FOR WOMEN ONLY

The purpose of this questionnaire is to give us information about your menstrual cycle, which may affect your levels of melatonin.

Name __________________________________________________________  Date _____________________

1. Have you ever had menstrual periods?
   Yes _____   No _____
   **If NO**, then thank you, you don’t have to answer any more questions.

2. Have you ever had surgery that caused your periods to stop permanently (such as removal of your ovaries)?
   Yes _____   No _____
   **If YES**, then thank you, you don’t have to answer any more questions.

3. Have you ever experienced unusual breast discharge?
   Yes _____   No _____
   **If YES**, then thank you, you don’t have to answer any more questions.

4. Are you pregnant?   Yes _____   No _____
   **If YES**, then thank you, you don’t have to answer any more questions.

5. Are you trying to get pregnant?   Yes _____   No _____
   **If YES**, then thank you, you don’t have to answer any more questions.

6. Have you ever tried to get pregnant without success?
   Yes _____   No _____

7. Have you ever been pregnant?
   Yes _____   No _____
   **If YES**, how long ago? _____________
   (If less than 12 months ago, then thank you, you don’t have to answer any more questions).
8. Are you currently breast feeding?
   Yes _____ No _____
   If YES, then thank you, you don’t have to answer any more questions.

9. Are you taking birth control pills? Yes _____ No _____ (if NO, skip to question #10).
   If YES, Name of prescription ____________________________
   Date you started the last box of pills ________________________
   Day of week you start your pills ____________________________
   For how many months or years have you been taking birth control pills? ________________
   Please skip to question #13.

10. Have you taken birth control pills in the past? Yes _____ No _____
    If YES, When did you stop using them? ________________________

11. Are your menstrual cycles regular (i.e. can you usually predict the date of your next period)?
    Yes _____ No _____
    Comments: _____________________________________________________________________________
    ________________________________________________________________________________________
    ________________________________________________________________________________________

12. What is the average length of your menstrual cycle (i.e. the number of days between the start of one period
    and the start of the next period. 28 days is a typical length)?
    ________________________________________________________________________________________

13. When did your last period start? Date ___________________ Day of Week ___________________

14. If you have kept track of the dates of your menstrual periods, please list the last 5 here:
    ________________________________________________________________________________________
    ________________________________________________________________________________________
    ________________________________________________________________________________________

15. Are you taking any other medications that contain hormones (e.g. hormonal patch, injections, or fertility
    drugs)? Yes _____ No _____
    Please provide details______________________________________________________________________
16. Are you taking any nutritional supplements or alternative medications?  
   Yes _____ No _____  
   If YES, then please list them:____________________________________________________________

17. Have you ever had a tubaligation (had your “tubes tied”)?  
   Yes _____ No _____  
   If YES, then when did you have it done? __________________________

18. The following questions are for women over 40 years old. If you are younger than 40, then please skip to question #25. If you are over 40 years, please go to question #19 and complete the entire questionnaire.

19. Are you taking a contraceptive?  
   Yes _____ No _____  
   If YES, then thank you, you don’t have to answer any more questions.  
   If NO, then please go to question #20.

20. Do you or your doctor think that  
   a) you are going through menopause.  
   b) you are menopausal.  
   c) Neither.

21. Are you taking supplemental or replacement hormones for menopause or symptoms of menopause, such as hot flashes? Yes _____ Yes, but I stopped _____ No, never took them _____

22. Have you noticed any irregularity in your menstrual periods, such as the following:  
   Bleeding between your periods Yes _____ No _____Maybe_____  
   A change in the length of your periods Yes _____ No _____Maybe_____  
   A change in the interval between your periods Yes _____ No _____Maybe_____  
   A change in the heaviness of your periods Yes _____ No _____Maybe_____  

23. In your family, at what age did your mother, aunts and other close female relatives have menopause?  
   ____________ years ______don’t know

24. Have you noticed an unusual physical or emotional changes recently (such as crying spells, depression)?  
   Yes _____ No _____Maybe_____  
   If YES please provide details__________________________________________________________
25. Do you usually feel bad in the week before your period (sometimes called PMS, or premenstrual syndrome)?
   Yes _____  No _____ Maybe______

Please check any of the following that you usually notice in the week before your period:
- Feel depressed, hopeless, worthless or guilty
- Feel anxious or tense
- Have mood swings or your feelings are easily hurt
- Feel angry or irritable
- Have less interest in work, school, friends or hobbies
- Have difficulty concentrating
- Feel tired
- Have an increased appetite or overeating
- Sleep more or less than usual
- Feel overwhelmed and unable to cope
- Have breast tenderness, weight gain, or headache

**Do any of these symptoms:**

A. Interfere with your productivity at work, school, home or in your daily routine?
   Yes _____  No _____ Maybe______

B. Cause you to avoid or participate less in hobbies or social activities?
   Yes _____  No _____ Maybe______

C. Interfere with your relationships with others?
   Yes _____  No _____ Maybe______