**ORIGINS**

**MEDICAL SURVEY ON STILBOESTROL**

This survey has been put together to ascertain what, if any, long term medical problems have arisen as a consequence of the administration if Stilboestrol as a lactation suppressant to mothers who were having their children removed for adoption.

The results of the survey will be collated and presented to the media in order that the medical profession becomes publicly aware of repercussions to both the mothers and their subsequent children. It will then be presented to the inquiry as further evidence of the malpractice meted out to us.

In which year was your baby born and in which hospital? …………………………………………………….

Did you request medication to suppress lactation? Yes/ No

Were you advised you were being given medication to suppress lactation? Yes/ No

If so, were you told the name of the medication? Yes/ No

Do your medical records indicate that you were given Stilboestrol? Yes/ No

If so, please indicate daily dosage. ………………………………………………………………………………………..

Do you suspect you were given Stilboestrol?

If so, please comment ……………………………………………………………………………………………………………

If medical records do not indicate that you were given medication to suppress lactation, what method would have been used? E.g. breast binding, home remedies, little yellow tablets etc. …………………………………………………………………………………………………………………………….

Do you recall whether, on discharge from the hospital, you were provided with the remainder of the course of Stilboestrol? Yes/ No Upon discharge were you still lactating? Yes/ No

If so, how was this then suppressed? …………………………………………………………………………………….

Did you ever lactate on hearing any infant cry? Yes/ No

**Have you ever had a mammogram which indicated?**

* Calcification of breast tissue Yes/ No
* Fibrous tissue Yes/ No
* Breast nodules Yes/ No
* Pre-cancerous cells Yes/ No
* Non-cancerous cells Yes/ No
* Cancerous cells Yes/ No

**Have you ever had?**

* Bleeding from the nipples with or without a cancerous diagnosis Yes/ No
* Yellow or green discharge during menstruation or at any other time Yes/ No
* Cancerous or pre-cancerous cervical cancer Yes/ No
* A cone biopsy Yes/ No
* An Hysterectomy Yes/ No
* Malignant tumour Yes/ No
* Malignant cancer Yes/ No
* Radiation treatment Yes/ No

Have any of your subsequent daughters suffered unusual cervical cells culminating in any of above. If so, please describe

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Have any of your subsequent sons suffered undescended testes, low sperm count, infertility, prostate cancer or any other abnormality. If so, please describe

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If you had subsequent children, did you experience problems in breastfeeding? Yes/ No

Did your subsequent baby/babies refuse to accept breastfeeding? Yes/ No

Did you have trouble producing milk? Yes/ No

If you were able to breastfeed initially, did you find that your milk dried up within

a relatively short period of time? (E.g. days, weeks etc.) Yes/ No

If so, please comment. …………………………………………………………………………………………………………..

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Have you ever discussed Hormone Replacement Therapy with your doctor? Yes/ No

If so, has she/he questioned whether you have ever been given Stilboestrol? Yes/ No

Have you ever been made aware of the danger of taking HRT or any other oestrogen treatment after having been on Stilboestrol? Yes/ No

Have you ever been informed that Stilboestrol remains in the body for decades? Yes/ No

If so, how did you become aware? …………………………………………………………………………………………

Have you ever been made aware of the potential adverse effects on subsequent children?

If so, how did you become aware? …………………………………………………………………………………………

Other comments regarding any of the above;

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If you have any queries regarding this questionnaire, please contact:

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