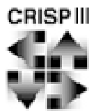

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Participant ID:______________ *pkdid* **Clinical Center**: ___________ *pccn*
visit:

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

Women OB-GYN History Form

1. Date of visit: *dvdate*

☐☐ / ☐☐ / ☐☐☐☐

2. Age at Menarche: *mena* ☐☐

3. Age at Menopause: *menage* ☐☐ ☐ **N/A** *menagena*

4. Pregnancy: *preg*

Have you had any pregnancies since the last visit?

0☐ No – Go to #5 **1☐ Yes – Go to #4a**

4a. Number of pregnancies ________ *pregnum*

Number of deliveries ________ *pregdel*

Dates of deliveries:

*delmt1*___**/**_______*delyr1*	*delmt2*___**/**_______*delyr2*	*delmt3*___**/**_______*delyr3*
*delmt4*___**/**_______*delyr4*	*delmt5*___**/**_______*delyr5*	*delmt6*___**/**_______*delry6*
*delmt7*___**/**_______*delyr7*	*delmt8*___**/**_______*delyr8*	*delmt9*___**/**_______*delyr9*
*delmt10*___**/**_______*delyr10*	*delmt11*___**/**_______*delyr11*	*delmt12*___**/**_______*delyr12*

Number of still births ________ *pregbirth*

Number of abortions ________ *pregabort*

Number of miscarriages ________ *pregmis*

Pregnancy related complication? *pregcomp*

0☐ No – Go to #5 **1☐ Yes – Check all that apply**

☐ **1. Pre-eclampsia** *pregcomp1*	☐ **6. Intrauterine Growth Retardation (IUGR)** *pregcomp6*
☐ **2. Pregnancy-associated proteinuria** *pregcomp2*	☐ **7. Prematurity** *pregcomp7*
☐ **3. Pregnancy-induced hypertension** *pregcomp3*	☐ **8. Gestational diabetes** *pregcomp8*
☐ **4. Hypertension** *pregcomp4*	☐ **9. Other, Specify:** *pregcomp9* ____________________________ *pregcompot*
☐ **5. Pre-term labor** *pregcomp5*	

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Women OB-GYN History Form

5. Hormone Exposure: *hormonexp*

Have you used contraception since the last visit?

0☐ **No – Go to #5b** 1☐ **Yes – Complete section #5a**

5a. Contraception:

	Start Date of Treatment	Duration of Treatment # Months	# Years	Medicine
☐ **Oral** *contoral*	*oralmt*_____/_______*oraltxyr*	_____*ordumt*	_____*orduyr*	______________________*oraltx*
☐ **Injection** *continject*	*injmt*_____/_______*injecttxyr*	_____ *injdumt*	_____*injduyr*	______________________*injecttx*
☐ **Patch** *contpatch*	*patmt*_____/_______*patchtxyr*	_____ *patdumt*	_____*patduyr*	______________________*patchtx*
☐ **NovaRing** *contring*	*ringmt*_____/_______*ringtxyr*	_____ *ringdmt*	_____*ringdyr*	______________________*ringtx*
☐ **Other** *conotcont*	Specify __________________________ *othsp*			

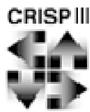
5b. Fertility Treatment: *fertiltx*

Have you had any fertility treatment(s) since the last visit?

0☐ **No – Go to #5c** 1☐ **Yes – Complete section #5b**

Number of Treatments: _______ *fertntx*

Date of Treatment	Medicine
*fertlmt1*_____/__________ *fertiltxyr1*	______________________________ *fertiltxmed1*
*fertlmt2*_____/__________ *fertiltxyr2*	______________________________ *fertiltxmed2*
*fertlmt3*_____/__________ *fertiltxyr3*	______________________________ *fertiltxmed3*
*fertlmt4*_____/__________ *fertiltxyr4*	______________________________ *fertiltxmed4*



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visit:

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Women OB-GYN History Form

5c. Perimenopausal Hormone Therapy: *pmhtherapy*

Have you had hormone exposure since the last visit

0☐ **NO – Go to #6** 1☐ **Yes – Complete section #5c**

	Start Date of Treatment	Duration of Treatment # Months	# Years	Medicine
☐ **Oral** *pmhoral*	*pmormt*____/_______*pmhoraltxyr*	_____*pmordmt*	_____ *pmordyr*	______________________*pmhoraltx*
☐ **Injection** *pmhinject*	*pminjmt*____/_______*pmhinjecttxyr*	_____*pminjdmt*	_____*pminjdyr*	______________________*pmhinjecttx*
☐ **Patch** *pmhpatch*	*pmpatmt*____/_______*pmhpatchtxyr*	_____*pmpatdmt*	_____*pmpatdyr*	______________________*pmhpatchtx*
☐ **Other** *pmother*	Specify __________________________ *pmspc*			

6. Gynecologic Surgery: *gynsurgery*

Have you had gynecologic surgery since the last visit?

0☐ **No – STOP** 1☐ **Yes – Complete section #6**

			Age at Surgery
0☐ **No**	1☐ **Yes**	**Hysterectomy** *hysyn*	____________ *hysynage*
0☐ **No**	1☐ **Yes**	**Unilateral oophorectomy** *unioopyn*	____________ *unioopynage*
0☐ **No**	1☐ **Yes**	**Bilateral oophorectomy** *biloopyn*	____________ *biloopynage*
0☐ **No**	1☐ **Yes**	**Hysterectomy and oophorectomy** *hysynoopyn*	____________ *hysynoopynage*
0☐ **No**	1☐ **Yes**	**Tubal Ligation** *tlyn*	____________ *tlynage*
0☐ **No**	1☐ **Yes**	**Other** *hypother* Specify ________________ *otsurgspc*	

CRISP Member completing this form_______________________
cdidnum

Date Form Completed __ __/__ __/__ __ __ __
cddate

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

Primary Entered by: _______________________________ Date: __ __/__ __/__ __ __ __ *dedate*
deidnum

Secondary Entered by: ___________________________ Date __ __/__ __/__ __ __ __