



# Current Reproductive History

Missing Codes:  
 A-Patient refused  
 B-Reading not possible  
 C-Investigator forgot

Use Missing Codes to indicate reason for absent information.

This form is to be completed at the annual visit for every female patient.

1. **Date of Visit:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **DVDATE**  
Month Day Year

2. **Has the participant had the following performed in the past year? Please circle the appropriate response:**

**Hysterectomy:** Yes No **HYSYN** If yes, then record the date performed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **HYSDATE**  
Month Day Year

**Oophorectomy:** Yes No **OOPYN** If yes, then record the date performed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **OOPDATE**  
Month Day Year

**Tubal Ligation:** Yes No **TYLN** If yes, then record the date performed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **TLDATE**  
Month Day Year

**Menopause**

3a. **Has the menopausal status of the participant changed?:** Yes No **MSYN**

If yes, then please indicate the current state: Peri-Menopause Post-Menopause **CMENOS**

If yes, record the age of onset of Menopause: \_\_\_\_\_ **MENAGE**

3b. **Does the participant use hormone replacement therapy?:** Yes No **HRTYN**

If yes, name of hormone replacement therapy: \_\_\_\_\_ **HORMREP**

**Obstetrics**

4a. **During the past year was the participant pregnant?:** Yes No **PREGYN**

4b. **Was it a live birth?:** Yes No **LIVEYN**

If Yes, date of delivery: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **FDDATE** Is the participant still breast feeding?: Yes No **BFEDYN**  
Month Day Year

If No, date pregnancy ended: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **LDDATE**  
Month Day Year

4c. **Did the participant have toxemia during pregnancy?** Yes No N/A **HTOXYN**

CRISP Member Completing this form \_\_\_\_\_ **CMIDNUM** Date form completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **CDDATE**  
Month Day Year

**Contents of Form Reviewed by Principal Investigator (required signature):** \_\_\_\_\_

**Date Principal Investigator signed:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **RSDATE**  
Month Day Year

*Data Entry Status:* Please check to indicate that the above information has been entered

Data Entry Person \_\_\_\_\_ **DEIDNUM** Date Form Entered: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **DEDATE**  
Month Day Year