



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: _____ *haltid* Clinical Center: _____ *clinic* Date of Visit: ____ / ____ / ____
month dvm day dvd year dvy

visit:

___ Form was not completed *misfm*
Form # 50

HISTORY OF HORMONAL BIRTH CONTROL WORKSHEET

This form may be used as a worksheet during the Screening Visit for female participants. It will not be entered. List start/stop dates, as accurately as possible, during the participant's entire history of hormonal birth control. Enter the total number of years/months on Form 4, #14. Enter all ongoing hormonal birth control on Form 6.

#	Name of Hormonal Birth Control	Dose and Route	Start Date MMDDYYYY	Stop Date MMDDYYYY	Total Years	Total Months
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
Total Years and/or Months of Hormonal Birth Control To Date:						

HALT PKD staff member completing this form: _____ *cmidnum* Date: ____ / ____ / ____
Month cdm Day cdd Year cdy

HALT PKD investigator reviewing this form: _____ Date: ____ / ____ / ____
(signature required) Month Day Year