

**Pre-menopause**

1. Are you taking/have you taken a hormonal contraceptive (pill, vaginal ring, patch)?

Yes now  Yes in the past  No

2. If you answered yes:

- How long have you been taking it or how long have you used it before?  
..... months/years
- What mode of administration are you using or have you used? (oral, vaginal, patch)  
.....
- Do you remember the name of the product?  
.....

3. How much do you think that hormonal contraception (pill, vaginal ring or patch) can increase or reduce the risk of onset of the following cancers? (Considering a scale ranging from -5 to +5 where -5 = risk reduction, 0 = no influence, +5 = increased risk)

Breast cancer	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Ovarian cancer	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Colon cancer	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Uterine body cancer	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Uterine cervix cancer	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5

4. How much do you think that hormonal contraception (pill, vaginal ring or patch) can influence the onset of the following diseases? (Considering a scale from -5 to +5, where -5 = reduces the onset, 0 = no influence, +5 = increases the onset)

Trombosis of the veins	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Breast's cyst	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Cardiovascular diseases	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Depression	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5

5. How much do you think hormonal contraception (pill, vaginal ring or patch) can improve or worsen the following symptoms? (Considering a scale from -5 to +5, where -5 = much worse, 0 = neither worse nor better, +5 = much better)

Headache	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Weight gain	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Decline of sexual desire	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Vaginal dryness	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Appetite	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Mood swings	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5

**Post-menopause**

1. Are you taking/have you taken hormone replacement therapy for menopause?

Yes now    Yes in the past    No

2. If you answered yes:

- How long have you been taking it or how long have you used it before?  
..... months/years
- What mode of administration are you using or have you used? (oral, transdermal, vaginal cream)  
.....
- Do you remember the name of the medicine?  
.....

3. How much do you think that hormone replacement therapy for menopause can increase or reduce the risk of onset of the following cancers? (Considering a scale ranging from -5 to +5 where -5 = risk reduction, 0 = no influence, +5 = increased risk)

Breast cancer	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Ovarian cancer	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Colon cancer	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Uterine body cancer	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Uterine cervix cancer	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5

4. How much do you think that hormone replacement therapy can influence the onset of the following diseases? (Considering a scale from -5 to +5, where -5 = reduces the onset, 0 = no influence, +5 = increases the onset)

Trombosis of the veins	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Breast's cyst	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Cardiovascular diseases	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Depression	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5

5. How much do you think hormone replacement therapy can improve or worsen the following symptoms? (Considering a scale from -5 to +5, where -5 = much worse, 0 = neither worse nor better, +5 = much better)

Headache	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Weight gain	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Decline of sexual desire	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Vaginal dryness	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Appetite	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Mood swings	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5

6. Have you ever used a hormonal contraceptive (pill, vaginal ring or patch) in the past?

Yes  No

- What kind of hormonal contraceptive did you use?  
.....
- How long did you take it? ..... months/years
- Do you remember the name of the contraceptive used?  
.....