

MRH RESEARCH PROGRAM : 1982 MEDICAL REPORT

NAME: _____ Tel.: (____) _____ - _____ Card # _____
 changed() changed()

ADDRESS: _____ street _____ city _____ state _____ zip-code _____
 changed()

MARITAL STATUS changed in 1983 to: S M Sep.
 W D

PLEASE REPORT ON EACH ITEM BELOW (1983- ONLY)

1. 1983 CALENDAR CARD is ENCLOSED(), or LOST(). (Please use / or X in appropriate box()).
2. CARD has been rechecked carefully to make sure that any OMISSION has been NOTED().
3. PREGNANCY in '83: NO(). Or YES(): CONTINUES into '84(), or was TERMINATED on ___/___ by LIVE BIRTH(),
 mo. day
 or STILLBIRTH(), or INDUCED ABORTION(), or SPONTANEOUS MISCARRIAGE(). LATTER was SUSPECTED(), or
 CONFIRMED by LABORATORY(), or by DOCTOR().
4. PREGNANCY CONTROLS: NO(). Or YES():
 - (a) OC PILLS were CONTINUED(), or STARTED on ___/___, or STOPPED on ___/___, &/or CHANGED() on ___/___
 mo. day mo. day mo. day
 to _____. REASON: _____
 name & strength FOR START, STOP OR CHANGE
 - (b) An IUD was CONTINUED(), or REPLACED on ___/___, or INSERTED() on ___/___, &/or WITHDRAWN() on
 mo. day mo. day
 ___/___ . TYPE used: _____. REASON _____
 mo. day for action taken
 - (c) TUBAL SURGERY(), or PARTNER'S SURGERY() on ___/___
 mo. day
 - (d) Other procedure: DIAPHRAM CONDOM FOAM RHYTHM or _____
 please specify
5. HORMONES used for non-contraceptive purposes: ESTOGENS THYROID CORTISONE INSULIN or _____
 please specify
 use was CONTINUED(), or STARTED() on ___/___, &/or STOPPED on ___/___ .
 mo. day mo. day
6. MENOPAUSE is CONFIRMED (no bleeding all year)(), or is suspected() because _____
7. HYSTERECTOMY: NO(). Or YES(), on ___/___ . Reason: _____
 mo. day
8. Other SURGERY: NO(). Or YES(), on ___/___ . Please specify _____
 mo. day
9. MALIGNANCY diagnosed: NO(). Or Yes(), on ___/___ Please specify _____
 mo. day
10. ACCIDENT or STRESS: NO(). Or Yes(), on ___/___ Please specify _____
 mo. day
11. HOSPITAL INPATIENT: NO(). Or YES(), from ___/___ to ___/___ for _____
 mo. day mo. day please specify
12. My DAUGHTER is interested in the MRH program . NAME: _____ AGE: _____
 Pre-menarche() or MENARCHE on ___/___/___ . Please send materials to me() (or to her()).
 mo. day yr.

NOTES or COMMENTS _____

* Please continue on other side of page, or by item number on another sheet if necessary.