



L-PVDOMICS STUDY

Female Reproductive History Form #521

Instructions: This form is completed once for each **Level 1 or Level 2** female enrolled in the L-PVDOMICS study. Review information obtained in medical records and with the participant.

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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

4. Is information available?
(0=No, skip to Q200; 1=Yes, 9=Unknown or refused, skip to Q200)

5. Current menstrual cycle status
 1=Currently menstruating (last cycle $\leq$ 3 months)
 2=Last menstrual cycle $>$ 3 months - $\leq$ 1 year ago
 3=Last menstrual cycle $>$ 1 year
 9=Unknown or refused

6. 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)
 9=Unknown or refused

7. Gynecological surgery since the last parent study visit (0=No, 1=Yes, 9=Unknown or refused).....
 a. Total abdominal hysterectomy (TAH)? (0=No, 1=Yes).....
 b. Oophorectomy? (0=No, 1=Yes)
 c. Endometrial ablation? (0=No, 1=Yes).....
 d. Tubal ligation? (0=No, 1=Yes)
 e. Other gynecological surgery (0=No, 1=Yes).....
 (specify - not entered into database): _____

8. Pregnant within the last 3 months? (0=No, 1=Yes, 9=Unknown or refused)

Current Contraceptive Use

9. Currently using contraceptives? (0=No (includes abstinence), skip to Q10; 1=Yes; 9=Unknown/refused)
 For Q9a-i: (0=No, 1=Yes, 9=Unknown or refused)

- a. Oral (estrogen/progesterone) contraceptive(s)?.....
 b. Oral progestogens (progestins) only (POP's) contraceptive(s) use?
 (see list of medication names below)

Continued from previous page: for Q9a-i: (0=No, 1=Yes, 9=Unknown or refused)

- c. Patch for contraception? _____
- d. Levonorgestrel-releasing implant (e.g. Jadelle, Norplant)? _____
- e. Implant for contraception (not otherwise specified)? _____
- f. IUD with hormone(s)? _____
- g. IUD without hormone(s)? _____
- h. Vaginal ring? _____
- i. Depo-Provera? _____
10. Currently using hormone replacement therapy (HRT)? (0=No, 1=Yes, 9=Unknown or refused) _____
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