

MRH RESEARCH PROGRAM : 1986 MEDICAL REPORT

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

ADDRESS: \_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip-code \_\_\_\_\_  
 changed( )

MARITAL STATUS changed in 1986 to: S M Sep.  
 W D

PLEASE REPORT ON EACH ITEM BELOW (1986 only)

1. 1986 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 '86 NO( ). Or YES( ): CONTINUES into '87 ), 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  - (b) An IUD was CONTINUED( ), or REPLACED on \_\_\_/\_\_\_, or INSERTED( ) on \_\_\_/\_\_\_, &/or WITHDRAWN( ) on  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: ESTROGENS THYROID CORTISONE INSULIN or \_\_\_\_\_  
 use was CONTINUED( ), or STARTED( ) on \_\_\_/\_\_\_, &/or STOPPED on \_\_\_/\_\_\_ .  
 mo. day mo. day  
 please specify
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.