

MRH RESEARCH PROGRAM : 1981 MEDICAL REPORT

NAME: \_\_\_\_\_ Tel.: ( ) \_\_\_\_\_ - \_\_\_\_\_ Card # \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\* street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip-code \_\_\_\_\_

PLEASE REPORT ON EACH ITEM BELOW

1. 1981 CALENDAR CARD is ENCLOSED , OR LOST . 2. MARITAL STATUS changed in 1981 to <sup>S</sup> <sup>M</sup> Sep.  
 (please circle one) W D

3. PREGNANCY in 1981: (a) NO , OR YES . (b) Pregnancy CONTINUES into 1981 , OR was TERMINATED  
 in 1981 on \_\_\_/\_\_\_ by LIVE BIRTH , OR STILLBIRTH  OR INDUCED ABORTION , OR SPONTANEOUS  
 MISCARRIAGE . LATTER was SUSPECTED , OR CONFIRMED by LABORATORY  OR by DOCTOR

4. MENOPAUSE is CONFIRMED (no bleeding all year) , OR is suspected because \_\_\_\_\_ →  
 \_\_\_\_\_ →

5. HYSTERECTOMY in 1981: NO , OR YES  on \_\_\_/\_\_\_, \_\_\_\_\_ →  
 mo. day reason

6. SURGERY (other than sterilization) in 1981: NO , OR YES  on \_\_\_/\_\_\_ →  
 mo. day please specify

7. MALIGNANCY diagnosed in 1981: NO , OR YES  on \_\_\_/\_\_\_, \_\_\_\_\_ →  
 mo. day please specify

8. ACCIDENT (STRESS) in 1981: NO , OR YES  on \_\_\_/\_\_\_, \_\_\_\_\_ →  
 mo. day please specify

9. HOSPITAL INPATIENT in 1981 NO , OR YES  from \_\_\_/\_\_\_ to \_\_\_/\_\_\_ for \_\_\_\_\_ →  
 mo. day mo. day please specify

10. PREGNANCY CONTROLS were used in 1981: NO , OR YES : (a) ORAL CONTRACEPTIVES (OC) were  
 CONTINUED ; OR were STARTED  on \_\_\_/\_\_\_, &/OR STOPPED  on \_\_\_/\_\_\_, &/OR CHANGED  on  
 \_\_\_/\_\_\_ to \_\_\_/\_\_\_ REASON \_\_\_\_\_ →  
 mo. day name & strength for start &/or stop &/or change

(b) An IUD was CONTINUED ; OR REPLACED on \_\_\_/\_\_\_, &/OR INSERTED  on \_\_\_/\_\_\_, &/OR WITHDRAWN   
 on \_\_\_/\_\_\_ TYPE used: \_\_\_\_\_ REASON \_\_\_\_\_ →  
 mo. day for replacement, insertion, &/or withdrawal

(c) TUBAL LIGATION , OR PARTNER'S VASECTOMY , in 1981 on \_\_\_/\_\_\_ →  
 mo. day

(d) OTHER CONTROL(s) were used: DIAPHRAGM CONDOM FOAM RHYTHM OR \_\_\_\_\_ →  
 (please circle) please specify

11. HORMONES used for non-contraceptive purposes in 1981 were: ESTROGENS THYROID CORTISONE INSULIN OR \_\_\_\_\_ →  
 (please circle)  
 \_\_\_\_\_ Use was CONTINUED , OR STARTED on \_\_\_/\_\_\_, &/OR STOPPED on \_\_\_/\_\_\_ in 1981.  
 please specify mo. day mo. day

12. I have rechecked my CALENDAR CARD carefully to make sure that any omission has been NOTED

13. NOTES or COMMENTS: \_\_\_\_\_ →

14. My DAUGHTER is interested in the MRH program. Please send materials to HER  (to me ).  
 Her name: \_\_\_\_\_ AGE: \_\_\_\_\_ MENARCHE on \_\_\_/\_\_\_/\_\_\_ OR pre-menarche   
 \_\_\_\_\_ mo. day yr

\*Check box if this is a change of address. → Please continue notes on other side or on another sheet.