



PVDOMICS STUDY

Female Reproductive History Form #121

Instructions: This form is completed once for each female enrolled in the study and should be completed at the first PVDOMICS visit.

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1. Identification Number

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2. Alphacode

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3. Date of female hx review: mm/dd/yyyy

Female Reproductive History

4. Age at first menses.....
(Enter 99 for unknown or refused)
5. Menstrual cycle status.....
 1=Currently menstruating (≤ 3 months)
 2=Last menstrual cycle > 3 months - ≤ 1 year ago
 3=Last menstrual cycle > 1 year - ≤ 5 years ago
 4=Last menstrual cycle > 5 years ago
6. a. Are or were your periods regular? (0=No, 1=Yes, 9=Unknown).....
 b. If your periods are or were irregular, approx. how many times per year do you or did you have your periods?
7. a. Current child-bearing potential.....
 1=Non-surgically sterilized and not post-menopausal: "woman of childbearing potential"
 2=Surgically sterilized (includes endometrial ablation)
 3=Post-menopausal (one year since last period)
 b. If item 7a=1 (woman of childbearing potential), does the participant agree to use birth control? (0=No, 1=Yes)
8. Any gynecological surgery? (0=No, 1=Yes, answer Q8a-e)
 For the following questions respond (0=No, 1=Yes)
 - a. Total abdominal hysterectomy (TAH)?
 - b. Oophorectomy?
 - c. Endometrial ablation?
 - d. Tubal ligation?
 - e. Other gynecological surgery.....:
 (specify - not entered into database):.....)
9. Ever been pregnant? (0=No, 1=Yes, answer Q9a-b, 9=Unknown or refused)
 a. Number of pregnancies.....
 b. Number of live births.....

10. Ever used contraceptives? (0=No (*includes abstinence*),1=Yes, answer Q10a-i)..... _____

For Q10a-i: (0=No, 1=Yes, current use, 2=Past use, 3=Both current and past use [*started, stopped and restarted*]
9=Unknown.)

For number of years of use, ask for participant's best guess.

a. Oral (estrogen/progesterone) contraceptive(s) use? _____

1. Overall, number of years taking oral contraceptive(s) _____

b. Oral progestogens (progestins) only (POP's) contraceptive(s) use? (*see attached list of names*).. _____

*For response to Q10b: use above codes if known progestin use. If form completed prior
to 10/10/2017only, can use 9=Unknown.*

1. Overall, number of years taking oral progestogen contraceptive(s)..... _____

c. Patch for contraception? _____

1. Overall, number of years using patch. _____

d. Levonorgestrel-releasing implant (e.g. Jadelle, Norplant)?..... _____

1. Overall, number of years using implant..... _____

e. Implant for contraception (not otherwise specified)? _____

1. Overall, number of years having implant _____

f. IUD with hormone(s)? _____

1. Overall, number of years using IUD with hormone _____

g. IUD without hormone(s)? _____

1. Overall, number of years using IUD without hormone _____

h. Vaginal ring?..... _____

1. Overall, number of years using a vaginal ring..... _____

i. Depo-Provera? _____

1. Overall, number of years using Depo-Provera _____

11. Ever used hormone replacement therapy (HRT)? _____

1. Overall, number of years receiving HRT..... _____

200. Date this form completed (mm/dd/yyyy) ____/____/____

201. Username of person completing/reviewing completeness of this form..... _____

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) ____/____/____

Username of person entering this form _____

PROGESTOGEN-ONLY PILLS (POPS) [colloquially known as mini pills]
Barr
Camila [®]
Cerazette
Crinone
desogestrel
EC-RX Progesterone
Endometrin
Errin [®]
etynodiol diacetate
Femulen
First-Progesterone VGS 100;
First-Progesterone VGS 200;
First-Progesterone VGS 25 [DSC]
First-Progesterone VGS 400 [DSC]
First-Progesterone VGS 50 [DSC]
Gedeon
Heather [®]
Jolivette [®]
Lactinette
levonorgestrel
Losestrin
lynestrenol
Microlut
Micronor [®]
minipill
Nora-BE
Norethidrone [®]
norethindrone
norethisterone (norethindrone)
Norgeston
norgestrel
Noriday
Norkolut
Nor-Q.D. [®]
Organon
Ovrette [®] ¹
POP
Primolut-Nor
Prometrium