

Gynecological and Menstrual Disorders in Women with Vasovagal Syncope.

Clinical Autonomic Research

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Online Resource 1. Copy of self-administered questionnaire to assess the gynecological symptoms and reproductive histories of vasovagal syncope patients and healthy subjects.

Women's Health

Patient Identifiers

Centre ID: _____ Patient ID: _____ Initials: _____

Definitions of terms used

Menstrual Period A menstrual **period** refers to monthly vaginal bleeding, and normally lasts 5-9 days.

Menstrual Cycle A menstrual **cycle** refers to the total time between the first day of bleeding one month, until the first day of bleeding the following month. Although an average menstrual cycle is about 28 days in length, a "normal" cycle may vary from woman to woman, and from cycle to cycle. Normal cycles follow a regular pattern and are generally predictable.

Cycle Day Each menstrual cycle begins on the **first day of bleeding, which is defined as Cycle Day 1**. There are approximately 28 Cycle Days per menstrual cycle.

Current Reproductive Status

- 1A. Do you currently have menstrual periods? **Yes No**
- 1B. Are currently using hormonal contraceptives such as birth control pills, injections, ring, patch, or Norplant? **Yes No**
- 1C. Have you had a hysterectomy? **Yes No**
- 1D. Have you entered menopause (last period more than 6 months ago)? **Yes No Not Sure**
If you answered "no" to 1D, you may skip 1E unless you are perimenopausal (early menopause, but still having periods) and you are taking hormones.
- 1E. Are you currently using hormone replacement therapy (HRT) such as Estrace, Estraderm, PrePro, Premphase, or Premarin to relieve symptoms of menopause (such as hot-flashes, low sex-drive, vaginal dryness)? **Yes No**

Menstrual Cycle History

If you have had a **hysterectomy, entered menopause, or you are using hormones** for contraception or relief of menopausal symptoms (such as birth control pills, injections, ring or patch, Norplant, Depo Provera, Estrace, Estraderm, Prem-Pro, Premphase, Premarin, etc.), please answer the following questions as best you can from memory and **describe what your average menstrual cycle was like BEFORE these events.**

Menstrual Cycle: General

- 2A. How old were you when you had your first menstrual period? _____ **years**
- 2B. On **average**, how far apart are/were your periods? **Circle One**
- | | |
|-------------------|----------|
| Less than 21 days | 0 |
| 22-36 days | 1 |
| 27-31 days | 2 |
| More than 32 days | 3 |
- 2C. How many days do/did you bleed? **Circle One**
- | | |
|-------------------|----------|
| 1-2 days | 0 |
| 3-5 days | 1 |
| 6-9 days | 2 |
| More than 10 days | 3 |
- 2D. Describe your normal menstrual flow on the **heaviest** days. **Circle One**
- | | |
|--|----------|
| Light (small pads or regular tampons; change 1-3 times a day) | 0 |
| Medium (thick pads or super tampons; change every 3-6 hours) | 1 |
| Heavy (thick pads and/or heavy duty tampons; change every 1-3 hours) | 2 |
- 2E. How many days was blood flow the **heaviest**? **Circle One**
- | | |
|-------------------|----------|
| 1-2 days | 0 |
| 3-5 days | 1 |
| 6-9 days | 2 |
| More than 10 days | 3 |
- 2F. Are/were your periods regular (about the same number of days between episodes of bleeding)? **Yes No**

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Irregular Menstrual Bleeding

2G. Have you ever had:

More than one period per month	Yes	No
Continuous spotting for more than 10 days	Yes	No
Continuous moderate to heavy flow for more than 10 days	Yes	No
Skipped periods (and not pregnant)	Yes	No
Periods stopped for more than 2 months (and not pregnant)	Yes	No

2H. How long did the irregular pattern of bleeding last?

Circle One

Not applicable. My periods have ALWAYS been regular	0
1 month	1
2-6 months	2
7-12 months	3
More than 1 years	4
My periods have NEVER been regular	5

2I. Have any **female blood-relatives** (mother, grandmother, aunt, or sister) **EVER** had:

More than one period per month	Yes	No	Not Sure
Continuous spotting for more than 10 days	Yes	No	Not Sure
Continuous moderate to heavy flow for more than 10 days	Yes	No	Not Sure
Skipped periods (and not pregnant)	Yes	No	Not Sure
Periods stopped for more than 2 months (and not pregnant)	Yes	No	Not Sure

Fainting and the Menstrual Cycle

2J. Do/did you feel more or less faint at different times of your menstrual cycle?

Less

N/C

More

Menstrual (cycle day 1-5)	1	2	3	4	5
Early Postmenstrual (cycle day 6-14)	1	2	3	4	5
Late Postmenstrual (cycle day 15-22)	1	2	3	4	5
Premenstrual (1-10 days before bleeding)	1	2	3	4	5

2K. Please rank in which phases that you feel more faint (1=most faint; 4=least faint).

Rank

Menstrual (cycle day 1-5)	___
Early Postmenstrual (cycle day 6-14)	___
Late Postmenstrual (cycle day 15-22)	___
Premenstrual (1-10 days before bleeding)	___

Premenstrual Syndrome (SPAF)

2L. For each premenstrual symptom below, please rate the intensity.

To be considered "premenstrual" these symptoms must go away when bleeding starts, or very soon thereafter, and do not reappear until 1-10 days before your next period.

None

Extreme

Breast pain, tenderness, enlargement or swelling	1	2	3	4	5	6
Feel unable to cope with ordinary demands	1	2	3	4	5	6
Feel under stress	1	2	3	4	5	6
Irritable outbursts or bad temper	1	2	3	4	5	6
Feel sad or blue	1	2	3	4	5	6
Backache, joint and muscle pain, joint stiffness	1	2	3	4	5	6
Weight gain	1	2	3	4	5	6
Abdominal heaviness, discomfort, or pain	1	2	3	4	5	6
Edema, swelling, puffiness, or water retention	1	2	3	4	5	6
Feeling bloated	1	2	3	4	5	6

2M. On average, how many days do you experience these symptoms?

Circle One

1-2 days	0
3-5 days	1
6-10 days	2
Every day of the month	3

Women's Health

Prevention of Syncope Trial II

Patient Identifiers

Centre ID: _____ Patient ID: _____ Initials: _____

Gynecological Disorders

2N. Have **you** ever been diagnosed with the following?
If you do not know what one is, please answer no.

Anovulation	Yes	No
Dysfunctional bleeding	Yes	No
Endometriosis	Circle One	
No	0	
Stage I	1	
Stage II	2	
Stage III	3	
Stage IV	4	
Not sure	5	
Fibroid	Yes	No
Galactorrhea (leakage of milk from the breast when not pregnant and not breast-feeding)	Yes	No
Hirsutism (male pattern hair growth on face and/or abdomen)	Yes	No
Hyperprolactinemia	Yes	No
Hypopituitarism	Yes	No
Infertility	Yes	No
Ovarian cyst (occasional unruptured egg sac)	Yes	No
Polycystic ovarian syndrome (recurrent growth of multiple immature eggs)	Yes	No
Premature menopause	Yes	No
Regular menopause	Yes	No

2O. Is there a history of the following in **female blood-relatives** including your mother, grandmother, aunt or sister?

Anovulation	Yes	No	Not Sure
Dysfunctional bleeding	Yes	No	Not Sure
Endometriosis	Yes	No	Not Sure
Fibroid	Yes	No	Not Sure
Galactorrhea (leakage of milk from the breast when not pregnant and not breast-feeding)	Yes	No	Not Sure
Hirsutism (male pattern hair growth on face and/or abdomen)	Yes	No	Not Sure
Hyperprolactinemia	Yes	No	Not Sure
Hypopituitarism	Yes	No	Not Sure
Infertility	Yes	No	Not Sure
Ovarian cyst (occasional unruptured egg sac)	Yes	No	Not Sure
Polycystic ovarian syndrome (recurrent growth of multiple immature eggs)	Yes	No	Not Sure
Premature menopause	Yes	No	Not Sure
Regular menopause	Yes	No	Not Sure

Women's Health

Prevention of Syncope Trial II

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Medication History

3A. Have you ever used hormonal contraceptives such as birth control pills, injections, ring or patch or Norplant?	Yes	No				
3B. Are you using these contraceptives now?	Yes	No				
3C. Do/did you feel more or less faint when using these contraceptives?	Less	N/C			More	
	1	2	3	4	5	N/A
3D. Have you ever used hormone replacement therapy (HRT) such as Estrace, Estraderm, PremPro, PremPhase, or Premarin to relieve symptoms of menopause?	Yes	No				
3E. Are you using these hormones now?	Yes	No				
3F. Do/did you feel less faint when using hormone replacement therapy?	Less	N/C			More	
	1	2	3	4	5	N/A
3G. Have you ever used any "natural" or "herbal" preparations containing the following?						
Black Cohash	Yes	No	Not Sure			
Chaste Tree	Yes	No	Not Sure			
DHEA	Yes	No	Not Sure			
Evening Primrose Oil	Yes	No	Not Sure			
Flaxseed	Yes	No	Not Sure			
Licorice Root	Yes	No	Not Sure			
Soy	Yes	No	Not Sure			
3H. Are you using any of these "natural" or "herbal" preparations now?	Yes	No				
3I. Do/did you feel more or less faint when using these "natural" or "herbal" preparations to treat menopause?	Less	N/C			More	
	1	2	3	4	5	N/A

Which preparations _____

Fertility History

4A. Have you ever been pregnant?	Yes	No				
Number of miscarriages	_____					
Number of live births	_____					
4B. Did you try longer than 12 months to get pregnant (without contraception)? <i>If you answered "no" or "not applicable", skip C.</i>	Yes	No	N/A			
4C. How old were you when you tried to get pregnant for more than 12 months? <i>If you answered "no" to A, skip to F.</i>	_____					
4D. Did you have any of the following complications during pregnancy?						
Gestational Diabetes	Yes	No				
High Blood Pressure	Yes	No				
Miscarriage	Yes	No				
How many consecutive miscarriages	_____					
Pre-eclampsia	Yes	No				
Preterm (premature) delivery	Yes	No				
How many _____						
Vaginal Bleeding	Yes	No				
Other	Yes	No				
Please Describe _____						
4E. Do/did you feel more or less faint during pregnancy in the following time periods?	Less	N/C			More	
1st Trimester (0-3 months)	1	2	3	4	5	N/A
2nd Trimester (4-6 months)	1	2	3	4	5	N/A
3rd Trimester (7-9 months)	1	2	3	4	5	N/A
4F. Did your mother take any medications during her pregnancy with you to prevent miscarriage, such as DES (diethylstilbestrol)?	Yes	No	Not Sure			