

MRH RESEARCH PROGRAM: 1980 Medical Report

NAME: _____ Tel _____ Card # _____

ADDRESS: _____ street _____ city _____ state _____ zip code _____
 Check if change of address

PLEASE RESPOND TO EACH ITEM BELOW. Please use reverse side to continue your answers or comments if needed.

1. 1980 calendar card has been lost OR is enclosed and has been carefully reviewed for omissions.
2. PREGNANCY in 1980: NO. YES, pregnancy continues into 1981. YES, pregnancy ended on _____ month/day by (choose one): live birth stillbirth induced abortion spontaneous abortion (miscarriage) which was confirmed by a doctor or laboratory OR is suspected because: _____
3. MENOPAUSE: NO. Is confirmed due to no bleeding entire year. Is suspected because: _____
4. SURGERY in 1980: NO. YES, on (date) _____ reason _____
5. MALIGNANCY diagnosed in 1980: NO. YES, on (date) _____ (specify) _____
6. HYSTERECTOMY in 1980: NO. YES, on (date) _____ reason _____
7. HOSPITAL INPATIENT in 1980: NO. YES, from (date) _____ to (date) _____ reason _____
8. ACCIDENT or stress in 1980: NO. YES, (give dates and details) _____
9. BIRTH CONTROL METHODS used in 1980: NONE. Method(s) used are specified below .

ORAL CONTRACEPTIVES (OC):	Brand and strength	Date	Reason
<input type="checkbox"/> continued using OC from last year	_____	_____	_____
<input type="checkbox"/> started using OC this year	_____	_____	_____
<input type="checkbox"/> stopped using OC this year	_____	_____	_____
<input type="checkbox"/> changed brand or strength to	_____	_____	_____
INTRAUTERINE DEVICE (IUD):	Type	Date	Reason
<input type="checkbox"/> was continued from last year	_____	_____	_____
<input type="checkbox"/> was inserted this year	_____	_____	_____
<input type="checkbox"/> was removed this year	_____	_____	_____
<input type="checkbox"/> was replaced this year with	_____	_____	_____

STERILIZATION: previous tubal ligation or previous vasectomy of partner.
 tubal ligation this year on (date) _____ partner's vasectomy this year on (date) _____

OTHER METHODS: Please indicate method(s) and when used in 1980.
 Diaphragm _____ Condom _____ Foam/suppositories _____ Rhythm _____
 Other (specify) _____
10. HORMONES used for non-contraceptive purposes in 1980: NONE. Estrogens Thyroid Cortisone Insulin Other(specify) _____ Use was continued OR started on (date) _____ and/or stopped on (date) _____.

My daughter is interested in the MRH program. Please send materials to her (name) _____ or to me _____. She is _____ years old. Her menarche occurred on (date) _____ OR has not yet occurred _____.

NOTES or COMMENTS: