CaRMA–2–ENDO

ENDOCRINE SUBSTUDY

Cellular Aging & Endocrinopathy in the CARMA-2 (CORE) Cohort

Study ID: _____ **Date:** _____ **Age**: _____

1a) Have you ever been diagnosed with any of the following? *Select all that apply.*

☐ yes	☐ no	Diabetes
☐ yes	☐ no	Insulin resistance / pre-diabetes / borderline diabetes
☐ yes	☐ no	High cholesterol
☐ yes	☐ no	Myocardial infarction / heart attack
☐ yes	☐ no	Stroke
☐ yes	☐ no	Metabolic syndrome
☐ yes	☐ no	Hypothyroidism (underactive thyroid)
☐ yes	☐ no	Hyperthyroidism (overactive thyroid)
☐ yes	☐ no	Adrenal insufficiency (not enough cortisol)
☐ yes	☐ no	Cushing's disease (too much cortisol)
☐ yes	☐ no	Premature ovarian failure (<40) / early menopause (<45)
☐ yes	☐ no	Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
☐ yes	☐ no	Polycystic ovary syndrome (PCOS) / Annovulatory androgen excess

☐ don't know

1b) Do you have a biological mother/father/brother or sister with any of the following?
Select all that apply.

☐ yes	☐ no	Diabetes
☐ yes	☐ no	Insulin resistance / pre-diabetes / borderline diabetes
☐ yes	☐ no	High cholesterol
☐ yes	☐ no	Myocardial infarction / heart attack
☐ yes	☐ no	Stroke
☐ yes	☐ no	Metabolic syndrome
☐ yes	☐ no	Hypothyroidism (underactive thyroid)
☐ yes	☐ no	Hyperthyroidism (overactive thyroid)
☐ yes	☐ no	Adrenal insufficiency (not enough cortisol)
☐ yes	☐ no	Cushing's disease (too much cortisol)
☐ yes	☐ no	Premature ovarian failure (<40) / early menopause (<45)
☐ yes	☐ no	Dysfunctional uterine bleeding (abnormal bleeding with no clear problem, usually hormonal)
☐ yes	☐ no	Polycystic ovary syndrome (PCOS) / Annovulatory androgen excess

☐ don't know

2a) Have you ever been diagnosed with a mental health condition by a care provider?

☐ yes ☐ no ☐ don't know → skip to 3

↓

2b) Which ones? *Select all that apply.*

☐ yes	☐ no	Alcohol addiction
☐ yes	☐ no	Anxiety
☐ yes	☐ no	Anorexia nervosa or bulimia nervosa
☐ yes	☐ no	Bipolar disorder
☐ yes	☐ no	Personality disorder
☐ yes	☐ no	Dementia
☐ yes	☐ no	Depression
☐ yes	☐ no	Drug addiction
☐ yes	☐ no	OCD / obsessive-compulsive disorder
☐ yes	☐ no	PTSD / post traumatic stress disorder
☐ yes	☐ no	Schizophrenia
☐ yes	☐ no	Sleep disorder

☐ other, please specify: _____

☐ other, please specify: _____

☐ don't know

CHIWOS S4-Q17

3a) Have you ever been diagnosed with any form of cancer?

☐ yes ☐ no ☐ don't know → skip to 4

↓

CHIWOS S4-Q18

3b) Which of the following cancers have you been diagnosed with? *Select all that apply.*

☐ yes	☐ no	Ovarian
☐ yes	☐ no	Endometrial
☐ yes	☐ no	Cervical
☐ yes	☐ no	Vulvar
☐ yes	☐ no	Lymphoma / leukemia
☐ yes	☐ no	Bladder
☐ yes	☐ no	Bowel
☐ yes	☐ no	Kidney
☐ yes	☐ no	Liver
☐ yes	☐ no	Lung
☐ yes	☐ no	Breast
☐ yes	☐ no	Skin

☐ other, please specify: _____

☐ don't know

CHIWOS S4-Q19, Q20, Q21

3c) Have you ever undergone any cancer treatment? *Select all that apply.*

☐ yes ☐ no Chemotherapy ☐ don't know

☐ yes ☐ no Radiation

↓

3d) What part of body had radiation? _____

☐ yes ☐ no Surgery (cancer–related)

↓

3e) What was the surgery? _____

Now I'd like to ask you some questions about your reproductive history…

CHIWOS S4-Q42 modified

4a) Are you currently pregnant or have you been pregnant in the last year?

☐ yes ☐ no ☐ don't know → skip to 4h

↓

4b) What was the outcome? _____

4c) What was the date of the outcome? _____

4d) If study CONTROL participant, did you breastfeed? → ☐ yes ☐ no → skip to 4f

↓

4e) If yes, are you currently breastfeeding?

☐ yes ☐ no → date stopped _____

CHIWOS S4-Q60

4f) Did you access any fertility services to help you become pregnant?

☐ yes ☐ no → skip to 4h

↓

CHIWOS S4-Q61

4g) Which fertility services did you use before getting pregnant? *Select all that apply.*

☐ yes ☐ no Sperm or egg donation

☐ yes ☐ no Fertility enhancing drugs prescribed by a doctor
includes Clomid, Serophene, Pergonal, or drugs that stimulate ovulation

☐ yes ☐ no Artificial insemination or intrauterine insemination
treatment in which sperm but NOT eggs were collected & medically placed in uterus

☐ yes ☐ no Assisted reproductive technology
treatments in which BOTH eggs & sperm were handled in the laboratory, such as invitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), intracytoplasmic sperm injection (ICSI), frozen embryo transfer or donor embryo transfer

☐ yes ☐ no Male infertility treatment options
may include electroejaculation therapy, hormone deficiency treatment, Clomiphere Citrate (Clomid, Serophene) treatment, low sperm count treatment, surgical therapies

☐ other, please specify: _____

☐ don't know

C3 – 5.5

4h) Have you ever been diagnosed with or treated for infertility, or tried for 2 or more years and been unable to get pregnant?

☐ answered in CARMA-OSTEO

☐ yes ☐ no
↓
what was the reason? →
- ☐ hormone or ovulation problem
- ☐ tubal blockage or abdominal pain
- ☐ problem with your partners fertility
- ☐ other, please specify _____

C0 – 5.7 + Mel

5a) Have you ever used birth control pills or oral contraceptives/hormonal contraception?

☐ answered in CARMA-OSTEO

☐ yes ☐ no → skip to 6
↓

5b) at what age did you start _____ years

5c) for approximately how long did you use birth control pills/hormonal contraception?

_____years _____months

☐ answered in CARMA-OSTEO

5d) are you still using birth control pills/hormonal contraception?

☐ yes ☐ no
↓
at what age did you stop using birth control pills/hormonal contraception
_____years

C5 – 5.6

5e) which of the following was the MAIN reason for which you FIRST used birth control pills?

Select ONE.

☐ answered in CARMA-OSTEO

- ☐ contraception: to prevent pregnancy
- ☐ to treat premenstrual symptoms
- ☐ to treat heavy menstrual flow or abnormal bleeding
- ☐ to treat severe menstrual cramps (dysmenorrhea)
- ☐ to treat irregular or infrequent cramps
- ☐ to treat acne or unwanted facial or body hair
- ☐ n/a – never used birth control pills

C3 – 5.13

6) Have you ever been sufficiently bothered by severe acne, unwanted face or body body hair to consult a physician for treatment?

☐ answered in CARMA-OSTEO

☐ yes ☐ no
↓
at what age? _____ years

C3 – 5.20

7a) Night sweats are hot flushes which occur during sleep. How often in the last TWO WEEKS, have you experienced hot flushes during the time when you were sleeping?

☐ answered in CARMA-OSTEO

- ☐ never → skip to 8
- ☐ once or twice
- ☐ three to five times
- ☐ more than fives times but less than very night
- ☐ once a night
- ☐ more than once most nights

C3 – 5.21

7b) If you have experienced any night sweats or night time hot flushes *in the last two weeks*, please grade their usual severity: (circle one number)

☐ answered in CARMA-OSTEO

mild warm feeling 1
moderate hot feeling, sweat or flush 2
moderately severe hot feeling often with sweating on half of your body 3
a major hot feeling often with sweating on most of your body 4

JLp add

7c) Do they (night sweats or night time hot flashes) come at any <u>particular</u> time in your menstrual cycle?

☐ answered in CARMA-OSTEO

- ☐ yes → when _____
- ☐ no

8) How would you describe your current menstrual status as it relates to menopause?
Select one.

- ☐ Premenopausal - I have normal periods or would have if not for pregnancy, breastfeeding or taking hormones
- ☐ Perimenopausal - my periods have started to change
- ☐ Postmenopausal - I have not had a period for at least 12 months
- ☐ don't know

9) Do you have a biological mother or biological sister who entered natural menopause before the age of 40?

☐ yes ☐ no ☐ don't know

CO – 5.1

10a) Before menopause, have you ever gone 3 months or more without a period? (not including pregnancy or during breastfeeding)

☐ answered in CARMA-OSTEO

☐ yes ☐ no ☐ don't know → skip to 10c

↓

CO – 5.1.1

10b) What was the longest single period of times (in months) without menstrual flow?

_____ months

CO – 5.1.2

10c) If you counted all the periods you have missed throughout you menstruating years, how many months would that be? _____ month ☐ don't know

(this question asks for the cumulative time)

mel add

10d) How many of the months above are from pregnancy or breastfeeding? _____

C3 – 5.10

11) Do you or did you ever take estrogen for menopause or for any other reason?

☐ answered in CARMA-OSTEO

☐ yes currently ☐ no → skip to 12

☐ yes, but not now

↓

what types? (Interviewers to show Ogen®, Estrace, CES, Premarin® pills, colours and doses and Estraderm®, Vivelle, Estracomb®, Climara® patches, sizes and doses)

☐ PILL

Pill N°	Number of days/months	Age started	Age stopped	Total # of months taken

If # 25 → specify: (1) _____ specify: (2) _____

☐ PATCH

Patch N°	Number of days/months	Age started	Age stopped	Total # of months taken

If # 25 → specify: (1) _____ specify: (2) _____

☐ INJECTION How many times / year? _____

How many years? _____

What dose? _____ (ml)

☐ VAGINAL CREAM How many times/week? _____ /week

Amount – applicator: ☐full ☐¼ full
☐½ full ☐little bit on my finger

☐ VAGINAL RING (*Estring*^{R})

☐ VAGIFEM DOSE _____ → *note that there are TWO now*

How many times a week? _____ /week

C3 – 5.11

12) Do you or did you ever take Provera® (medroxyprogesterone acetate) for menopause or for any other reason?

☐ answered in CARMA-OSTEO

☐ yes currently ☐ no → skip to 13
☐ yes, but not now
↓
what types? (Interviewers to show Provera® pills, colours and doses)

☐ PILL

Pill N°	Number of days/months	Age started	Age stopped	Total # of months taken

If # 25 → specify: (1) _____ specify: (2) _____

☐ INJECTION (depo provera) How many times / year? _____
How many years? _____
What dose? _____ (ml)

C3 – 5.12

13) Have you ever taken Prometrium® for menopause *or for any other reason*?

☐ answered in CARMA-OSTEO

☐ yes currently ☐ no
☐ yes, but not now
↓

what types? (Interviewers to show Progesterone pills, colours and doses)

☐ PILL

Pill N°	Number of days/months	Age started	Age stopped	Total # of months taken

thank you very much for your time !!

☺