



Reproductive History Form

Missing Codes: A-Patient refused B-Reading not possible C-Investigator forgot
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Use Missing Codes to indicate reason for absent information.

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

1. Date of Visit: _____ / _____ / _____ **DVDATE** 2. Please circle one response: Male Female **SEX**

3. Have you had the following performed? Please circle the appropriate response:

Hysterectomy: Yes No **HYSYN** If yes, then record the date performed: _____ / _____ / _____ **HYSDATE**

Oophorectomy: Yes No **OOPYN** If yes, then record the date performed: _____ / _____ / _____ **OOPDATE**

Tubal Ligation: Yes No **TLYN** If yes, then record the date performed: _____ / _____ / _____ **TLDATE**

Menopause - Please circle one response:

4a. Pre-Menopause: Yes No **PEMYN** If yes, then record the age of onset of Menopause: **MENAGE**
 Peri-Menopause: Yes No **PIMYN**
 Post-Menopause: Yes No **PTMYN**

4b. Use of hormone replacement therapy: Yes No **HRTYN**

If yes, please record name of hormone replacement: _____ **HORMREP**

Obstetrical History

5a. Number of Pregnancies: _____ **NOP**

5b. Number of Deliveries: _____ **NOD**

6. Is there a history of toxemia of pregnancy? Yes No **HTOXYN**

7. Date of first delivery: _____ / _____ / _____ **FDDATE** Date of last delivery: _____ / _____ / _____ **LDDATE**

8. Age of Menarche _____ **AOM**

CRISP Member Completing this form _____ **CMIDNUM** Date form completed: _____ / _____ / _____ **CDDATE**

Contents of Form Reviewed by Principal Investigator (required signature): _____

Date Principal Investigator signed: _____ / _____ / _____ **RSDATE**

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

Data Entry Person _____ **DEIDNUM** Date Form Entered: _____ / _____ / _____ **DEDATE**

Clinical Center: _____ PCCN _____
Participant ID: _____ PKDID _____
Visit Number: _____ VISNUM _____