death or execution

IED blast or combat explosion

Witness major injuries (nonlethal)

Physical assault

Sexual assault

**19.**

1. Use of Medications
2. Categories of any prescription medications taking:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Class of |  |  |  |  |  |
|  | Medication | No | Yes | Daily | Weekly | Other |
|  |  |  |  |  |  |  |
|  | Pain |  |  |  |  |  |
|  | Anti-Depression |  |  |  |  |  |
|  | Anti-Anxiety |  |  |  |  |  |
|  | Anti-Seizure |  |  |  |  |  |
|  | Sleep |  |  |  |  |  |
|  |  |  |  |  |  |  |

Appendix D Continued

**Levels of Distress Chart Audit Form** (Page 4 of 6)

Date of Data Collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study ID#: \_\_\_\_\_\_\_\_

**Social History**

1. **Do they smoke?**
   1. Yes
   2. No
2. **How much they smoke? \_\_\_\_\_\_\_\_\_\_\_**
3. **Any alcohol use?**
   1. Yes
   2. No
4. **How much alcohol do they drink? \_\_\_\_\_\_\_\_\_\_**
5. **Any recreational drug use?**
   1. Yes
   2. No
6. **Which recreational drugs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gynecological History**

1. **History of abnormal pap smears**
   1. Yes
   2. No
2. **If yes, when was the last abnormal Pap smear? \_\_\_\_\_\_\_\_**
3. **History of abnormal mammograms?**
   1. Yes
   2. No
4. **Surgical procedures on female organs?**
   1. Yes
   2. No

**30.** **Hysterectomy?** **Date? \_\_\_\_\_\_\_\_**

* 1. Yes
  2. No

1. **Reason for Hysterectomy \_\_\_\_\_\_\_\_\_\_\_\_**

Appendix D Continued

**Levels of Distress Chart Audit Form** (Page 5 of 6)

Date of Data Collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study ID#: \_\_\_\_\_\_\_\_

1. **Abdominal or vaginal hysterectomy? \_\_\_\_\_\_\_\_\_\_\_\_**
2. **Ovaries removed?**
   1. Yes
   2. No
3. **Frequency of menstrual periods \_\_\_\_\_\_\_\_\_**
4. **Length of menstrual periods \_\_\_\_\_\_\_\_\_\_**
5. **Sexually active?**
   1. Yes
   2. No
6. **If not, how long since last sexual activity? \_\_\_\_\_\_\_\_**
7. **Is sexual partner**
   1. Male
   2. Female
   3. Both
8. **History of sexually transmitted infections?**
   1. Yes
   2. No
9. **If yes, which sexually transmitted infection? \_\_\_\_\_\_\_\_\_\_\_**
10. **History of sexual trauma not related to military experience**
    1. Yes
    2. No
11. **Number of pregnancies \_\_\_\_\_\_\_\_**
12. **Number of deliveries \_\_\_\_\_\_\_\_\_\_**

Appendix D Continued

**Levels of Distress Chart Audit Form** (Page 6 of 6)

Date of Data Collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study ID#: \_\_\_\_\_\_\_\_

1. Full term deliveries?
   1. Yes
   2. No
2. **Type of deliveries**
   1. Vaginal \_\_\_\_\_\_
   2. Cesarean Section \_\_\_\_\_\_\_
3. **Weight of largest baby born vaginally \_\_\_\_\_\_\_\_\_**
4. **Reason for being at the women’s health specialty clinic \_\_\_\_\_\_\_\_\_**
5. **Goals of Therapy in the women’s health specialty clinic \_\_\_\_\_\_\_\_\_**
6. **Referred to the clinic by \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. **Psychological Subscale \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
8. **Somatic Subscale \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
9. **Urogenital Subscale \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
10. **Total of MRS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

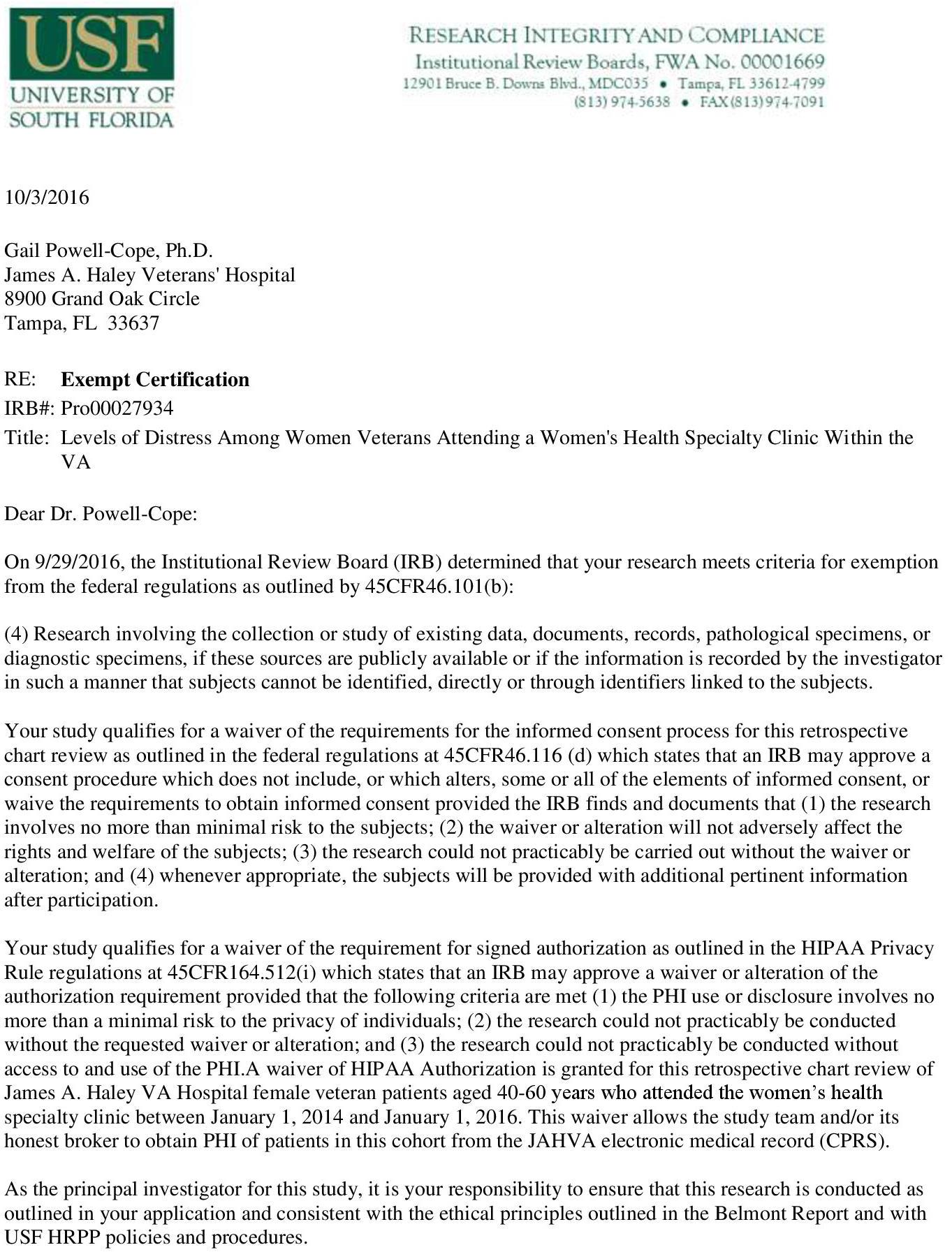
**Results of PHQ-9**

1. **Column 1 Several Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Column 2 More Than Half the Days \_\_\_\_\_\_\_\_\_\_**
3. **Column 3 Nearly Every Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Total of PHQ – 9 \_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Question 10 of PHQ – 9 \_\_\_\_Not difficult at all \_\_\_ somewhat difficult**

**\_\_\_\_ Very difficult \_\_\_\_ extremely difficult**

**Appendix E: Approval Letters**

Appendix E: Institutional Review Board Approval Letter



Appendix E: Institutional Review Board Approval Letter (continued)



10/20/2016

Gail Powell-Cope, Ph.D.

James A. Haley Veterans' Hospital

8900 Grand Oak Circle

Tampa, FL 33637

RE: **Exempt Certification**

IRB#: Pro00028305

Title: Levels of Distress Among Women Veterans Attending a Women's Health Specialty Clinic Within the VA

Dear Dr. Powell-Cope:

On 10/20/2016, the Institutional Review Board (IRB) determined that your research meets criteria for exemption from the federal regulations as outlined by 45CFR46.101 (b):

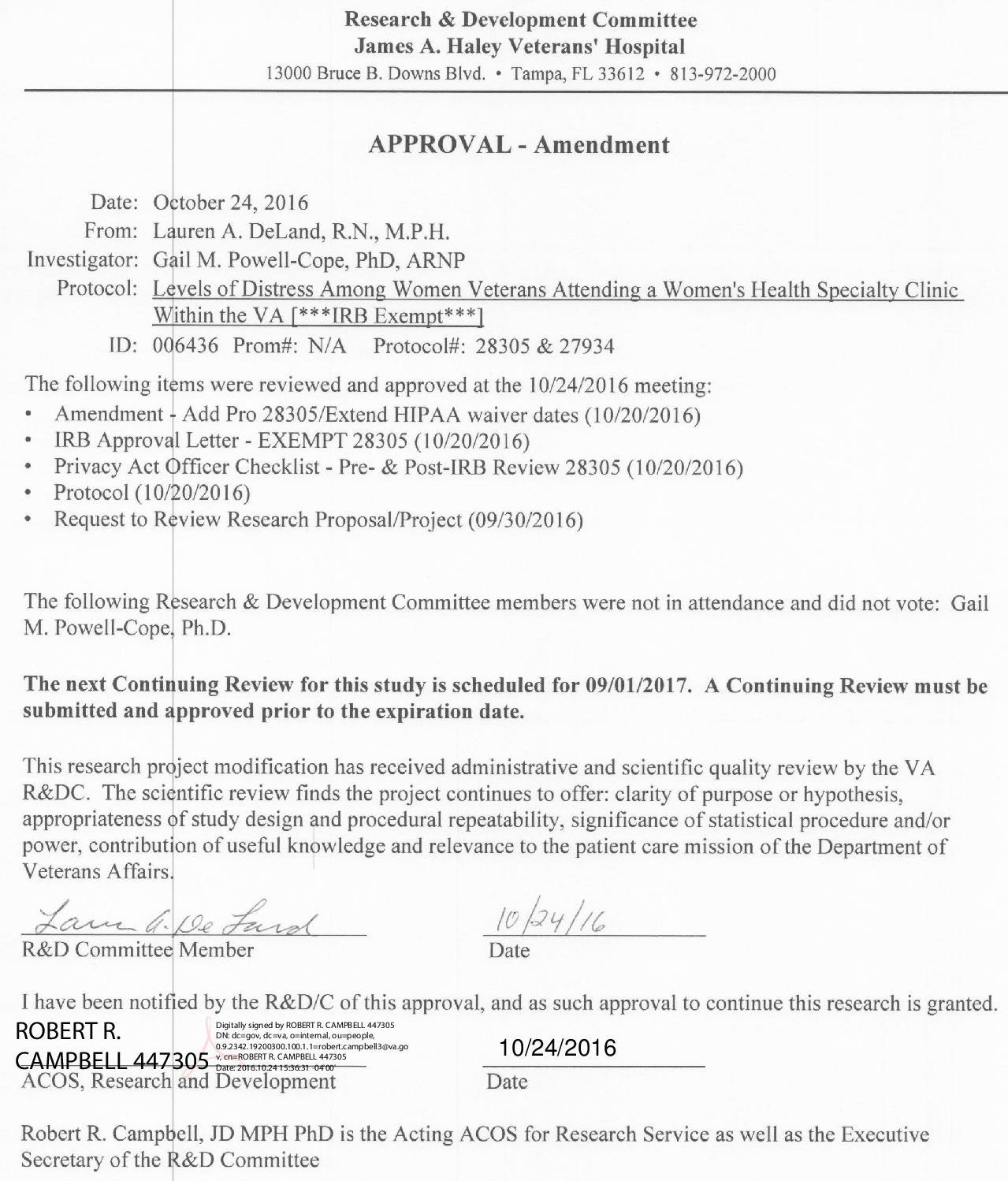
1. Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

Your study qualifies for a waiver of the requirements for the informed consent process for this retrospective chart review as outlined in the federal regulations at 45CFR46.116 (d) which states that an IRB may approve a consent procedure which does not include, or which alters, some or all of the elements of informed consent, or waive the requirements to obtain informed consent provided the IRB finds and documents that (1) the research involves no more than minimal risk to the subjects; (2) the waiver or alteration will not adversely affect the rights and welfare of the subjects; (3) the research could not practicably be carried out without the waiver or alteration; and (4) whenever appropriate, the subjects will be provided with additional pertinent information after participation.

Your study qualifies for a waiver of the requirement for signed authorization as outlined in the HIPAA Privacy Rule regulations at 45CFR164.512 (i) which states that an IRB may approve a waiver or alteration of the authorization requirement provided that the following criteria are met

1. the PHI use or disclosure involves no more than a minimal risk to the privacy of individuals;
2. the research could not practicably be conducted without the requested waiver or alteration; and (3) the research could not practicably be conducted without access to and use of the PHI. A

Appendix E: James A. Haley Veterans’ Hospital Approval Letter (continued)



**Appendix F: Permission Letter/Statement**

Appendix F: JAMA Permission Letter



Appendix F: BioMed Central Permission Statement

